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Pathways and Policy

**Approaches to Community Resource Access,
Health and Wellbeing in Two New Zealand Cities**

A thesis presented in partial fulfilment of
the requirements for the degree of

Doctor of Philosophy

in

Public Health

at Centre for Social and Health Outcomes Research and Evaluation,

Massey University, Albany,

New Zealand

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2004



CANDIDATE'S DECLARATION

This is to certify that the research carried out for my Doctoral thesis, entitled *Pathways and Policy: Approaches to Community Resource Access, Health and Wellbeing in Two New Zealand Cities*, in the Centre for Social and Health Outcomes Research and Evaluation (Research School of Public Health), Massey University, Auckland campus, New Zealand is my own work and that the thesis material has not been used in part or in whole for any other qualification.

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Date:

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CERTIFICATE OF REGULATORY COMPLIANCE

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- (a) is the original work of the candidate, except as indicated by appropriate attribution in the text and/or in the acknowledgements;
- (b) that the text, excluding appendices/annexes, does not exceed 100 000 words;
- (c) all the ethical requirements applicable to this study have been complied with as required by Massey University, other organisations and/or committees (University of Auckland Human Subjects Ethics Committee) which had a particular association with this study, and relevant legislation;

Ethical Authorisation code: University of Auckland Human Subjects Ethics Committee 2001/252 (PhD enrolment transferred to Massey University in December 2002).

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Abstract

This research examines access to community resources – services, facilities and amenities that are potentially health promoting – in two New Zealand territorial authorities, and the policy and planning frameworks of each regarding community resources.

International research evidence indicates that community resource access is potentially beneficial to health and wellbeing, through creating supportive environments for health, and providing venues to facilitate social connections.

Review of the urban design and planning literature indicates that community resource access is strongly influenced by the dominant urban design and planning models.

Geographic information systems were used to develop a Census meshblock-based indicator of community resource accessibility (the Community Resource Accessibility Index). Quantitative analysis examined associations of resource access with socio-economic and demographic population patterns. Qualitative analysis, using key informant interviews and document analysis, explored policies on community resource access, and the role of health and wellbeing as a policy goal for each territorial authority.

Quantitative analysis revealed the socio-economically wealthier city had higher overall levels of community resource access, but within each city, more deprived areas had higher levels of access. The location of community resources within poorer areas reduces the mobility costs of people within these areas to access such resources, and makes more available the general health benefits of community resources.

Qualitative analysis indicated community resources are important components of urban strategies. Historic patterns of community resource development, aggregated city wealth and local policies were important determinants of the level of community resource access.

In New Zealand, as will be the case internationally to varying degrees, there is considerable scope for territorial authorities to enhance local health and wellbeing, through direct delivery of community resources, and through collaboration with external agencies to develop community resources that are outside the direct responsibilities of territorial authorities. When these findings are considered in the context of the passage of local government legislation in late 2002, there is growing potential for territorial authorities to use a variety of levers to enhance community resource access, and by implication, health and wellbeing. Health promoters have opportunities to engage with local government and contribute to urban development strategies, for the purposes of enhancing population health and reducing health inequalities.

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Introduction

Context

Aims of research

This research builds on a developing field of study that has established that access to community resources is likely to influence health and wellbeing. The overall aims of this research are to:

- examine the distribution of geographic access to urban services, amenities and facilities (community resources) in two Auckland territorial authorities;
- identify associations of community resource access with socio-economic and demographic patterns between and within each city;
- explore the urban policy and planning approaches of each territorial authority towards community resource access, both in terms of the services they deliver as councils and through their engagement with other delivery agencies;
- examine the role of health and wellbeing considerations in the policy and planning of each territorial authority; and
- identify the implications of these findings for health and wellbeing in urban environments.

This research focuses on two territorial authorities in the Auckland region of New Zealand, examining the distribution of community resources in urban areas of each city, and the role of policy and planning at the two territorial authorities in the allocation of community resources to their populations. The research straddles two fields of study. The first explores the relationship between aspects of places and their influence on people's health (Kearns 1993; Macintyre et al. 1993; Phillimore 1993). The second research field examines the role of public policy in shaping population health (Baum 1998; Milio 1988).

The urban environments and policies of the two cities are examined by focusing on "community resources": the services, facilities and amenities within an area that may be beneficial to health and wellbeing. This is based on Macintyre and Ellaway's concept of "opportunity structures": the "socially constructed and socially patterned features of the physical and social environment which may promote health either directly or indirectly through the possibilities they provide for people to live healthy lives" (Macintyre and Ellaway 2000, p343). The focus is on structures within urban environments that have a physical location. That is to say, the emphasis is on amenity availability and access, rather than organisational access – therefore a sports club or community centre falls within the concept of community resources, but for the purposes of this research, organisations and informal support groups without a physical location do not.

The aim in this study is not to investigate the impact that access to community resources has on health, although the literature (reviewed in chapter one) indicates

that community resources are among the factors that contribute to health and wellbeing. Rather, this research uses existing evidence on the role of community resource access on health as a starting point to examine the distribution of community resources in each of the two territorial authorities, and the local policy and planning priorities that can determine community resource access.

Before examining the research questions in detail, it is worthwhile discussing the role of territorial authorities within local government in New Zealand, the contested nature of territorial authorities' roles, and to profile the two cities that are at the centre of this investigation.

Current structures and role of local government

Territorial authorities – the generic name for district councils and city councils – are one component of local government in New Zealand. Territorial authorities currently undertake a wide range of responsibilities, some mandatory and some discretionary. Historically, the role of territorial authorities in New Zealand has been bound by a principle of *ultra vires*, prohibiting that which is not explicitly allowed by legislation. Territorial authorities' role was initially restricted to the basics of “roads, rats and rubbish”, with little room for expansion beyond this remit. However, over a process of some decades, the role of territorial authorities gradually expanded and now extends considerably beyond its historical mandate. At the time this research was undertaken (2000 to early 2003), territorial authorities maintained roles in:

- environmental protection and management (such as sewage, refuse collection, control of noxious pests and plants, cremation and burial, and civil defence);
- regulation (such as building permits, dog control and parking);
- economic development;
- land use and development; and
- community development (such as provision of and support to community centres and houses, libraries and Citizens' Advice Bureaux) (Bush 1995; Hill 2000).

A further important role of territorial authorities, under the Resource Management Act 1991, is the development of District Plans that provide the framework for local development, and are intended to ensure sustainable management in cities or districts. These have particular relevance to community resource access, as they provide the basis for regulation of local land use and urban design (Bush 1995; Popova 1996). District Plans therefore are an important means by which the distribution of community resources is determined.

Territorial authorities sit alongside (and are not subordinate to) regional councils, which have general responsibilities for resource management, regional parks management, and public transport funding.¹ Regional councils' roles extend beyond

¹ Together, territorial authorities and regional councils are termed "local authorities" under local government legislation.

the smaller boundaries of city or district councils, and have a strong focus on environmental management (Bush 1995). Within the area of the Auckland Regional Council sit seven territorial authorities (from north to south):

- Rodney District Council
- North Shore City Council
- Waitakere City Council
- Auckland City Council
- Manukau City Council
- Papakura District Council
- Franklin District Council (part of Franklin District is outside of the Auckland Regional Council's area)

District councils have predominantly rural populations, while city councils have mainly urban populations. The two territorial authorities that are examined in this research are North Shore City Council, and Waitakere City Council.

Territorial authorities have been chosen as the focus of this research because of their direct role in the funding, management and operation of many community resources, such as parks, libraries, community centres and leisure centres.

Territorial authorities also maintain significant regulation, planning, liaison and advocacy roles in the development of services and facilities that they themselves do not operate or deliver. These include:

- schools and tertiary education facilities (both those publicly owned by the Ministry of Education, and private institutions);
- public transport (funded by Regional Councils, delivered by private companies, and assisted by a range of agencies for infrastructure development, including Infrastructure Auckland and Transit New Zealand);
- commercial activities, such as shops and service stations;
- residential development (led by private development companies);
- health services (delivered by a range of organisations, ranging from individual operators such as general practitioners, through to large scale government agencies such as district health boards who fund and deliver primary, secondary and tertiary health services); and
- voluntary sector facilities, such as churches and community groups.

Territorial authorities are therefore important foci for development and allocation of community resources within their geographical areas of governance, either in their own right, or in collaboration with other agencies.

Each territorial authority has the option of establishing locally-focused community boards, which cover smaller areas within territorial authorities (usually by ward).

Although the functions of community boards are set by territorial authorities, in broad terms they are to:

- consider and report to territorial authorities on any matters of concern;
- provide an overview on local issues;

- prepare submissions on territorial authority estimates; and
- communicate with the community (Bush 1995).

Political context of local government

The structures of local government, since European settlement in New Zealand, gradually evolved across a range of forms, encompassing borough and county councils, water and drainage boards, roads boards, power boards and pest boards, with a steady process of amalgamation and replacement. The structures and rationale of local government, at least until 2002 (when this research was concluding), were set by the 1989 changes to the Local Government Act 1974.

The 1989 reforms marked a fundamental shift in local and regional government.

The main aims of the restructuring were:

- fewer local authorities, located around existing communities of interest, based on common boundaries;
- heightened efficiency and effectiveness, based on a reformed state sector model;
- performance of multiple functions; and
- responsiveness to local needs (Bush 1995).

The regional authorities were cut from 22 to 12, with a primary role in environmental regulation and management. The 231 territorial authorities were reduced to 59 district councils and 15 city councils. The changes were particularly marked in the Auckland region: from 44 local bodies prior to 1989, only seven

remained, comprising four city councils and three district councils, along with the Auckland Regional Council.

Further restructuring – particular to Auckland – occurred in 1992, which stripped the Auckland Regional Council (ARC) of many of its infrastructural assets, including water and public transport, and reduced its focus to regulation and planning around resource management, public transport funding and regional parks management.

Underpinning these reforms was the establishment of a culture of efficiency and responsiveness. Under legislative changes instituted between 1989 and 1996, local authorities were required to develop annual plans of council activities, district plans detailing development approval processes and regulations, and long term financial strategies (the latter were often, but optionally, accompanied by council strategic plans) setting out ten year visions, all in consultation with communities. Local authorities were required to set targets to measure performances and to report to communities on their progress (Bush 1995; Hill 2000).

Some commentators have set the changes in local government within the context of economic reform in general. They argue that rationalism and neo-liberalism have set the overall agenda, reducing “all activity to market process” (Lewis and Moran 1998). This has some basis: certainly the reform of local government was in line with current orthodoxies of reform, efficiency, accountability and performance, and many local authorities reduced their service delivery roles through privatisation and contracting out (Bush 1995). But it is important not to take the argument too

far. Lewis and Moran argue that “layers of local autonomy were eroded in the restructuring”, and that “local communities have lost decision-making functions and participatory opportunities” (Lewis and Moran 1998, p.145). However, research into the activities of many local authorities in the wake of restructuring suggests otherwise. A shift in the operations of many local authorities’ work has been identified, with an increasing focus and expenditure among some councils on democracy and community consultation, particularly in the development of annual plans; increased regulatory activity reflecting local government’s growing role in environmental management under the Resource Management Act; and an increasing role in community services, including facilitation between different sectors of the local economy and society (McDermott and Forgie 1999).

However, the role of local government remains contentious. Many business leaders, concerned about the compliance costs of development under the Resource Management Act 1991, and at the level of rates that many businesses are required to pay to local authorities, have called for a curtailment of local government activity. One prominent business leader, Douglas Myers, called in 1998 for local government activity to be drastically scaled down:

“Many councils are maintaining that services such as water and libraries confer primarily public benefits and should be funded wholly or mainly from rates. Their proposition is that when I have a shower, water my garden, or borrow a book from the library, other people get most of the benefit and should pay for it...

We need councils, as part of the public sector, to be focused on public goods; we don't need them to be involved with the supply of private goods. The list of genuine public goods is not long, and the Government should require councils to contract out the supply of many of them out to the private sector." (Myers 1998).

For the time being, this view is outside the mainstream of political debate. If anything, recent legislative initiatives (enacted at the time this research was concluding) appear set to widen the role of local government. In late 2002, parliament repealed most of the 1974 local government legislation, and replaced it with the Local Government Act 2002. A critical difference between the old and new legislation was a change in the stated purpose of local government. The 1974 Act allowed for a range of specified activities to be undertaken by local government. The 2002 legislation, in contrast, set out the purpose of local government as:

- “(a) to enable democratic local decision-making and action by, and on behalf of, communities; and
- (b) to promote the social, economic, environmental, and cultural well-being of communities, in the present and in the future.” (s.10, Local Government Act 2002)

The legislation also requires local government (at least every six years) to undertake a process of identifying community outcomes to inform and guide

planning and priority-setting for districts or regions, with public input into their identification. These outcomes are included in the development of Long-term Council-Community Plans, which are to provide a long-term focus for the local authorities' decisions and activities. Local authorities are then required to report (at least every three years) on progress made in achieving the identified outcomes.

Supporting the widened purpose of local government was the insertion of what is popularly referred to as a "power of general competence", which confers upon local authorities "full capacity to carry on or undertake any activity or business, do any act, or enter into any transaction" (s.12(2), Local Government Act 2002). These and other extended powers of local government (such as expansion of territorial authorities' ability to levy contributions from developers to fund community infrastructure) were vigorously resisted by the Opposition National Party, and by business interests. A leading business coalition argued that the power of general competence "would give local authorities a powerful tool to engage in activities better carried out by the private and voluntary sectors, and central government agencies" (Business New Zealand 2002, p.4). Central government policy-makers had rejected these concerns, and at the time of writing a more expansive role was favoured for local government, within limits of other legislation such as the Resource Management Act, and subject to local consultation. This is clearly however an issue of ongoing debate and the issue could be revived by future administrations.

Taken together, these three strands in the new local government legislation – of promoting wellbeing, of community involvement in decision-making through identifying and reporting on community outcomes, and of a power of general competence – frame local government activities. These have shifted the focus from service delivery to achieving outcomes, without being prescriptive about the method for achieving these outcomes.

Brief profiles of North Shore City and Waitakere City

The two cities that are the focus of this research, North Shore City and Waitakere City, were chosen for their geographical proximity and contrasting social and political profiles.

The cities neighbour each other, and both sit on the edge of Auckland's Waitemata Harbour. North Shore City is defined very much by its Pacific and Waitemata harbour coastline, and the now-extinct volcanic island, Rangitoto, is visible from every coastal beach in the city. Waitakere on the other hand straddles both the Waitemata and Manukau Harbours, and the Tasman Sea coastline. The most prominent defining feature is its mountain ranges, in the west of the city, which are sparsely populated, and largely outside the focus of this research, which is restricted to urban areas.

Details of the history and demographic profile of the two cities are contained in future chapters. Briefly however, North Shore has an older and wealthier population than Waitakere – stemming in part from its origins as a group of seaside

settlements where many residents have stayed throughout their lives, and others have retired to. North Shore is the most prosperous of Auckland's cities, and generally has high property values, particularly along the coastline. In the years leading up to the time this research was undertaken, North Shore generally had a conservative council, with priorities on keeping a tight rein on fiscal expenditure. In many respects, councillors in the latter half of the 1990s were wary of community development activities that had been undertaken by previous administrations, particularly the first council elected post-amalgamation (Hill 2001).

Waitakere City has a younger population, and a greater proportion of families with children. Waitakere has a higher population of Maori and Pacific people, who also tend to be over-represented in lower socio-economic communities. In its political orientation, Waitakere City was from 1992 to 1998, and again from 2001, governed by a left-leaning coalition of local politicians, many from political parties such as the Greens or Labour. Under their governance, Waitakere adopted an Eco-city philosophy to guide development in the city, and instigated a comprehensive partnership process with different sectors in the city, particularly Maori, Pacific people and the voluntary sector. In a brief interlude from 1998 to 2001, some more conservative councillors gained a majority in some council decisions, and attempted to place some limits on council expenditure (Hill 2001). This group was however ousted in the 2001 elections.

The two cities display similarities and contrasts in their social structures and political direction, which provides a useful context for discussion of the distribution

of community resources in each city, and the role of local policies in determining community resource access. Given the contested nature of community resource provision, the different philosophical outlooks, policies, and capacities of each council are potentially important influences on community resource access within each city. The research will examine community resource policies and planning at each council, both in terms of the services they deliver as councils and through their engagement with other delivery agencies.

Key research questions

In order to examine the distribution of community resources, and the local policy frameworks surrounding resource access, this research is focused on the following key questions:

1. What is the evidence from the research literature that access to community resources influences health and wellbeing?
2. What are the main approaches underpinning urban design and planning internationally and in New Zealand, and how does community resource access feature in these approaches?
3. How can access to community resources be measured, and how can the policy context for community resource allocation of each council be identified?

4. What is the distribution of community resource access in North Shore City and Waitakere City, and how does the distribution correspond to demographic, economic and social patterns?
5. What policies and paradigms have driven decisions regarding community resource allocation in the two cities?
6. To what extent have considerations of health and wellbeing informed local decision-making, and how have these considerations influenced policies on community resource access?
7. How can the means of measuring community resource access used in this research complement indicators used by each city?
8. What are the commonalities and contrasts between the models of urban design and planning adopted by each city; and how have the approaches of each city impacted on priorities for community resources and health and wellbeing?
9. What are the implications of the findings of this study?

Each question is addressed in separate chapters. The approach each chapter will take to answering the questions is detailed below.

I. The role of community resources in health and wellbeing

What is the evidence from the research literature that access to community resources influences health and wellbeing? Chapter one reviews the international literature to identify if community resources – services, facilities and amenities within local

environments – are able to influence health and wellbeing, and assist in addressing health inequalities. The role of public policy in enhancing health and wellbeing, through community resource access, is discussed.

2. Traditions in urban design and planning, and the role of community resource access

What are the main approaches underpinning urban design and planning internationally and in New Zealand, and how does community resource access feature in these approaches? In chapter two, the international literature is further reviewed to identify dominant models of urban design and planning, and the role of community resource access within these models. Attention is also directed to the urban design and planning models that have historically dominated in New Zealand, and emerging models of urban form.

3. Methodology

How can access to community resources be measured, and how can the policy context for community resource allocation of each council be identified? Access to community resources can be measured in a variety of ways, focusing on either locational (or distance) accessibility, or effective accessibility (incorporating use). Chapter three explains the focus of the research on locational accessibility, based on distance via road networks. The “Community Resource Accessibility Index” (CRAI) is a Census meshblock-level indicator, developed through use of geographic information systems, mapping amenity data from each city. The CRAI provides a dimension of wealth or deprivation that complements traditional measures based

on individual socio-economic characteristics. Examination of the policy context of community resource access at each territorial authority is undertaken by means of key informant interviews with council officers, and through documentary analysis.

4. Community resource access and the socio-economic landscape

What is the distribution of community resource access in North Shore City and Waitakere City, and how does the distribution correspond to demographic, economic and social patterns? Using the CRAI, chapter four examines the extent to which community resource access is associated with economic and social data in each city.

Regression analyses are used to identify associations between CRAI and a range of Census meshblock data, including the New Zealand Deprivation index, population density, median age and ethnicity. Separate analyses examine specific meshblock socio-economic variables, related to the Deprivation Index, to identify particular socio-economic characteristics that may be associated with CRAI. Areas that are resource-rich or resource-poor are also identified.

5. Community resource planning priorities

What policies and paradigms have driven decisions regarding community resource allocation in the two cities? Drawing on key informant interviews and documentary analysis, chapter five examines the local policies and drivers of community resource access, and the extent to which external and historical factors have also influenced resource access. The focus is on the role of the two city councils in community resource provision, and examines their relations with external agencies – such as

the Auckland Regional Council and government agencies – in the development of resources that the two territorial authorities do not themselves provide or fund.

6. Council considerations of health and wellbeing

To what extent have considerations of health and wellbeing informed local decision-making, and how have these considerations influenced policies on community resource access? In chapter six, key informant interviews and council documentation are analysed to identify the extent to which concepts of health and wellbeing feature in the policy frameworks and activities of each of the two territorial authorities. The influence of each council's outlook on health and wellbeing on community resource policies is examined.

7. The potential of CRAI

How can the means of measuring community resource access used in this research complement indicators used by each city? Chapter seven examines the context of indicator use internationally and in New Zealand, and the extent to which community resource access indicators have been utilised. Again using key informant interviews and documentary analysis, the chapter examines how indicators of accessibility have been employed to date by each council, and the potential utility of CRAI to inform local policy and planning.

8. Commonalities and contrasts

What are the commonalities and contrasts between the models of urban design and planning adopted by each city; and how have the approaches of each city impacted on priorities for community resources and health and wellbeing? In chapter eight, each

city's policies on community resource access are compared, within the context of approaches to urban design and planning. Informed by the data gathered in key informant interviews and documentary analysis, local planning and policy priorities are examined to identify commonalities and contrasts with established models of urban design and planning (examined in chapter two).

9. Implications of findings

What are the implications of the findings of this study? The final chapter examines the process of community resource allocation within the strategies of each of the territorial authorities; the potential for considerations of health and wellbeing to inform policy in New Zealand territorial authorities; implications for the health and wellbeing of local residents, on the basis of the research findings; the implications of the findings for health promoters; the potential utility of CRAI to inform policy and planning; possible improvements or modifications that could be made to such an index in future research; theoretical implications; current limitations of the research; and possible future research directions. The chapter closes with generalisable conclusions that can be reached from the data collected and the analyses undertaken in this research.

Chapter I: The role of community resource access in health and wellbeing

“First we form the cities, and then the cities form us.” (Gehl 2001)

Introduction

In this opening chapter of the research, the following question is addressed: *What is the evidence from the research literature that access to community resources influences health and wellbeing?* The aim of this chapter is to review, from the international literature, the evidence that community resources –services, facilities and amenities within local environments – are able to influence health and wellbeing, and the potential of community resources to assist in addressing health inequalities. The potential role of public policy in enhancing health and wellbeing, through community resource access, is also discussed.

The research is located within theories of health and place, which examine how health and wellbeing are produced in and by places. Health and place theory contends that health is not merely an outcome of individual behaviours, but also emanates from the conditions and experiences of the local environment.

Phillimore argues that “the characteristics of places may be as important as the characteristics of people for an understanding of particular patterns of health” (Phillimore 1993, p.176). This is not simply about how environmental conditions,

such as air pollution or water quality affect individual health, but about how the features of the landscape shape human experience and affect health and wellbeing.

The research is based on a holistic view of health – health as a state of physical, mental and social wellbeing, and not merely the absence of disease or infirmity (World Health Organization 1946) – which has informed public health research and practice for decades. The concept of health is more encompassing than the more narrowly-focused concept of medicine. The latter has traditionally been more disease-focused, dealing with treatments and cures within localised settings, and emphasises the role of professional clinicians. Health, on the other hand, focuses on the more holistic concepts of health and wellbeing, and carries a substantial emphasis on the role of public policy and environmental conditions in determining health (Draper 1991; Kearns 1993).

Similarly, the concept of place in this research extends beyond location – the world of maps and coordinates, which human geographers refer to as “space” – but also takes in the human experience of an area, and human influence on the landscape. This experience-oriented perspective of place comprises three dimensions. The first is location, or the spatial reference of an area, or feature within a landscape. Secondly, space is locale, the settings of daily life or the venue of human experience (Agnew and Duncan 1989; Gatrell 1997). Thirdly, place can also comprise a sense of place, which combines one’s experience of place with how this informs one’s view of place within the wider social and physical world (Eyles 1985). Of particular interest in this research are the first two dimensions – place as geographically-

located features within an area, and place as the setting of daily life. These two dimensions of place are brought together in an examination of the varying levels of potentially health-promoting resources available to communities, and the role of local policies in the distribution of resources within places.

Deprivation, health and community resources

Over the past half-century, New Zealand, along with many other Western countries, has recorded improvements in overall levels of prosperity, as measured by economic indicators such as GDP, as well as general improvements in health, measured by such indicators as life expectancy (Ministry of Health 1999). However, data collected since the 1970s indicates that despite improvements in the general health and wealth of New Zealanders, people of lower socio-economic status continue to have relatively poorer health (Blakely 2002; Howden-Chapman and Tobias 2000). Similar findings are evident in other countries, particularly in the United Kingdom, where a substantial weight of evidence points to a gradient of ill-health and mortality running through socio-economic strata, with the poorest sectors of the population tending to have the worst health outcomes (Davey Smith et al. 2002; Graham 2000; Marmot et al. 1999). The fact that health, like many economic and social goods, is not shared equally across the population has given rise to an expanding research agenda that seeks to uncover the causes of health inequalities, and develop strategies for their reduction. That health differences between socio-economic groups cannot be solely attributed to differences in health behaviours between social strata, suggests features of the social and physical

environments are independent contributors to health (Lantz et al. 1998; Marmot et al. 1984).

In explaining environmental determinants of health inequalities, researchers have commonly turned to different dimensions of deprivation. Macintyre (1997) distinguishes between three dimensions of environmental characteristics: compositional, collective and contextual. Each of these dimensions is examined in turn.

Studies of deprivation and health have usually taken the form of different measures of socio-economic deprivation, such as social class, education, poverty, employment hierarchies (Carstairs and Morris 1991; Haan et al. 1987; Kaplan 1996; Marmot et al. 1984; Townsend 1987), or income inequality (Kawachi et al. 1997; Wilkinson 1996). The focus, whether at individual levels of deprivation, or at area levels of neighbourhood, suburb, city, state, or country, is on the characteristics of individuals expressed through such factors as income, education, or occupational background. Differences between areas have tended to be explained in terms of these aggregated socio-economic profiles of individuals – described by Macintyre as the *compositional* differences between areas – implying that these factors are sufficient in themselves to describe areas and explain inequalities in health (Macintyre 1997; Macintyre et al. 1993).

Deprivation however, encompasses more than simply these socio-economic characteristics. Townsend depicts material and social deprivation as a lack of

access to material goods, facilities and amenities, and/or a lack of access to the customs, activities and relationships of an ordinary social life (Townsend 1987). Therefore, this wider concept of deprivation is related to the material and social landscape, which varies by area of residence and may or may not be associated with an individual's access to personal and social resources. Studies indicate that over and above individual or aggregated indicators of poverty, people of lower socio-economic status have poorer health, indicating that other environmental factors are influencing health (Macintyre et al. 2002).

Research has identified that *collective* aspects of areas – based around social connections and social organisation of members of a group, or residents of an area, may exert a health influence, in addition to individual characteristics (Macintyre 1997). Studies have found a range of indicators of social connections at the collective level – such as social cohesion, social capital, collective efficacy and sense of community – are predictive of a range of health outcomes, including all-cause and cause-specific mortality (Kawachi et al. 1996; Kawachi et al. 1997; Kennedy et al. 1998a), aspects of health status (Kennedy et al. 1998a; Mitchell et al. 2000), as well as other health-related measures such as violent crime (Chavis and Pretty 1999; Chavis and Wandersman 1990; Kawachi et al. 1999; Kennedy et al. 1998b; Sampson et al. 1997). This collective dimension provides measurement of people's connections with their wider social environment, as a means of identifying possible influences on health. Lack of access to such social connections therefore presents an additional dimension of deprivation. However, as with compositional differences, the collective dimension is invariably represented as aggregations of

individual data, such as the views and perceptions of social relations between individuals and within areas.

From the perspective of understanding what factors of geographic areas influence health, both the compositional and the collective dimensions focus on people within the areas, not features of the areas themselves. The characteristics of people living within areas – the compositional and collective aspects – are clearly important contributors to explanations of health inequalities. However, it would be mistaken to suggest that indicators that aggregate aspects of individuals provide sufficient description of the properties of an area, and therefore for health inequalities.

It is the third dimension of deprivation suggested by Townsend – access to material goods, facilities and amenities – that provides a third route for exploring sources of health inequalities. The physical features of areas themselves – what Macintyre describes as the *contextual* aspects – provide insights into health inequalities that complement the compositional and collective dimensions (Macintyre 1997).

Contextual features of areas can include air and water quality, the quality of home and work environments, and services and facilities that support people's daily lives.

Public health research has a long tradition of exploring particular area-level influences on health, such as exposures to pollutants and toxins in air and water, housing quality, or other characteristics of areas such as their urban or rural nature, or their status as service centres, manufacturing or industrial areas (Baum

1998; Blaxter 1990; Curtis and Rees Jones 1998; Gatrell and Löytönen 1998; McMichael 1993; Newman 2001). However, other aspects of area-level deprivation, such as access to services and facilities that may be health promoting, have appeared less commonly in health inequalities research. It is this aspect of contextual elements of areas that is the main focus of this study. The aim is to explore how community resource access is distributed within two cities of the Auckland region of New Zealand. For the purposes of this research, “community resources” are the services, facilities and amenities within an area that may be beneficial to health and wellbeing. As noted in the introductory chapter, this is based on Macintyre and Ellaway’s concept of “opportunity structures”, the “socially constructed and socially patterned features of the physical and social environment which may promote health either directly or indirectly through the possibilities they provide for people to live healthy lives” (Macintyre and Ellaway 2000, p343).

Community resources and health: Exploring the links

Research into associations between access to community resources and health is in its early stages, and there is scope for further investigation (Heymann and Fischer 2003). The empirical research evidence to date indicates access to community resources are among the factors that contribute to health and wellbeing, through two key pathways. These are:

- I. Providing supportive environments for health through access to services, amenities and facilities that are health promoting. Access to and use of local

resources such as health services, grocery shops and parks, can provide opportunities for health, through use of the services themselves, and also through physical activity involved in reaching such services. Lack of service or amenity access, or an obsolete or inappropriately designed built environment, can also act as a constraint on achieving health (Barton and Tsourou 2000; Giles-Corti and Donovan 2002; Macintyre and Ellaway 1998; Parks et al. 2003).

2. Facilitating social connections, which is a recognised determinant of health. Venues such as community centres, schools, parks and open spaces, health facilities and shopping facilities, may enable interaction and bonding between people that is critical to a sense of belonging and participation in a community, and enable collective action within a community, which may have health promoting outcomes (Baum 1999a; Cattell 2001; Coles et al. 2002; Oldenburg 1997; Warin et al. 2000; Witten et al. in press).

These two pathways are described further below.

Providing supportive environments for health

A fundamental principle of public health is that achieving widespread improvements in population health requires environments that support healthy living, that are able to ensure “equal opportunities and resources to enable all people to achieve their fullest health potential” (World Health Organization 1986). Such an approach tackles the material causes of health that impinge on the basics of everyday living, such as access to health promoting facilities, a healthy diet, adequate housing and

medical care, and living and working conditions that are free of health damaging pollutants (Lynch et al. 2000).

In the sense of providing supportive environments, research evidence indicates that community resources can make a significant contribution. Perhaps the most obvious types of community resources critical to health and wellbeing are health services. Local access to health services, particularly primary care services, can be of considerable assistance in preventing the ongoing development of ill-health in individuals and communities. Equitable provision of health services, in terms of geographic provision and in removal of financial barriers, have been shown to have a considerable impact on the reduction of health inequalities (Arblaster et al. 1996).

As noted earlier, health is a more encompassing concept than medicine, and an exclusive focus on health services ignores the roles that other community resources can play in health and wellbeing (Gatrell and Löytönen 1998). It is clear that access to community resources such as supermarkets and grocers can ensure access to healthy foods for local populations, but design of urban environments that restrict such access (through for example single use or functional zoning restrictions), or loss of services to cheaper but more distant food outlets, can negatively impact on food access (Barton and Tsourou 2000; Grant 2003).

Instances of such restrictive environments have been recorded in Britain, and have been cited as a key cause of food poverty – where those without transport options are unable to access healthy foods (Leather 1996).

These developments also raise the importance of public transport as a community resource in being able to reach health-promoting services, amenities and facilities. Availability of transport options for those with mobility restrictions, either through socio-economic disadvantage preventing motor vehicle access, or through age or disability, has been shown to be a key means of accessing local services and participation in local communities (Barton and Tsourou 2000; Denmark 1998). Loss or unavailability of transport services can clearly have health damaging outcomes, by restricting access to important services.

Car-dominated urban environments discourage walking and cycling, and encourage sedentary lifestyles, as a result of risk of accidents and lowered quality of the environment (Barton 1998; Baum 1998). Observations of urban development in the United Kingdom and the United States – where in some areas access to parks, footpaths and other forms of public open space have been restricted or removed in favour of roading for private transport – suggest the options for walking and cycling as part of a daily routine have been lost, and that consequently more people are overweight and physically inactive (Gehl and Gemzøe 2000; King 2003).

Research indicates that urban environments with a range of accessible community resources clearly have the potential to promote walking and cycling as part of daily life. A number of studies have established an influence of community resource access on health behaviours, principally through creating opportunities for physical activity. An array of community resources within close proximity, providing

opportunities for paid and unpaid work, education or leisure, have been linked to improved levels of physical activity (Barton and Tsourou 2000; Sallis et al. 1998).

A review of studies published in 1998 examined associations between physical activity and environmental features such as parks, play spaces and health clubs. The review found access to these environmental features (whether perceived by respondents or more objectively measured) were positively associated with physical activity in children and adults (Sallis et al. 1998).

Subsequent to this review, a Perth-based study, using physical distance to recreation facilities as a measure of access, found that use of recreational facilities was negatively associated with lower levels of access, after controlling for socio-economic variables (Giles-Corti and Donovan 2002). Similarly, a US-based study found a positive association between the number of places to exercise, such as parks, streets and malls, and likelihood to undertake physical activity (Parks et al. 2003). A survey of older Australians also found perceptions of access to recreational facilities was predictive of higher levels of physical activity (Booth et al. 2000). Another study of older people, based in Tokyo, found the availability of walkable green spaces positively influenced the longevity of older people, independent of age and socio-economic factors (Takano et al. 2002).

Community resource access, by ensuring a range of services are within close proximity, may also have downstream influences on health. For example, if enhanced community resource access results in reduced car use, then there should

also be a commensurate reduction in vehicle emissions, with potential health benefits (Barton and Tsourou 2000). In New Zealand, vehicle emissions are estimated to be responsible for over 400 excess deaths per year, 250 of which occur in the Auckland region (Fisher et al. 2002).

The quality of urban areas may also act as a stressor for mental health, and improvements to urban built environments have been associated with positive changes in mental health. Two longitudinal studies provide important evidence that improvements to the local environment can contribute improvements in mental health. A study based in an Oslo neighbourhood sought residents' perceptions of their area at an initial interview, and at a 10-year follow-up, after a series of improvements had been made to the quality of the urban environment, including a new school, extension of playgrounds, establishment of a sports arena and park, extension of public transport and opening of a shopping centre and cinema. Improvements in the mental health of residents were associated with these improvements in the neighbourhood quality, which was substantially based on improved access to resources (Dalgard and Tambs 1997). Similarly, a study of a UK housing estate found a significant positive effect on mental health following environmental interventions, including traffic regulations, improved lighting, landscaping, and enclosure of gardens for flats. Furthermore, those residents most negatively influenced by the earlier urban layout were often those who were most positively affected by the improvements on the estate (Halpern 1995).

Taken together, these studies support the assertion that the quality of the local environment, based on access to community resources, can influence health behaviours and health outcomes in both physical and mental health. Community resources therefore have a potentially important role to play in providing supportive environments for health.

Venues for social connections

The second way community resources may contribute to health is through facilitating social connections. "Social connections", as discussed in this thesis, is used to describe community-level interactions that can range from simple meetings between people at community facilities such as schools and local clubs, through to types of civic engagement between communities and policy-makers. These types of interactions feature within a steadily-growing body of literature based around the concept of "social capital".

The social capital concept was given considerable impetus from the mid-1990s by Robert Putnam (Putnam 1993; Putnam 1995; Putnam 2000), although the term appears in earlier works by Pierre Bourdieu (Bourdieu 1986) and James Coleman (Coleman 1988; Coleman 1990). Putnam defines social capital as the "features of social organisation such as networks, norms, and social trust that facilitate coordination and cooperation for mutual benefit" (Putnam 1995, p.67). This view of social capital stresses the importance of face-to-face horizontal relations between individuals, with particular emphasis on forms of civic participation, which

Putnam argues enhance mutual trust and provide essential lubrication to the machinery of modern democracies.

Putnam distinguishes between two forms of social capital: “bonding” and “bridging”. Bonding social capital refers to the close ties developed through shared identities between people, through friendship, familial or other close networks. Bridging social capital is about the more diffuse networks of association, where shared identity or social status is not a critical factor. Bridging social capital occurs through associational life such as local sports clubs, parent-teachers associations and civic organisations such as Lions or Rotary clubs. Putnam places much stress on the importance of bridging social capital, which he argues provides more productive social capital than bonding social capital. In Putnam’s view, “the density of associational life” (Putnam 1995, p.76) provides the glue joining different parts of the community in common purpose and transcending narrow sectional interests for a greater public good.

To bonding and bridging social capital, Szreter (2002) has added “linking” social capital. Szreter argues that Putnam’s concept of bridging social capital on its own is insufficient to achieve social progress. Szreter argues:

“... an approach to social capital, which explicitly considers its articulation with the politically contentious issues of the role of the state, citizens’ empowerment, and ideological conflict in the world of inequalities that we face, might have paid higher dividends.” (Szreter 2002).

Linking social capital therefore is the networks and institutionalised relationships between unequal agents, such as between community groups and local and central government, which transcend horizontal ties within communities to include the ties between people and government.

The importance of the social capital discourse to this thesis is the role that community resources can play in facilitating bonding, bridging or linking social capital. Furthermore, local government has a central role in the development of social capital through the planning or provision of community resources, thereby ensuring that venues are available for community interactions to occur. Social capital may be created or diminished by characteristics of local areas, and planning has an important role in creating environments that contribute to more cohesive communities.

As noted earlier, research has demonstrated that different types of social connections can be contributors to health and may assist in addressing health inequalities. Features of areas are able to strengthen or weaken social connections which can in turn influence health outcomes (Yen and Syme 1999). A review of studies by Macintyre and Ellaway (2003) proposed that the provision of physical amenities, including schools, shops and banks, “may facilitate the generation of social interaction and a ‘feel-good’ sense about a place” (Macintyre and Ellaway 2003, p.32). Research evidence, chiefly from qualitative studies, indicates

community resources, as venues for interactions between people, have the potential to facilitate social connections, and therefore contribute to health and wellbeing.

The role of community resources in facilitating social connections was identified as early as the 1950s, in Young and Wilmott's study of family and kinship in East London. They noted considerable differences in perceptions of area friendliness and opportunities for socialising, between the long-established area of Bethnal Green (where there were close ties between neighbours with many places that enabled interaction), and a new suburban development that many Bethnal Green residents had moved to (Young and Willmott 1957).

More recently, Oldenburg has vigorously promoted the theme of community resources as venues for social bonding and informal public life. He argues that resources such as cafés, coffee shops, beauty parlours and bars provide the infrastructure of informal meeting, association, discussion and social bonding (Oldenburg 1997). Such places also contribute to the public good, by acting as informal local cells to promote political discussion, and face-to-face activity, which has been undermined in recent years through the advent of media-oriented (particularly television media) political debate. By encouraging a spirit of fraternity and solidarity, these resources induce a "habit of association", leading to greater willingness and tendency to join, form or maintain local organisations or groups. Oldenburg writes from a perspective, not just of celebration of these places, but also of anger at their decline in the face of what he calls "juggernaut shopping

malls”, corporate fast food outlets and urban areas that are designed for automobiles rather than people.

Oldenburg provides a rich variety of historical and anecdotal evidence to support his argument, and there is empirical evidence from some recent qualitative studies that offer further support. Two qualitative studies from Adelaide, Australia, support the contention that the availability, location and arrangement of community resources can be important local influences on health and social connections.

Warin et al’s study based in local Adelaide community health centres indicated that experiences associated with such places had a positive effect on health status by diminishing barriers to health services, improving quality of care, providing safe places for social interaction, and strengthening people’s sense of belonging or attachment to a particular community or place (Warin et al. 2000). In the second study, places such as cafés, pubs, clubs and community centres, as well as homes, all emerged as important venues for social activity (Baum 1999a).

Further qualitative evidence has emerged in a study based in Massey (West Auckland), of the perceptions of parents of young children towards community resource access and their social connections. The research revealed the built environment of the area was integrally related to the social environment of the respondents. The lack of a service hub in the suburb and local meeting places diminished opportunities for incidental social interaction in the area, and a lack of sense of belonging to the area was a common theme of respondents (Witten et al. in press).

A UK study based in two London housing estates found substantial neighbourhood influences on social connections. Features such as services and facilities, and opportunities for casual meeting and participation in associations, each affected social bonding (Cattell 2001). A series of studies in eight UK neighbourhood regeneration initiatives found local community facilities, such as halls and clubs, shops and schools strengthened residents' attachment to their areas, and were identified as a means of enhancing social interaction (Forrest and Kearns 1999).

Relatively little quantitative research has been undertaken on the theme of resource access and social connections. In a review of studies by Rohe (1975), the provision of public spaces was found to be conducive to informal social relations, and sense of community can be fostered by the integral location of facilities within neighbourhoods, rather than on the periphery (Rohe 1975, cited in Rohe 1985). A study of urban green spaces in the West Midlands of the UK found location of and access to open spaces, optimally within a five minute walk (or about half a kilometre), was critical to open spaces' ability to provide opportunities for social connections (Coles et al. 2002). In a qualitative phase of the same research project, open spaces provided a vital element of people's social activities.

Notes of caution

The empirical evidence examined thus far indicates that access to community resources does exert a health influence, whether measured spatially by the range of services, facilities and amenities available within areas, or by the perceptions of

people residing in areas. However, research examining community resource access and health has not yielded completely consistent findings, and some studies have failed to find a link between area characteristics and health or social connections. A review of studies by Rohe (1985) indicated that “although there is some evidence that public facilities foster local social interaction,... it appears to be dependent on the type of facility, its location, and the characteristics of the local population” (Rohe 1985, p.90).

A Finnish survey found the number of retail outlets within municipalities was not related to adolescent health behaviours such as smoking and physical activity. (Karvonen and Rimpela 1997). Similarly, a Moscow study found the number of facilities, such as health facilities, cafés and libraries was not associated with physical health (McKeehan 2000). The lack of association in these studies may be partly due to the inappropriateness of the community resource measures being applied, suggesting a lack of sufficient theorising about the pathways between resource access and health outcomes. For example, it is not clear how the number of retail outlets would normally be predictive of physical activity without some representation of the proximity of respondents to such places. These studies also use the number of services within defined geographic areas as a proxy for accessibility to community resources, which would exclude resources outside the boundaries of a person’s area, even if that person lived close to a neighbouring area with a different range of resources available – a commonly cited problem of what is referred to as the “container model” of accessibility research (Talen and Anselin 1998). This is discussed further in chapter three.

Using US census tract data in Alameda County², Yen and Kaplan found mortality risks were significantly higher in neighbourhoods based on the number of commercial stores, population socio-economic status (SES), and environment and housing data (Yen and Kaplan 1999). These associations persisted after adjustment for a range of SES and health variables. It is notable that mortality was higher in areas with higher numbers of commercial stores. These findings suggest that community resources are not always beneficial to health, and that proximity to some community resources, particularly commercial shops, may have negative impacts on health. However, this study was also based on a container model of accessibility (at the US Census tract level), rather than access as measured by proximity.

Access is a multidimensional concept and is not related solely to proximity. Other dimensions of access include availability (supply of services), affordability (price of services), and acceptability (appropriateness of services) (Cromley and McLafferty 2002; Joseph and Phillips 1984). Research indicates that access, in terms of proximity, is not always a sufficient predictor of use and consequent impact on health, and that perceptions and quality of available services, facilities and amenities also affect use. An Adelaide-based study found that satisfaction with recreational facilities, meeting places and parks were important predictors of levels of physical

² The Alameda County Study is a population-based, prospective study of a sample of nearly 7,000 residents of Alameda County, California.

activity (MacDougall et al. 1997). Similarly, a Lancaster-based study found poor perceptions of community resources, including access to facilities, was associated with poorer health (Gatrell et al. 2000). These studies indicate that different characteristics of areas have different effects on health (Macintyre et al. 2002).

Furthermore, aspects of the local environment, and their health influences, extend beyond resource access (consistent with Rohe's (1985) observation above). For example, Sooman and Macintyre's Glasgow study found living in what is perceived as an unpleasant or threatening environment – such as local problems, area reputation and satisfaction, neighbourliness and fear of crime – were significantly associated with poorer health, after controlling for socio-demographic variables (Sooman and Macintyre 1995). Data from the Alameda County study found area stressors, such as living in an unsafe neighbourhood, was more likely to be associated with areas that had high standardised mortality rates (Kaplan 1996).

Research also suggests that spatial measurement and perceptions of areas do not necessarily yield similar results. Macintyre and Ellaway have observed that

“...in general, ‘objective’ measures of features of areas demonstrate sharper differences between areas than do ‘subjective’ measures... When we studied public transport provision in our two study localities we did so by examining bus and train timetables and the provision of shoppers’ and hospital buses, and we found markedly better provision in the more affluent area. When we asked residents about how they felt about public transport

in their locality the differences between the two areas were not nearly so great. We interpret this disjuncture between the 'objective' and 'subjective' measurement of... public transport provision as stemming from the higher expectations of higher SES households in the better-off area and lower expectations and lifelong experience of poor services among lower SES households in the poorer area" (Macintyre and Ellaway 2000, p.344).

Sooman and Macintyre's study of four Glasgow neighbourhoods failed to find a relationship between the number of amenities available in each neighbourhood (based on resident perceptions, rather than objective measures) and residents' health (Sooman and Macintyre 1995). The lack of association in this case could be due to discrepancies between residents' perceptions and observed levels of service availability, as noted above.

Research also suggests that the association between community resources and forms of social connections may not simply be a cause (community resources) and effect (health or social participation) relationship. As demonstrated by an American longitudinal study, a sense of community can have a catalytic effect on satisfaction with one's environment, and can also influence collective action to confront local problems (Chavis and Wandersman 1990). This also creates the possibility of a reinforcing relationship between community resources and social connections, in that the two may be mutually sustaining.

It is also worth noting that some services and facilities within communities can be potentially health-damaging. For example, despite Oldenburg's enthusiasm for pubs as venues for social bonding, alcohol access has health downsides. Research primarily from the United States indicates that physical availability of alcohol (such as number of alcohol outlets) is predictive of alcohol-involved traffic crashes, violent crime, and cirrhosis of liver mortality in the general population (Alaniz et al. 1998; Gorman et al. 2001; Gruenewald et al. 1993; Gruenewald et al. 1996; Norström 2000; Watts and Rabow 1983), as well as heavier drinking and alcohol-related problems among young people (Weitzman et al. 2003).

In conclusion, some studies have failed to find a link between community resources and health. However a number of these studies suffered from a methodological problem regarding proximity, which casts doubts on their findings. This problem is dealt with by the tool used to measure community resource access in this study (the Community Resource Accessibility Index). Therefore, the general direction of research in this area points to a relationship between community resource access and health, and one that is potentially amenable to intervention by public policy.

Community resources and health: the role of public policy

In addition to examining patterns of community resource access in two cities, this research also examines the role of planning and policy in community resource provision at each of the city councils that administer the two areas, and the role of health and wellbeing as a goal for each council's activities.

Community resources and healthy public policy

As has been discussed, there is clear evidence demonstrating effects of geographical access to community resources on health, and public policy is implicated in the location of community resources. Public policy has been described as “the most powerful collective means to shape human living”, setting “the range of possibilities for choices made by public and private organisations, commercial and voluntary enterprises and individuals” (Milio 1988). The structures of power and the processes of decision-making at local and national levels exert a considerable influence on the shape of local landscapes, including the range and availability of services, facilities and amenities. Policies can therefore influence people’s health and wellbeing, both directly in the form of taxes and benefits, but also through changes to the environments in which people live and work. These in turn have the potential to influence health and wellbeing.

Through examination of the role of health in local planning and policy at each council, the extent to which local priorities (with particular regard to community resource access) are in accordance with notions of healthy public policy will be discussed. Healthy public policy is an approach to governance that asserts that all public policies should take into account the health interests of the public, making health promoting choices easier, and health damaging choices more difficult (Milio 1988; World Health Organization 1986). Healthy public policy aims to “alter the socio-economic and physical environments in which we live, and ultimately to affect individual behaviours so that quality of life, wellbeing and health are enhanced”

(Baum 1998). Such an approach is not confined to health policy at the national government level – which is largely focused on health services – but to all levels of government, and also to local government, and business and community sectors.

Milio argues that:

“... among the ingredients necessary to develop a policy strategy for health are high-level political leadership, the designation of institutional responsibility, the design of machinery for collaboration within government and between government and outside groups, and material and intangible support for policy development.” (Milio 1988, pp.264-265)

The role of public policy in shaping areas is at least implicitly recognised in a number of public health initiatives. The Ottawa Charter provides an implicit basis for promoting access to community resources, by advocating supportive environments, “access to information, life skills and opportunities for making healthy choices” and “living and working conditions that are safe, stimulating, satisfying and enjoyable” (World Health Organization 1986). In Britain, the importance of local environments to health is recognised in area-based health interventions such as health action zones, healthy living centres (Department of Health 1999) and also in New Zealand through locality-based funding programmes.

Policies and activities by central and local government towards community resource access have considerable potential to impact on the health of their populations. The international literature reveals many examples of community

resource allocation providing a tool for enhancing population health. A number of European projects, working within Healthy Cities models (explained further in chapter two), have used community resource access to enhance population health. These have included provision of community facilities, public transport and parks, as well as changes to the urban form, such as improved streetscapes and changes to traffic movement (Barton and Tsourou 2000). Other programmes, such as in the US and Australia, and working outside the Healthy Cities model, have similarly incorporated community resource access to enhance and support health and quality of life (Craig 1995; King 2003; Wilcox and Knapp 2000).

An increasing goal of many cities' urban strategies is the re-orientation of the urban form, from car-oriented planning modes to those that place greater stress on walking and public life. In these cities, such as Barcelona, Copenhagen, Lyon, Strasbourg, Curitiba, Portland (Oregon), and Melbourne, the emphasis is on the provision of quality open spaces – not only parks, but also urban spaces such as plazas that support a variety of functions, and are underpinned by comprehensive public transport systems (Gehl 2002; Gehl and Gemzøe 2000).

Often underlying these strategies (that clearly incorporate community resource development) are considerations of quality of life, rather than health specifically. Rather, health is one strand of thinking behind the development of these strategies, alongside environmental and social goals, such as a vibrant public life, reduced resource consumption, reductions in noise and pollutants, and changes in traffic patterns (Gehl and Gemzøe 2000; Weston and Putland 1995).

Within New Zealand, there have been notable instances where policies have affected community resource access. In one such case, the planned cutbacks to a local health service in the Hokianga resulted in community mobilisation that ultimately saw the retention of the service and its expansion into a community focal point (Kearns 1991; Kearns 1998). In another case, the closure of a school in Invercargill resulted in a similar local groundswell of activity against change, but the failure to retain the school led to the loss of a major local facility and a deterioration of the cohesiveness of the surrounding community (Witten et al. 2001). What these examples highlight is that in each case, public policy decisions, which ultimately determined access to key community resources, had important consequences for the affected populations.

Public policy and the distribution of community resources

Many forms of community resource access can be viewed as an 'in kind' redistribution of wealth, through the provision of free or subsidised services, amenities and facilities. Unlike cash-based forms of welfare, which are directed to individuals and families, community resources are allocated spatially, to the particular (but not exclusive) benefit of those who live within easy access to such services or facilities. The allocation of community resources is therefore a "fundamentally redistributive" mechanism (Lineberry 1977). Equity or fairness in the distribution of community resources is therefore a critical issue for local public policy. As Badcock (1984) observes:

“The resources that enhance our quality of life are by no means ubiquitous, nor are they uniformly distributed within cities... The most important allocational decisions affecting the location of these public goods within cities – collectively provided services – are made by government bodies. Needless to say the exercise of these powers can effect a profound redistribution of real income amongst urban households, particularly where they are discriminatory in a locational sense.” (Badcock 1984, p.43)

Evidence from the international literature indicates contrasting findings on the distribution of community resources, indicating that community resource access may be setting-specific. Evidence from some cities indicates that areas characterised by higher levels of deprivation, or that are ethnically segregated, are relatively poorly endowed with community resources (Badcock 1984; Pacione 1989; Sooman and Macintyre 1995; Williams and Collins 2001). Research in other areas has however indicated that areas of higher deprivation either had higher levels of resources available, or that there was no consistent under-provision of resources to poorer populations (Knox 1982; Levy et al. 1974; McLafferty 1982; Mladenka 1978).

These contrasting findings raise important implications for health inequalities and public policy. Under the first scenario, comparatively lower access to services, facilities and amenities may exacerbate socio-economic differences between areas and further compound individual poverty, by placing higher mobility costs on those living in poorer areas (Badcock 1984; Macintyre 1997). Under the second scenario,

if poorer areas have relatively greater access to community resources, the effect on the health and wellbeing of people in the more deprived areas could be potentially greater than the effect on those in wealthier areas, by reducing the cost and mobility barriers to use of private or non-local facilities (Talen 1998). Such a scenario, of more deprived areas having greater levels of community resource access, is described as *territorial justice* – “the just distribution of resources among political or administrative units” (Pinch 1985, p.41). Which of these two scenarios is applicable to each of the two cities under examination will be investigated, and set in the context of their policies and planning on community resource access.

Key players in the New Zealand context of community resource distribution are local authorities, particularly territorial authorities but also regional councils. Local government in New Zealand has a core role in community resource provision, through:

1. Funding, management and location of community resources, particularly public transport routes and community facilities such as community centres and libraries;
2. Issuing of resource consents for a variety of commercial, voluntary and residential activities;
3. Collaboration in location planning for services funded by central government, such as schools; and

4. Design of urban environments (incorporating community resource provision), which may either reinforce car-oriented planning approaches, or facilitate walking and cycling (Bush 1995; Hill 2000).

In the light of the international literature, these roles are likely to have an important influence on the health and wellbeing of local residents. The role of local government policies in allocating community resources to urban populations is a major focus of this research.

Summary

Community resource access is a relatively unexplored dimension of health research, yet the findings to date suggest it may be an important determinant of health. Community resources should be viewed as a *contextual* dimension of wealth or deprivation: one that complements *compositional* dimensions of wealth, based on individual or area-level socio-economic wealth; and *collective* dimensions of wealth, based on the extent of personal and community-level social connections. Exploring the level of access to community resources allows a more comprehensive analysis of the experience of deprivation – one that is in keeping with Townsend's definition of deprivation as a lack of access to material goods, facilities and amenities, and/or a lack of access to the customs, activities and relationships of an ordinary social life (Townsend 1987).

Research evidence indicates that community resource access is linked to health by two key pathways. First, by providing access to services, amenities and facilities that are health promoting, or which provide supportive environments for health. Access to and adequacy of community resources can promote healthy behaviours, can act as stressors or buffers to mental health, and have also been found to independently contribute to health differences between socially contrasting areas. Secondly, community resources can provide opportunities and venues for social connections, by providing meeting places that can encourage friendship formation and sense of community.

Access to community resources is potentially modifiable by public policy. Policy and planning at the local level are able to determine community resource access, through the funding and provision of services, facilities, and amenities that are core roles of local government; through responsibilities in issuing planning consents for commercial, voluntary and residential activities; through collaboration in planning for services and facilities delivered by central government agencies; and through design of urban environments. Local public policy is therefore in a prime position to effect changes in community resource access that may be health promoting.

Equity in access to community resources is an important public policy issue, and international research reveals varying distributions of community resources to socio-economically wealthier or poorer populations. Public policy has a potentially important role in ensuring more deprived areas receive the benefit of community resource access. The impact of improved community resource access in areas that

are socio-economically deprived may act to counterbalance the effect of lower socio-economic status by providing access to facilities and services that may otherwise be unattainable due to cost or mobility barriers.

Having established the likely importance of community resource access to health and wellbeing, this study will examine the distribution of community resources in two cities of the Auckland region of New Zealand. Subsequent stages of the research, drawing on documentary analysis and key informant interviews, will examine how local policies and planning have contributed to patterns of community resource access; the extent to which considerations of health and wellbeing have informed decision-making; and the utility of the community resource accessibility indicator developed in this research for local policy and planning.

It should be stressed that the purpose is not to establish the link between community resource access and health. Rather, this investigation complements such research by exploring the demographic, economic, historical, political and geographic features of two cities, which together determine community resource access. The likely implications for health and wellbeing will be identified on the basis of these findings.

With these objectives in mind, the next chapter examines the urban design and planning models that have informed decisions on community resource access, in New Zealand and internationally.

Chapter 2: Traditions in urban design and planning, and the role of community resource access

“... the designer is in a very powerful position. He is creating frameworks relative to the way he thinks they should be. When he is creating a system he is not only providing opportunities, but also constraints. His design will stabilise a set of relationships allowing only changes acceptable to the structure.” (Minett 1975)

Introduction

This chapter addresses the research question *What are the main approaches underpinning urban design and planning internationally and in New Zealand, and how does community resource access feature in these approaches?* In this chapter, international literature is reviewed to identify dominant models of urban design and planning, and the role of community resource access within those models. This chapter also examines New Zealand’s historical application of such urban design and planning models, and recent initiatives.

One means of explaining the distribution of community resources is to locate policies within social theories. An important contribution that uses such an

approach is from Pinch (1985), who presented three broad theories to explain patterns of service allocation:

- Public choice theory: where local politicians make decisions regarding the allocation of resources, in the interests of those who voted for them;
- Neo-Weberian theories: in which the activities of bureaucracies are central to distributional outcomes, through the development of rules or guidelines, on which to base the allocation of resources; and
- Neo-Marxist perspectives: in which distribution of resources is a function of the capitalist state, which in turn is an essential element in the reproduction of capitalism (Pinch 1985).

More recent approaches have adopted “regime theory” as an analytical framework for local decision-making. Regime theory focuses on the shift from *government*, in terms of the exercise of power over populations, to *governance*, through the formation of coalitions or partnerships to achieve solutions to local issues (Hall and Hubbard 1996). Initial conceptions of regime theory focused on coalitions between public and private sectors, although subsequent analyses stress the multi-dimensionality of relationships between different sectors (Brown 1999). Critical to regime theory is the role of coalitions, and the move from electoral power to the capacity of administrations to act in concert with others.

A related stream of research is the shift from managerialism to entrepreneurialism. This entails a shift from the provision of services and facilities as the main objective

of local government, to embracing a role in fostering and encouraging local development (Brown 1999; Harvey 1989).

A further approach is to examine the political predispositions of city administrators and the influence this may have on community resource access. For example, there is some limited evidence from Britain of provision of community resources (such as services for elderly people, preschool services and environmental enhancements) being linked more strongly to fiscal considerations in Conservative councils than Labour councils. Labour councils were more likely to allocate resources on the relative magnitude of service need (Hoggart 1994; Hoggart and Shrives 1991; Hoggart and Smith 1991; Page et al. 1990).

Finally, regulation theory offers a means of bringing together the public and private sectors, and modes of production and consumption through the different modes of regulation available to government. Such an approach would set allocative decisions at the local level within a more global context of state, capital and social organisations (Jessop 1990; Pinch 1997).

As will become clear, the approach taken in this research is at a more specific level than these over-arching social theories. By exploring planning and policy-making towards community resources within two territorial authorities, there are some elements of Neo-Weberianism. Similarly there is also recognition that many of the key decisions affecting community resource access are political and are made by elected representatives, and therefore has some commonality with public choice

theory and political predispositions. There is also a strong thread running through the two councils of an entrepreneurial and governance approach to service provision, particularly in one of the councils under study.

However, the analytical approach taken in this thesis to explain community resource access patterns is to examine the contributions of different models of urban design and planning, and healthy public policy approaches to community resource allocation. This approach was adopted because traditions in urban design and planning have a major influence over the shape of urban environments, with potential impacts on health and wellbeing. An investigation of urban design and planning may therefore identify important interdisciplinary pathways to promote health and wellbeing, via the allocation of community resources.

At this point it is important to note the distinction between urban design and planning – although the two are intricately linked and together have been fundamental to the form and character of city landscapes, they are based in different approaches to urban development. Urban design traditions focus on the physical form of a city – how the layout of buildings, roads, open spaces and physical infrastructure can be best devised so as to maximise economic opportunity and social wellbeing. Planning, on the other hand, is chiefly concerned with land use and the allocation of resources, working within the economic, political, social and geographic circumstances of the area of administration. Planning, through the allocation of resources, involves arbitration and negotiation between different communities and interests. Urban design and planning are both critical

components in the development of cities, but the two have not always been integrated together. In many instances, the two have been competing or separate interests within urban administration (Lloyd-Jones 1998).

Table 1: Major traditions in urban design and planning

Traditions in urban design	
Model	Key features
Garden Cities (Hall 1996; Howard 1904; Yiftachel 1987)	Semi-rural settlements linked to main city Separately zoned areas for housing, education and commerce Emphasis on access to open spaces
Radiant Cities (Hall 1996; Le Corbusier 1933)	Functional, mass-produced and uniform metropolis of towers Separation of residential, commercial and industrial activities Expansion of motorways and private transport
Automobile Cities (Wright 1945, discussed in Hall 1996)	Suburban development Separation of residential, commercial and industrial activities Reliance on private transport and roading networks for access to community resources
Mixed-use/Compact Cities (Jacobs 1961, Smart Growth Network 1996)	Intensified residential densities Localising provision of jobs and services within urban areas Prioritising walking, cycling and public transport Mixture of land uses and high community resource access
New Urbanism (Congress for the New Urbanism 1998; Katz 1994)	Urban design to foster sense of community Variety of building types Mixed use developments Emphasis on the public realm Connectivity within communities
Traditions in Planning	
Model	Key features
Rational planning (Fainstein 2000; Hall 1992; Yiftachel 1987)	Identifiable public consensus Reliance on professional as arbiter of different interests and values Expectation of predictable outcomes Notion of neutrality
Communicative planning (Baum 1996; Fainstein 2000; Habermas 1984; Lane 2001)	Negotiation between competing interests Planner as facilitator or intermediary between interests Recognition of diversity of needs Active engagement
Just Cities (Fainstein 2000; Hall 1983; Kiernan 1983)	Allocation of resources on the basis of alleviating or removing disparities between communities Social justice Participation of marginalized groups in planning process
Sustainable cities/Agenda 21 (Blassingame 1998; Elander and Lidskog 2000; United Nations 1992)	Integration of environmental, economic and social dimensions Public participation in decision-making Compact urban form Improved and more efficient use of passenger transport services Economising scarce resources
Healthy Cities (Barton and Tsourou 2000; Baum 1998; World Health Organization 1986)	Recognition of urban planning as vehicles for health Reduction of health inequalities Collaboration between organisations, including city councils, central government, health providers and community organisations Public participation in decision-making

Five dominant models within each of urban design and planning traditions are explored. Within urban design, the models identified are Garden Cities, Radiant (or modernist) Cities, Automobile Cities, Mixed-use/Compact Cities, and New Urbanism. Within planning traditions, the models investigated are Rational Planning, Communicative Planning, Just Cities, Sustainable Cities, and Healthy Cities. Table I above provides summary information on each of the models of urban design and planning discussed in this chapter.

Traditions in urban design

Interestingly for this study, the origins of urban design traditions lie substantially in public health. Nineteenth century problems of cities such as London, Liverpool, New York and Chicago were of considerable social concern, typified by poor sanitation, overcrowded and substandard housing, and sweatshop factories (Yiftachel 1987). These profoundly unhealthy urban conditions led to demands and initiatives for better design of urban areas, championed by reformers such as Chadwick. Health professionals were leading advocates in the drive for healthier urban environments (Newman 2001). But alongside the social concerns were more material concerns among the establishment of the threat of insurrection by the poor (Hall 1996).

Out of this union of social reform and wealth protection emerged new prescriptions for city design in the late nineteenth century. Led by urban designers such as Howard and (later) Le Corbusier, their very different visions of cities would

ultimately have far-reaching impacts on the shape of future urban forms (Hall 1996). These new models of urban development were clearly Utopian, “inspired by the confidence that they were helping to create a better world, purged of the mistakes of the past” (Hamer 2000, p.109).

Garden Cities: Satellites from the centre

One of the first vigorously promoted urban design models was that of the Garden City, the creation of Ebenezer Howard in the late nineteenth century, and implemented by Raymond Unwin and Barry Parker. Howard proposed a series of small, semi-rural settlements as satellites linked to a mother city. These would be planned and developed by companies, who would persuade industrialists to relocate both their operations and their workers to these new centres (Hall 1996).

Each self-contained “town-country” settlement would be served by an array of services, facilities and amenities, and linked to the city centres, and to each other, by means of rapid transit systems. As each settlement would be essentially self-supporting, community resource access would be maintained, if not enhanced in comparison with industrial cities. Each settlement would include larger public amenities, such as a town hall, concert hall, theatre, library, and hospital. Schools and residential areas would each be zoned separately, and industry and commercial activities would be located on the periphery (Howard 1904).

Howard's vision combined the economic and social opportunities of existing cities with the fresh air and nature of the countryside. Abandoned would be the public health hazards, slums and high cost of living of the former, and the idle land and lack of work opportunities in the latter. Around 1900, Howard wrote of these new towns from a viewpoint of economic development, better health, personal contentment and social cohesion:

...in "Town-country" equal, nay better, opportunities of social intercourse may be enjoyed than are enjoyed in any crowded city, while yet the beauties of nature may encompass and enfold each dweller therein; how higher wages are compatible with reduced rents and rates; how abundant opportunities for employment and bright prospects of advancement may be secured for all; how capital may be attracted and wealth created; how the most admirable sanitary conditions may be ensured; how excessive rainfall, the despair of the farmer, may be used to generate light and propel machinery; how the air may be kept clear of smoke; how beautiful homes and gardens may be seen, on every hand; how the bounds of freedom may be widened, and yet all the best results of concert and cooperation gathered in by a happy people." (Howard 1904, p.10)

The first Garden City was established in Letchworth, near London by Raymond Unwin and Barry Parker. Heavily influenced by Howard, further developments took place in Ealing, Hampstead and Welwyn, and subsequently in the United States and Europe (Hall 1996; Jacobs 1961).

Howard's blueprint of new, low density development away from city centres was enormously influential in planning worldwide, and laid the foundation for suburban developments from the 1940s. The social component of Howard's vision was often ignored however, and a common legacy of large-scale suburban developments was an absence of community resources within close proximity (Hall 1996).

Radiant Cities: Mass production and functional separation

The "Radiant Cities" concept was the vision of modernists such as Le Corbusier and Walter Gropius. Le Corbusier, like Howard, saw urban design as a means of overcoming the problems of slum life, but also the boredom of suburban life that he perceived was fostered by Garden Cities (Le Corbusier 1933). It was a vision (developed some 30 years after Howard's ideas) that also arose in response to developments in transportation, particularly the rapid spread of the automobile in cities such as Paris, with small streets that bred congestion.

Rather than build new cities on the periphery, modernists wanted cities to start over, replacing existing structures with zoned, single-use high rise developments, separating residential, industrial and commercial functions (Lloyd-Jones 1998). The modernists proposed geometric patterns of high density tower blocks, separated by shared public open spaces. Central to this model was a functional, mass-produced and uniform metropolis, where city life was modelled on the machine

(Hall 1996; Ley 1989). Le Corbusier proclaimed “one single building for all nations and climates” (Brolin, cited in Ley 1989).

In the residential environments of Le Corbusier’s Radiant Cities, community resources such as parks, schools, playgrounds and sportsfields would surround the tower blocks. The entire ground surface of the city would be allotted to pedestrians, as cars would travel on raised motorways above the ground. An entire floor of each tower block would be devoted to “communal services”. Commerce and services however would be zoned separately, linked to the residential areas by motorways (Le Corbusier 1929; Le Corbusier 1933).

In northern hemisphere cities, the modernist programme had a slow but immense impact. The Radiant City form, as well as the contrasting Garden City model, became orthodox planning models. The post-war rebuilding of Britain and Europe, and the urban projects in the United States, owe much to Le Corbusier’s vision. High-density tower developments became common across Europe and North America, and the separation of residential, industrial and commercial activities became an established part of urban planning worldwide. However, as Hall contends, “the results were at best questionable, and at worst catastrophic” (Hall, 1996, p.204). Critics such as Jane Jacobs (discussed later in this chapter) castigated these planning outlooks, which were based on the strict segregation of land uses and the bulldozing of traditional inner-city neighbourhoods, for failing to deliver their promised benefits, particularly in creating lively and cohesive environments for their residents (Jacobs 1961).

Automobile Cities: Driving to suburbia

Placing the car in the centre of urban planning began, unsurprisingly, in America, some 40 years prior to similar developments in Europe and the UK (Hall 1996). Mass motorisation was well underway in America in the 1920s, and traffic congestion had by then reached critical levels in some cities. By then, suburban growth was outstripping central city growth. Streets were widened to cope with the growth in traffic, but there were few motorway-type developments before WWII. It was not until Eisenhower's presidency that a nationwide programme of interstate freeway construction was initiated.

The architect, Frank Lloyd Wright, was an early proponent of automobile suburbs. His vision of Broadacre City, begun in the 1920s, was based on the notion of liberating men and women to live as free individuals. By merging the town and country, and in conjunction with the use of new technological forces and cheaply-produced materials, a nation of free independent farmers and proprietors would be created. All forms of "production, distribution, self-improvement, enjoyment" would be within ten to twenty miles of home, and "speedily available by means of his private car or public conveyance" (Wright, cited in Hall 1996, p.288).

Wright's ideas bore fruit shortly after the conclusion of the War. His vision captured the ideal of a small free-standing house for everyone, allowing families to be independent and stable despite the ongoing momentum of social change (Axhausen 2000). Vast tracts of farmland were converted into suburban housing. The developments were triggered by the post-war baby boom, and assisted by new

road developments that enabled freeway suburbanisation, as well as government-guaranteed mortgages and zoning of land uses. However, the developments were also generally segregated by age, income and race, becoming principally the domain of young, middle-class, white families (Hall 1996). From the 1980s, Britain and mainland Europe moved steadily in the American direction of suburban developments.

A major consequence of the growth of Automobile Cities has been a significant change in retailing activity, moving from small-scale shopping areas and larger urban centres, to concentrations of retail activities around substantial suburban shopping malls. As malls have proliferated, small corner shops have steadily reduced in number, and many central business areas have lost much of their retailing activities (Knox 1982).

In a sense, the automobile suburbs are a modern form of the Garden Cities concept. But coupled with single use zoning, which separates community, business, social and recreational activities, the consequences are far removed from the self-contained semi-rural settlements envisaged by Howard, and have typically restricted access to community resources in many places, particularly for those without motor vehicles (Denmark 1998). Automobile-oriented planning is designed for mobility, rather than accessibility, and assumes that anything can be reached with the aid of private transport and appropriate roading. The emphasis has therefore been on road improvements and free flow of traffic (Barton 1998). The declining residential densities, as people embrace a large house and section in

the suburbs, have placed increased stress on public services such as transport and utilities, bringing the environmental sustainability of this urban form into question (Kivell 1993).

Such developments, which have been the dominant trend internationally (including New Zealand and Australia) since the 1950s, have changed patterns of access to community resources, resulting in declining accessibility, especially through separation of land uses and design of housing areas that can deter walking, cycling and public transport (Badcock 1984; Barton 1998; Denmark 1998; Newman 2001; Saville-Smith 1999). The dominance of the automobile is cited as the chief cause of the impoverishment of city life in many areas. Traffic and parking have usurped public open spaces such as parks and squares, reducing foot traffic and social and recreational activity (Gehl and Gemzøe 2000; Newman 2001). A UK-based review of the impact of urban planning and design concluded that “urban communities are severely weakened as people and activities are dispersed over ever greater distances” (Urban Task Force 1999, p.27)

Mixed-use and compact urban forms: Challenging the established order

Against the tide of high-rise modernism and the sprawl of automobile cities, dissent became vocal from the 1960s onwards. The journalist Jane Jacobs published *The Death and Life of Great American Cities* in 1961, and vilified the established models of urban development, and the effect she saw them having on the social fabric of cities. Jacobs instead argued in favour of city forms that provide “intricate and

close-grained diversity of uses that give each other constant mutual support, both economically and socially” (Jacobs 1961, p.14). Jacobs, and designers such as Leon Krier, proposed mixed-use urban forms with a wide array of working, social and leisure needs within easy walking distance, and natural surveillance of neighbourhoods that provide a sense of safety and encourage street activity (Lloyd-Jones 1998).

Jacobs’ analysis covered four key themes, all with the aim of “generating exuberant diversity” in city life: a multiplicity of functions; short street blocks; varying building typologies; and sufficiently dense concentrations of people. The diversity of functions has particular relevance to community resource access:

“The district, and as many of its internal parts as possible, must serve more than one primary function; preferably more than two. These must insure the presence of people who go outdoors on different schedules and are in the place for different purposes, but who are able to use many facilities in common.” (Jacobs 1961, p.150)

These challenges to the established models were not readily accepted by many planners or developers, in part because they called for continuous, incremental change to existing cityscapes, rather than bold large-area master plans in new or re-built areas (Axhausen 2000). Small, seemingly piecemeal, improvements over time hardly made for an attractive proposition to large-scale urban and suburban developers.

However, as with Howard and Le Corbusier, the contributions of Jacobs and her contemporaries to debate on the form of cities had a substantial impact over time, and inform many models of urban design today, stressing walkability, integration of functions, connectivity between areas and adaptability to change (Lloyd-Jones 1998).

A growing momentum in urban development is based on the theme of Compact Cities with intensified residential densities; localising provision of jobs and services within urban areas; clustering jobs and facilities closer together in mixed use centres; and connection between and within areas by transport systems that prioritise cycling, walking and public transport use (Badcock 2002; Barton 1998).

Similar principles underlie the Smart Growth concept, which was developed in the 1990s and aims to connect residential development with quality of life issues.

Smart Growth is consistent with the mixed-use/compact urban form models, and similarly stresses community resource access:

“New smart growth is more town-centred, is transit and pedestrian oriented, and has a greater mix of housing, commercial and retail uses. It also preserves open space and many other environmental amenities” (Smart Growth Network 2002).

Smart Growth also stresses walkability between where people live, and where they work, play and learn, by promoting development of walkable links between housing,

offices, retail areas, transportation and public services such as schools and libraries. The aim is to create “a streetscape that better serves a range of users – pedestrians, bicyclists, transit riders and automobiles”. An important feature of walkable communities is a mixture of land uses, to provide a diverse population and commercial base that will support a viable public transit network. Smart Growth also stresses development within existing areas, rather than on the urban fringe (Smart Growth Network 2002). These themes are also allied with sustainable development agendas, which seek to make urban areas more environmentally sustainable through such goals as reduced reliance on private transport, reduction in consumption of rural land for suburban development, and improved air and water quality.

Although proving influential in current urban design, the theme of compact urban forms has not gone unchallenged. Recent analysis has sought to temper the enthusiasm for compact models in favour of solutions that, while still supporting sustainable development approaches to urban planning, recognise the limitations of compact cities. Critics note in particular that increased densities may not necessarily result in reduced use of automobiles and reduced trip making, and that pollution and other hazards within compact cities can have more acute effects on neighbouring activities (de Roo and Miller 2000). There are also concerns that more compact urban forms may have their social downsides, particularly in areas of Australia and New Zealand where the market is crowding households with more modest incomes into ‘landless’ housing on the urban fringe, with little space in the properties for gardens and outdoor living (Badcock 2002; Baum 1998; Troy 1996).

Critics also contend that lower density residential spaces have given people access to more space, clean air and hazard-free environments than would otherwise have been possible, and that such urban areas are highly valued by the people who reside in them (Troy 1996). Suburban areas have clearly proved popular over many decades, not just with the developers to who seek to profit from building them, but among the public who purchase them (Talen 1999). The solution, critics argue, is not adoption of new urban models, but modification of the current urban structure to ensure better access to services and amenities, and to adopt more environmentally sustainable practices (Troy 1996).

A further challenge to compact city development is that while more compact and connected cities are being promoted by urban designers, policy-makers in many cities (particularly the United States and Australia) have acquiesced to demands for a form of disconnected suburban sprawl taken to its logical conclusion: gated communities. These exclusionary residential developments provide housing for those who meet certain criteria, usually price and age, so as to enforce uniformity and maintain property values. These urban developments are also often surrounded by security systems to provide a more secure living environment, one that can restrict entry to the non-resident or non-invited (Axhausen 2000; Gleeson and Randolph 2002).

New Urbanism: Utopia revisited

A revival of old sensibilities was revealed in a new model of urban design in the 1990s, in the form of New Urbanism. The New Urbanist model draws together many modern design concepts, including a variety of building types, mixed use developments, intermingling of housing for different income groups, and a strong emphasis on the public realm (Fainstein 2000; Katz 1994). New Urbanism also advocates a grid street layout for connectivity, centred around public transport systems (Furuseth 1997).

The *Charter of the New Urbanism*, launched in 1998, explicitly incorporates principles of community resource access:

“We advocate the restructuring of public policy and development practices to support the following principles: neighbourhoods should be diverse in use and population; communities should be designed for the pedestrian and transit as well as the car; cities and towns should be shaped by physically defined and universally accessible public spaces and community institutions; urban places should be framed by architecture and landscape design that celebrate local history, climate, ecology and building practice.” (Congress for the New Urbanism 1998)

New Urbanism draws inspiration from historic districts in the United States, where life focuses around a courthouse square, common, plaza or main street (Hamer 2000). The New Urbanist model marks a return to visions of social cohesion

through urban design advocated by previous designers, particularly the Garden City advocates such as Howard and Unwin, but with the object of preventing further urban sprawl and incorporating the changes in society wrought by the automobile (Calthorpe 1994). Proponents of New Urbanism argue their model provides a community layout that encourages interaction and close knit communities, by overcoming barriers to social network formation exacerbated by suburban sprawl (Calthorpe 1994; Katz 1994).

New Urbanism also has many parallels with the Smart Growth movement, and indeed it is difficult to identify major differences between the two beyond their labels. The main difference appears to be at the scale of activity – Smart Growth appears to function specifically at the city or regional level integrating policy and economy with design, while New Urbanism appears more concerned with the design itself – a feature that is pointed to in some of the criticisms of New Urbanism.

Critics argue that while there is much to applaud with New Urbanism, particularly its emphasis on public space, the concept is as Utopian as earlier models. New Urbanism therefore suffers from the same flaw as earlier models, that physical design will not of itself create the sense of community that its advocates foresee. Factors such as sense of community and residential stability are not exclusive to a particular urban design, but to a wide variety of communities (Fainstein 2000; Talen 1999). Critics also point out that New Urbanism has been commonly implemented in greenfield areas, thereby further extending the spread of cities. If such

developments remain in new areas, they will do little to counter the problems of urban sprawl, or of existing problems in urban areas (Axhausen 2000; Fainstein 2000). Despite a goal of the *Charter of the New Urbanism* being to “bring people of diverse ages, races, and incomes into daily interaction”, many of these developments have also failed to prevent spatial segregation, as they are the domain of affluent homebuyers and located in new towns without blue collar employment opportunities (Furuseth 1997).

The urban design models discussed here reveal contrasting prescriptions for city development, and a continuing debate on appropriate urban forms. Each model featured in this discussion has wielded considerable influence on urban landscapes, and community resource access within urban landscapes. Alongside urban design are the processes of urban planning. It is to the planning models, and their influence on community resource access, that this discussion now turns.

Traditions in urban planning

The early visionaries of urban design were limited by their view of “society and the economy in physical terms, with a physical or spatial solution in terms of a particular arrangement of bricks and mortar, steel and concrete on the ground (Hall 1992, pp.61-62). Planning as a discipline distinct from urban design began after World War One, when people such as Geddes and Abercrombie recognised that urban planning required considerations of areas beyond the existing urban environs and into the surrounding hinterlands, and even further into neighbouring

cities (Hall 1992). Planning is principally concerned with land use, and regional planning provided a means of considering the interrelationship between different services and industries. Planning therefore became a crucial conduit for the allocation or distribution of resources to populations, including public utilities, health and education services, commercial and industrial sites, transportation infrastructure and services, and public open space.

Rational planning: Blueprints and systems

The new era of planning rested on twin assumptions of rationality that firstly, consensus on the public interest could be identified, and secondly, that there existed adequate expertise and knowledge for undertaking urban planning (Yiftachel 1987). Rational planning owes much of its ascendance to the prescriptions of design visionaries, particularly the modernists, with their belief in the power of science and expertise to solve complex problems (Ley 1989; Petersen 1996). Le Corbusier's view of the supreme status of the professional designer – once claiming “the design of cities is too important to be left to its citizens” (Fishman, cited in Hall 1996) – provides a clear, if somewhat extreme example of this view. As Le Corbusier himself wrote, an all-encompassing plan was needed to guide cities to a better future:

“The despot is the *Plan*. The correct, *realistic*, *exact* plan, the one that will provide your solution once the problem has been posited clearly, in its entirety, in its indispensable harmony. This Plan has been drawn up well

away from the frenzy in mayors' offices or the town hall, from the cries of the electorate or the laments of society's victims. It has been drawn up by serene and lucid minds. It has taken account of nothing but human truths."

(Le Corbusier, 1933, p.154; italics in original)

Rational planning first took centre stage with the development of city or regional blueprints or masterplans, such as the 1944 Great London Plan. By the 1950s, blueprints were overtaken by systems planning, as planners were confronted with the need to develop towns or cities around large scale motorway networks, and to deal with suburban expansion on city fringes. Both blueprints and system planning however had in common

"a belief that outcomes were predictable and plannable; that particular planning actions would achieve determinable results; that planning objectives could be specified by professional experts (speaking not on their own behalf, but as arbiters of an array of different social values) and would win general agreement; in sum, that rational decision-making was applicable to complex social systems." (Hall 1983, p.42)

Within this rational outlook, planning became a professional field of decision-making, based on setting clear objectives (often externally defined), identifying a range of options or potential policies, evaluating options against the established objectives and then implementing the preferred options (Yiftachel 1987). Rational planning adhered to a notion of neutrality, that the planner was

somehow above politics in the allocation of scarce resources to populations, whether it be urban amenities, land, housing or recreational facilities (Friedmann 1993; Kiernan 1983). The approach was based on process, but without regard either to political conflict and the contest between different interests in the distribution of resources, or to the specific character of local environments (Fainstein 2000; Lane 2001).

Despite the obvious deficiencies of an approach based on a single unified public interest, and that planning could somehow be above the fray of political dialogue and conflict, the rational model held sway within planning processes well into the 1980s (Fainstein 2000; Kiernan 1983; Lane 2001), and arguably in New Zealand well into the 1990s. From a community resource perspective, the dominance of rational planning, together with urban design models based on functional zoning, meant increasing separation of residential areas from services, amenities and facilities, with the exception of the occasional park or community facility. However, recognition of the fundamentally political role of planning, particularly in the allocation of resources, led to the development of new directions in planning theory and process.

Communicative planning: Negotiating diversity

From the 1960s, the rational, modernist approach began to be challenged by social scientists and urban designers. The post-modern outlook challenged all of the rational notions of a single public interest, the pre-eminence of the expert or

professional, and the centralisation of planning. In rationalism's place was an emphasis on the diversity of human needs and experiences (Lane 2001). Planners were also challenged to recognise that their discipline was not value-free, and that their prescriptions could not satisfy all interests simultaneously (Kiernan 1983). The new challenge was to plan at a human scale, capturing and building on diversity, and to develop effective communication between the everyday lives of people and the world of planners and policy-makers (Ley 1989).

Recognition of the central role of the planner in distributing resources led to the development of communicative models, based on negotiation between competing interests. Communicative planning draws substantially on Habermas, who argues that

“The concept of communicative action presupposes language as the medium for a kind of reaching understanding, in the course of which participants, through relating to a world, reciprocally raise validity claims that that can be accepted or contested” (Habermas 1984, p.99).

In its application to planning, communicative theorists view planning activities as indicating specific institutional and political relations:

“Planning issues are always defined in an environment of competing political interests. Indeed, problems only exist in contexts, moreover, how decisions

are, can be, and should be made depends on the context” (Baum 1996, p.369).

Thus, rather than creating blueprints for cities or regions, the planner instead assumes the role of facilitator or intermediary between interests to reach resolution (Fainstein 2000). Such an approach recognises the diversity of interests within cities and across policy portfolios, and attempts to broker a consensus on particular plans, strategies or initiatives. Communicative models see planning as the “product of processes between a range of parties”, acknowledging that planning decisions are choices between and among the diversity of interests within a region (Healey 1993).

Communicative planning, also described as ‘deliberative planning’ explicitly recognises the politics of governance, and advocates face-to-face dialogue between planners and affected populations. Some forms of communicative planning advocate engaging those outside the mainstream, who may not be identified as actors, because of their alienation from participation. Such models share common approaches of decentralised decision-making, active participation of interested citizens, and shared responsibility of decision and action (Friedmann 1993; Hayward 2003; Lane 2001).

Critics of communicative models question the means by which interests are actively involved in planning processes, how they are consulted, and how planners and policy-makers listen to and respond to the diversity of interests. Simply

reaching agreement, it is argued, is not sufficient without focusing on what the problem is that needs to be addressed and in what context. Consensus may often achieve limited or no results, particularly when a vague agreement is the basis of consensus, and if implementation agencies are not committed to the process. The involvement of marginalised and systematically disadvantaged groups may only secure small or symbolic benefits for themselves. Consensus may not even be possible or desirable in the face of homogenous communities rigidly defending their patch against perceived threats (Fainstein 2000). Resource allocation – including allocation of community resources relevant to this study – therefore depends on how agreement is reached and who is involved in decision-making.

With the limitations of communicative models in mind, another new direction in planning theory emerged, one which not only recognises the role of politics in planning, but one which utilises the planner as an agent and advocate of change.

Just Cities: Neo-Marxism to social justice

As an alternative to rational and communicative models, the Just City concept casts the planner as an advocate, rather than as a designer, technocrat, or negotiator (Fainstein 2000). Two broad camps among Just City theorists have emerged – the neo-Marxists or radical democrats, and the political economists. From a perspective of access to community resources, both camps are essentially distributive, seeking to allocate resources to the populations most in need.

The first, neo-Marxist camp, came to prominence in the 1970s. Their proponents argued that planning models were failing to effect changes among those most deprived, and also most powerless. The solution was therefore to “work with these people at a grass-roots level to undermine the whole basis of the capitalist state, including its local expression, the municipal bureaucracy” (Hall 1983, p.44). Anything other than the total overthrow of the system was a reformist palliative (Kiernan 1983). The revolutionary thinking of the 1970s was tempered in later years, but still comes through in the more recent articulation of radical democracy. This post-communist model calls for exercise of power by those previously excluded from power, building cities and allocating resources on the basis of alleviating or removing disparities between communities (Fainstein 2000; Friedmann 1996).

The political economy perspective, advocated by Fainstein among others, is based on notions of social justice. Like the communicative model, the just city model promotes participation and engagement. Participation is part of the approach, but “does not assume the neutrality or benevolence of government” (Fainstein 2000, p.468). Rather, participation is a vehicle to challenge agendas, and question motivations, so as to ensure more equitable outcomes.

Whichever perspective within the Just City concept is adopted, the general tenor is the same. The Just City concept recognises the constraints of the capitalist political economy, and casts planners and policy-makers in roles of advocacy and leadership

in the allocation of resources to benefit those currently most disadvantaged to enhance their material wellbeing.

Sustainable cities: Integrating design and planning

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The concept of sustainable cities has emerged as a further paradigm in planning, one that brings together the urban design and planning disciplines, by considering how people and the built environment can interact in an environmentally sustainable manner. While definitions of sustainable development abound, a commonly accepted definition is “development that meets the needs of the present without compromising the ability of future generations to meet their own needs” (World Commission on Economic Development 1987, cited in Parliamentary Commissioner for the Environment 1998).

Cities face a particular challenge in achieving sustainability, owing to their capacity to consume resources, to sprawl ever-outwards into productive farmland as their populations expand, and to pollute air and waterways (Blassingame 1998). But advocates of sustainable cities argue that despite their environmentally destructive capacities, cities can be sustainable through a variety of practices, including economising scarce resources, population containment, a compact urban form, improved and more efficient use of passenger transport services, and recycling (Hall and Pfeiffer 2000).

“Eco-cities” is a common concept within debates on sustainable cities. The eco-cities concept is relatively recent, emerging in the 1990s. However, eco-cities owes its origins to a variety of movements that have been in existence for some decades, encompassing urban planning, transport, health, housing, energy, economic development, natural habitats, public participation and social justice (Roseland 1997). Eco-cities advocates seek to shift the form and function of cities towards environmentally sustainable models, using the active involvement of local communities to define and implement the local form of sustainability.

A key initiative in promoting sustainable cities is the Agenda 21 agreement that was the centrepiece of the 1992 Rio Summit, and which moved sustainable development on to the agendas of cities worldwide (United Nations 1992).

Agenda 21 recognises that achieving sustainable development has critical social and economic dimensions, including integrating the planning and management of land resources; empowering communities and enabling the poor to live sustainable livelihoods; and protecting and promoting human health. The equitable distribution of resources, embodied in the Just City concept, is therefore a critical component of sustainability.

Community resource access is not a central feature of Agenda 21, but included in the agreement is a recognition of the value of a liveable environment, and promotion of improvements to the urban environment including “the provision of urban infrastructure, the enhancement of public amenities and the protection

and/or rehabilitation of older buildings, historic precincts and other cultural artifacts” (United Nations 1992).

Within five years of the 1992 declaration, 1,800 local governments in 64 countries were involved in Local Agenda 21 activities (Elander and Lidskog 2000). Local Agenda 21 activities take place under the umbrella of Agenda 21, but are explicitly targeted at local government. But the extent to which the principles of the Rio declaration have been embraced by local and national governments has varied considerably, and therefore the extent to which sustainable cities will be a reality has yet to be proven.

Healthy cities: Bringing health into planning

The Healthy Cities programme is both a concept and an international project to promote health at the city level. Healthy Cities is based on the World Health Organization’s Health For All by the Year 2000 policy, which views health as a set of processes that raise awareness, mobilise community participation, and develops the role of local government in health (Kenzer 2000). The programme was intended to move beyond traditional public health approaches focusing on the treatment and prevention of disease which, it was widely felt, did not adequately address other health issues, such as violence, motor vehicle accidents and the underlying causes of ill health.

Common to Healthy Cities projects are concerns with:

- local political and bureaucratic action to promote health in localities;
- a concern with reducing inequities in health status;
- collaborative action between different agencies;
- establishment of a core staff to implement and oversee local Healthy Cities activities;
- monitoring and assessing health needs of populations;
- fostering new projects and/or cooption of existing projects as models of best practice; and
- public participation in local and city government (Baum 1998).

Hancock and Duhl contend that among the qualities of a Healthy City, and of particular relevance to the focus of this research on community resources, is “access to a wide variety of experiences and resources, with the chance for a wide variety of contact, interaction and communication” (Hancock and Duhl 1988, cited in Barton and Tsourou 2002).

Healthy Cities, like Agenda 21, expanded rapidly and involved a large number of city and state agencies, and health professionals. Healthy Cities is closely allied to Agenda 21 in its aims and underlying principles, particularly those of healthy environments, equity and social justice. The two initially tended to operate in parallel rather than synergistically, but there have been increasing linkages between the two in recent years (Barton and Tsourou 2000; Dooris 1999).

Implementation in the New Zealand context

The written history of urban design and planning in New Zealand is relatively sparse, and there have been few comprehensive attempts to trace the evolution of these disciplines in their New Zealand context, as compared to studies in Britain and the US (Miller 1998). What follows therefore is a summary of the general trends in urban design and planning in New Zealand, from the limited literature.

Early forms of urban settlement

The popular image of European settlement of New Zealand is one of rugged individualism, as wave after wave of new settlers attempted to conquer the land for farming.³ Often ignored is that many immigrants wanted to settle in New Zealand's fast-growing towns rather than become rural pioneers – either to speculate, to advance careers, or engage in trade and manufacturing (Hamer 1995).

Planning for towns and cities in the new colony began in nineteenth century England, half a world away from New Zealand and well before the signing of the Treaty of Waitangi in 1840. 'Colonial reformers' such as Edward Gibbon Wakefield envisaged rapid establishment of towns (conceived as embryonic cities), with town belts of open land on their fringes (Belich 1996; Sinclair 1980). These

³ Not being able to explore, in the course of this discussion, how land was acquired by settlers and the Crown, and the all too common breaches by the Crown of obligations to Maori under the Treaty of Waitangi.

instant towns would provide markets for agricultural goods produced in the surrounding countryside. It was also hoped (but not achieved) that the colonial townships would attract a variety of occupations and classes, from labourers “of good character”, to merchants, clergymen, architects and teachers, representing a cross-section of English society (Sinclair 1980; Temple 2002). Companies inspired by Wakefield established six settlements in the 1840s and 1850s, in Wellington, Nelson, New Plymouth, Wanganui, Dunedin and Christchurch. These settlements struggled from the beginning, and failed to build a nucleus of settlers in any one place. The grandiose plans of Wakefield were replaced by pragmatic adaptation simply to survive the difficult conditions of settlement (Gardner 1992).

Auckland also began as an instant township, and was the only major town established by the colonial government. Governor Fitzroy chose Auckland as the colonial capital in 1840, primarily for the availability of cheap land with harbour access, which could be on-sold to settlers, thereby providing crucial revenue for the government (Belich 1996; Gardner 1992; Hamer 1995).

Whether in the Wakefield settlements, or elsewhere in New Zealand, the rapidity of colonial settlement left little scope for grandiose plans. As Hamer observed:

“The forms of community life in New Zealand’s cities were largely derivative and unoriginal. The urban pioneers saw towns as places to make money and wanted a basic urban environment established as quickly as possible.

They were largely content to adapt tried and tested institutions to New Zealand conditions.” (Hamer 1995, p.29)

In the nineteenth century, surveyors had the greatest influence on urban design, and as a consequence the grid plan dominated – to the extent that hills and other features were often cut away so that the grid could maintain its proper course (Hamer 1995; Holland and Thompson-Fawcett 2003; Miller 1998).

In the early twentieth century, the Garden Cities model reportedly attracted many followers, although there were few initiatives implemented under the banner of Garden Cities, beyond some small efforts in Christchurch and Wanganui (Miller 1998). However, features of the Garden City model were apparent in the early town plans for cities such as Dunedin and Wellington. Howard’s vision of bringing together elements of town and country could be seen in low density housing, together with gardens, wide roads, large public parks and areas of natural landscape (Freeman 2003).

Development of transport corridors was critical in the expansion of New Zealand’s urban areas, particularly the Auckland region, where this research is located.

Auckland began as a small nineteenth century settlement, where transport within the town was by foot, and to other settlements by either horse or boat. But over the course of the next century, rail development, followed by inter-suburb tram links, followed by motorway developments, opened up more and more of the surrounding countryside to urban settlement (Auckland Regional Growth Forum

1997). The tram and rail developments slowly transformed outlying villages into suburbs within the Auckland conurbation, as people moved away from urban centres to cheaper land served by transport services (Hamer 1995).

Growth of Automobile Cities

The growth of private transport ultimately shaped New Zealand's urban form in line with the Automobile Cities model. Since the 1960s, car-based planning has been a strong feature of urban design, with public transport an increasingly lower priority. Road laying has in this context become a major role of local government – even by the 1970s New Zealand had one car per 2.6 people, the third highest in the world (Bush 1995). Between 1965 and 1995, the number of vehicles on New Zealand roads doubled (Parliamentary Commissioner for the Environment 1998), and there was a 20% increase in traffic volumes in Auckland between 1989 and 1994. Rooding covers 25-30% of land area in New Zealand urban areas. Public transport use declined markedly from the 1950s onwards, and until recently, received a declining share of taxpayer and ratepayer assistance (Bush 1995).

Consistent with the Automobile Cities model, suburban development in urban New Zealand developed a monotonous style of stand-alone low density housing, set within cul-de-sac developments, which fed into the main transport corridors. In the 1950s and 1960s, single use zoning became the norm, separating residential from commercial, industrial and service centres, thereby substantially restricting

the range of community resources within close access to many housing areas (Saville-Smith 1999).

Philips (1989) describes the community resources prevalent in 1950s and 1960s suburbia:

“In landscape architecture terms the nuclear family was reflected in the spread of acres of single family dwellings, each cut off from their neighbours and the outside world by a fence, each with their sandpits and lawns for the kids to use. In the mushrooming suburbs public space was devoted to anonymous quickly built schools, to parks with their metal playground equipment for the toddler and their rugby fields for those a little older, and perhaps swimming pools” (Phillips 1989, p.4)

The uniformity of layout, in developments funded by both public (state housing) and private sectors was driven by economies of scale. Alternative housing developments, to provide accommodation for demographics other than the nuclear family, were driven by similar economies of scale, and resulted in ugly “sausage flat” developments in the 1970s (long one or two-storey apartment buildings of single unit width and with minimal private open space), and crammed cross-leased housing in the 1980s. The unsurprising failure of these to inspire enthusiasm in the public, it has been argued, created a backlash against medium density terrace developments of recent years (Auckland Regional Growth Forum 1997).

Urban development since the 1990s: Rethinking the past

By the end of the 1980s, there was a growing demand for more diversity and vitality in the urban built environment. It was apparent that New Zealand's society was changing, with a more ethnically diverse population, each with their own community resource needs, and with more affluent citizens keen to experience a flavour of the cosmopolitan cities they had visited during their overseas travels. This called for a corresponding diversity in the built environment was demanded:

“What this means in concrete terms is the appearance of theatres, concert halls, art galleries, restaurants, craft markets and public areas for displays and events. The new middle class with memories of Paris or the Boston waterfront want a city which is exciting and stimulating during their leisure hours. The straight lines and grim facades of commerce must disappear before the curves and colours of entertainment” (Phillips 1989, p.7).

In the 1990s, it had become apparent that the established means of development were no longer suitable. Environmental legislation, in the form of the Resource Management Act 1991, brought new challenges to territorial authorities to mitigate the effect of economic and social activities on the bio-physical environment. The legislation was accompanied by commitment of the New Zealand Government to Agenda 21 in 1992, as a means of achieving integrated planning between ecology, economics and society. However, the important advance that the Resource Management Act marked through placing sustainability at the centre of development planning was off-set by relatively little attention in the Act given to

the built environment, or to the specific character of urban environments. Instead, the legislation focuses largely on physical and natural resources in a generic sense, despite more than 85% of the population living in urban areas (Freeman 2003).

Progress in the implementation of the Resource Management Act and Agenda 21 inevitably drew critical attention to the sustainability of New Zealand's urban areas. Despite the endorsement of Agenda 21 at a national level, only seven territorial authorities had incorporated Agenda 21 into their planning by 1999 (Knight 2000).

Like Agenda 21, Healthy Cities had gained some footholds in New Zealand. By 1998, Healthy Cities projects were established in nine territorial authorities, including Christchurch and Manukau (Parliamentary Commissioner for the Environment 1998). Taken together, the adoption of Local Agenda 21 and Healthy Cities signalled acceptance by many territorial authorities in New Zealand of the desirability of integrating social, economic and environmental areas of decision-making, and collaborative approaches to governance. There was however room for improvement. In 1998, the Parliamentary Commissioner for the Environment observed that with "a few notable exceptions at the city level, the concept of sustainable urban development is largely being ignored in New Zealand with a lack of leadership and vision" (Parliamentary Commissioner for the Environment 1998, p.iv). The Commissioner drew attention to the need for:

- greater efficiencies in urban resource use;
- involvement of communities in decision-making;

- promoting the value of liveability of urban environments and good urban design;
- the health impact of urban environmental quality;
- maintenance and improvement of urban physical infrastructures (such as water and sewage services); and
- development of alternatives to car-based transport.

While not a central focus of the Commissioner's concerns, community resource access is a relevant component of many of the issues detailed above.

Alongside sustainable cities and healthy cities models, communicative planning models also became more common in New Zealand planning. Dupuis and Dixon (2002) and Hayward (2003) have recorded initiatives in Auckland and Christchurch respectively that have brought greater community involvement in local planning and decision-making (Dupuis and Dixon 2002; Hayward 2003). It is the experience of new approaches to planning and design, by two cities within the Auckland region, that is an important focus later in this thesis.

In the late 1990s, the need for a new approach to urban development was particularly urgent in the Auckland region: the population in the region was projected to reach between 1.6 and 2.2 million by 2050, from 1.2 million in 1999 (Auckland Regional Growth Forum 1999b). Regional government and territorial authorities wanted to ensure that development in the region could be largely achieved within existing urban limits, avoiding constant encroachment into

greenfield areas, with consequent erosion of the natural environment, rural amenity and heritage (Thompson-Fawcett and Carter 2003). The result was the Auckland Regional Growth Strategy (RGS), adopted in 1999. The intention of the RGS is to ensure growth is accommodated in a way that meets the needs of Auckland's inhabitants to the year 2050. The strategy places considerable importance on medium density housing developments, with improved access to services, and improved amenity value of neighbourhoods. The substantial stakeholder involvement that informed the RGS has been described as an example of a "paradigm shift" in planning practices in New Zealand, towards more collaborative approaches (Dupuis and Dixon 2002), and which have moved beyond traditional modes of planning (Thompson-Fawcett and Carter 2003). The role of the RGS in community resource access will be explored in more detail in subsequent chapters, with particular emphasis on how the principles of the strategy are informing policy and planning in the two cities under examination in this research.

In the development of new approaches to urban development, it is not surprising that New Urbanism has informed some of the discourse. A development in Freeman's Bay (a suburb in Auckland City) applies many New Urbanist principles of access to open space and social infrastructure. As one of its architects explains:

"It's about how you drive home, or how you walk home, how, as someone who will live there, you would use this space. Putting yourself in the place of a resident and actually saying, what are you going to do, where can you walk the dog, how can you go for a run, all these kind of things that are

actually starting from the idea of the user, rather than the top down, where you think of a nice plan, nice shapes, and then just fill it in” (Revington 2001).

The themes of compact mixed use developments, planned open spaces, interconnectivity, and access to transport systems was not simply a 1990s, New Urbanist response to the failures of earlier planning. Such developments were articulated in Auckland regional planning documents in the 1950s through to the 1970s, but were ignored in favour of the expansive, functional zoning approaches favouring private transport (Auckland Regional Growth Forum 1999b). The New Zealand articulation of New Urbanism, and the underlying principles of the ARGs, can be seen as a return to pre-existing models for urban development that were abandoned when Automobile Cities became the favoured planning approach.

While compact urban development is a theme promoted in Auckland, other parts of the country appear to have accepted rival urban typologies. New housing developments in Christchurch (in the Canterbury region of New Zealand's South Island) appear to have many of the hallmarks of gated communities, exhibited by security personnel within their environs, building covenants, and section and house prices that limit potential residents to those that will meet the areas' criteria (Gorman 2003).

Another proposed development in Pegasus Bay Canterbury, labelled New Urbanism – a 340-hectare, 1800-section development with a projected 5,000

population – suffers from the same criticism of many New Urbanist developments in the United States, by consuming rural land rather than building within existing urban areas. This more controversial project appears likely to go ahead despite the opposition of local planners (Collett 2002). However, like Auckland's Freeman's Bay development, the Pegasus Bay project incorporates many of the ideas of New Urbanism within its design, including walkability, access to open spaces, and a mixture of land uses (Lunday 2003).

The reality of urban development in New Zealand therefore appears to be a microcosm of the debates that have occurred internationally. New Zealand planners are clearly seeking to move beyond past planning and urban design models, but differing solutions are being advocated by different sectors, and in different regions of the country.

Promoting better design

Until as recently as 2002, central government tended to ignore its potential to promote better urban design that is both environmentally sustainable and can improve the quality of life of urban dwellers. The 1998 report by the Parliamentary Commissioner for the Environment (referred to earlier) noted a lack of application of urban design in evidence by local government, and also cited a lack of national-level support for promoting better urban design and liveability to enhance sustainability and quality of life (Parliamentary Commissioner for the Environment 1998).

Central government's first substantive responses to these deficiencies appeared in 2002, with the launch of two documents, developed with the support of the Ministry for the Environment (MfE). The documents provide guidelines on urban design (Mead and Mentz 2002), and processes for creating liveable urban environments (Ministry for the Environment 2002).

The first report (on urban design) articulates five overall principles for urban design:

- consolidation and dispersal: promoting higher intensity development around existing or new nodes, and lower density on the periphery
- integration and connectivity: promoting development that is integrated and connected with its surrounding environment and community, facilitating ease of access and social interaction
- diversity and adaptability: promoting a diverse mix of activities within urban areas, that are then able to respond to social, economic and technical change
- legibility and identity: promoting environments that are easily understood, display strong local identity, and appropriate visual character
- environmental responsiveness: promoting environments that are responsive to natural features, ecosystems, water quality, reduced energy needs and waste production (Mead and Mentz 2002).

The themes of consolidation, integration and connectivity, and diversity and adaptability, clearly have strong relevance to community resource access, and echo the models of compact cities and mixed-use developments.

The second document (Ministry for the Environment 2002) recommends strategies for creating liveable urban environments, encompassing the development of aims and objectives, identifying the particular features of the area where development is to occur, community consultation, strategy development, monitoring programmes, and implementation.

A common theme running through these principles is “promoting”, downplaying further regulatory roles of government in achieving better urban environments than are available through existing mechanisms. Nevertheless, these fledgling steps by a Ministry clearly more comfortable with its role in the bio-physical environment (Perkins and Thorns 1999), and the acceptance by central government of playing at least a guiding role in developing better urban environments, signalled willingness to step forward from past inaction.

Further recognition by government of the role of urban environments in both sustainability, and health and wellbeing, appeared in mid-2002 with the appointment of a Minister with responsibility for Urban Affairs, and then in early 2003 with the launch of the *Sustainable Development for New Zealand Programme of Action* (Department of Prime Minister and Cabinet 2003). The Ministerial portfolio (held by Hon. Marian Hobbs, who is also Minister for the Environment) is to some

extent symbolic, as the post does not have a dedicated department to support it.

The post does however signal recognition that urban settings have particular policy issues for consideration.

The Programme of Action is intended to set directions and outline initial actions by government to achieve sustainable development. An important priority within the programme is the development of sustainable cities (alongside quality and allocation of freshwater, energy, and investing in child and youth development). Improved urban design is highlighted as an important component of sustainable cities:

“Urban design is a core sustainable development issue because it is often intergenerational in effect; it has a strong influence on community identity and quality of life and it contributes to a city’s economic efficiency and competitiveness.” (Department of Prime Minister and Cabinet 2003, p.20)

Responding to a similar initiative in New South Wales, the Programme of Action includes a commitment to developing a New Zealand Urban Design Charter, to include:

- supporting the “health and social wellbeing of urban citizens”;
 - taking a “holistic approach that incorporates urban cultural and community identities, historic heritage and arts infrastructures”;
 - incorporating “collaborative urban design in project planning and delivery”;
- and

- meeting “the diverse needs of different interest groups” (Department of Prime Minister and Cabinet 2003, p.22)

“Central government coordination” is highlighted as a key action across the sustainable cities programme, particularly in Auckland. Taken together, these initiatives from 2002 and 2003 indicate recognition by government of the contribution of urban form, and at the least, an implicit recognition of the contribution of community resource access, to forming healthy and sustainable environments. Needless to say, the impact of these initiatives in the long term remains to be seen.

Summary

The diverse design and planning models have given rise to urban areas with striking differences in their built environments. In Western societies, the early models of Garden Cities and Radiant Cities have influenced many design agendas, but it is the car-oriented Automobile Cities model that is most recognisable in the New Zealand context.

Rational policy-making models have heavily influenced planning decisions in New Zealand at national and local levels. These dominant planning and design approaches in New Zealand have led to the emergence of an urban form characterised by low density developments, a relatively large geographical spread,

functional zoning and separation of activities, and an increasing dependence on motorised transport, especially private cars (Saville-Smith 1999).

However, new planning and design approaches, influenced by sustainability agendas, are emerging in New Zealand. These new models, whether they carry New Urbanism, Compact Cities, Smart Growth or other labels, stress the importance of integration, connectivity and walkability, to improve sustainability and quality of life. An increasing role of central government in the promotion of sustainable urban forms is recognised in recent government initiatives.

Community resource access is fundamentally affected by the urban design or planning model that is in force at the time an urban environment is created or subsequently developed. Where models have been applied that stress functional zoning and private transport, community resources are likely to be alienated from residential areas. However, where mixed-use models are applied, services, facilities and amenities are placed at the centre of neighbourhoods and suburbs, rather than zoned separately from where people live and work. The dominant paradigms that shape policy and planning by territorial authorities are therefore critical to the level of availability of community resources to communities.

Chapter 3: Methodology

“Gathering policy-relevant information on how to pursue healthy public policy requires an emphasis on qualitative or soft data, and methods of data gathering complemented by hard (quantitative) data whenever possible”

(Milio 1988)

Introduction

The previous chapters examined the international and New Zealand literature on the influence of community resource access on health and wellbeing, and the major paradigms and processes in community resource access. This chapter moves on to detail the methodology through which the central research questions of this thesis will be examined. To re-state, the central research questions the methodology is intended to address are:

- What is the distribution of community resource access in North Shore City and Waitakere City, and how does the distribution correspond to demographic, economic and social patterns?
- What policies and paradigms have driven decisions regarding community resource allocation in the two cities?
- To what extent have considerations of health and wellbeing informed local decision-making, and how have these considerations influenced policies on community resource access?

- How can the means of measuring community resource access used in this research complement indicators used by the two cities?

The purpose of this chapter is to outline the means by which the central research questions are answered. The question underlying this chapter is therefore *How can access to community resources be measured, and how can the policy context for community resource allocation of each council be identified?* Answering the research questions requires a range of methods, incorporating qualitative and quantitative research techniques.

The application of methods, in relation to the central research questions, are detailed in the matrix on the following page. The shaded areas in the matrix indicate which methodology is to be applied to each research question.

Table 2: Matrix of research methods and central research questions

	Geographic information analysis	Area-level regression analyses	Key informant interviews	Document analysis
What is the distribution of community resources in two New Zealand territorial authorities, and how does the distribution correspond to demographic, economic and social patterns?				
How have community resources been planned and located in each city, and what policies and paradigms have driven these decisions?				
To what extent have considerations of health and wellbeing informed local decision-making, and how have these considerations influenced policies on community resource access?				
How can the means of measuring community resource access used in this research complement indicators used by the two cities?				

Literature reviews

This section briefly examines the process of undertaking the literature reviews reported in chapters one and two, as a precursor to examining the methods that were used to address the central research questions. The first literature review examined evidence on the contribution of community resource access to health and wellbeing; and the second examined the main planning and policy drivers in community resource location and allocation, both internationally and in New Zealand.

For each literature review, a similar strategy was used. The first phase of each search began with readings that were either based on personal knowledge or were recommended by colleagues with similar research interests. These initial readings

provided references of other relevant material for attention, and allowed identification of keywords for more widespread literature searching.

In the second phase, keyword searches in relevant databases were undertaken. The searches required a number of iterations to narrow the literature down to appropriate articles. To examine the contribution of community resources to health and wellbeing, a keyword search of the Medline, Current Contents and Geobase online databases were undertaken to identify journal articles. A range of keywords were used, including “amenity”, “facilities”, “health services”, “access” and “accessibility”, “health”, “wellbeing”, “physical activity”, “obesity”, “place”, “social capital”, and “social connections”.

Examination of the planning and policy determinants of urban community resource access was undertaken using the Expanded Academic, Index New Zealand, Science Direct, JSTOR and Geobase databases. Keywords used in the search included “urban amenity”, “access” “policy”, “planning”, “theory”, “location”, “facility”, “urban design”, “sustainability” and “Agenda 21”.

Further searches were undertaken using Massey University and the University of Auckland’s online catalogues for reports and publications on these topics. Another search stage identified appropriate literature from the bibliographies of publications selected in the preceding stages.

Acquaintance with the literature identified a number of relevant organisations with Internet websites and publications available for downloading, ranging from large scale government bodies and NGOs through to smaller NGOs and research organisations. Accordingly, relevant reports and publications available online from these organisations were obtained.

Through reading the widespread range of literature, key themes were identified and synthesised to identify findings. The process of synthesis was an iterative one, requiring repeated reading and summary of findings and themes, which were constantly related back to the overall research topic.

Measuring and analysing accessibility

In order to measure the distribution of access to community resources in each city, an area-level accessibility index was developed. This index was used as a basis for examining associations of community resource access with socio-economic population patterns. The analyses are undertaken at two distinct geographic scales: the neighbourhood street block level (Census meshblocks), and the aggregated city level. Using this approach, it is possible to explore the distribution of community resources both *within* each city, as well as *between* the two cities.

Community Resource Accessibility Index

The tool used to measure resource access in the two cities under investigation was the Community Resource Accessibility Index (CRAI), which was developed using geographic information systems (GIS). The CRAI is an area-level indicator of relative access to urban services, facilities and amenities.

Composition of the CRAI

In this study, the New Zealand Census meshblock forms the basic unit of analysis. Meshblocks are the smallest area unit available for analysis. In urban settings a meshblock approximates one or several street blocks. The centroid (nominal centre) of each meshblock is used as a proxy for the location of people's homes. Across New Zealand, Census meshblocks had a mean population of 97 people (at the time of the 2001 Census), but in the areas under study, the mean population was 137. The availability of such "small area microdata" is a critical feature of New Zealand population data that is not available in many other countries, such as the UK (Brown et al. 2000). The small geographic and population size of the Census meshblock provides a finely-grained means of area-level analysis, and avoids some of the problems associated with the *ecological fallacy* resulting from aggregation to large areas, as discussed later in this chapter.

An important feature of this research is its focus on *urban* community resource access. Therefore, only those meshblocks that could be classified as urban were included in the analysis. Statistics New Zealand's categorisation of Census

meshblocks as urban or non-urban was applied to eliminate non-urban meshblocks. This had the effect of removing 18 meshblocks within the Waitakere Ranges, west of Waitakere City, and retaining all meshblocks in North Shore City. The final dataset contained 2,532 meshblocks defined as urban by Statistics New Zealand, comprising 1,424 from North Shore City and 1,108 from Waitakere (referred to in the analysis as the “Waitakere urban area”).

The CRAI is made up of 36 types of services, facilities and amenities (called sub-domains), which were operating or in existence in 2001. The CRAI is grouped into six domains:

1. Sport and recreational facilities (including parks, beaches, libraries and sports clubrooms)
2. Public transport and communication (bus, train and ferry routes, and public telephones)
3. Shopping facilities (including dairies, cafés, banks, supermarkets and service stations)
4. Educational facilities (ranging from pre-school through to tertiary)
5. Health facilities (including GP clinics, Plunket⁴, pharmacies and hospitals)
6. Social and cultural facilities (including community centres, marae, churches and Citizens' Advice Bureaux)

⁴ A dominant provider of well child and family health services in New Zealand.

As the above list of domains makes clear, the term “community resources”, as used in this research, brings together a range of publicly-provided resources, such as parks and community facilities, as well as privately provided resources, such as dairies and pharmacies, and those that are provided by both public and private sectors, such as schools and health facilities. The scope of community resources therefore extends further than much previous research, which has often focused on what Pinch (1985) calls “collective consumption”. Pinch described collective consumption as “those goods and services provided through the public sector on a non-market basis, which reveal variations in both quantity and quality between areas” (Pinch 1985, p.14). Inclusion of market-oriented resources therefore provides a richer representation of local environments than those based on solely publicly-provided resources.

The full list of domains and sub-domains is detailed in Table 3 (p.120).⁵

The CRAI was developed using ArcView 3.2a GIS software for geocoding and network analysis, and Microsoft Access and SAS for the development of the accessibility index itself. What follows is a summary of the methodology used in the development of the CRAI. The methodology for the development of the CRAI is explained in more detail in Witten et al (2003) and Exeter et al (2003). The author of this thesis collaborated extensively in the development of the CRAI, and in the drafting of each of these publications (Exeter et al. 2003; Witten et al. 2003).

⁵ The Quality, Distance, Choice and Rank fields, listed in Table 3 are discussed later in this chapter.

It should be noted however that the analysis of CRAI data in this research is based on 2001 meshblock boundaries, rather than the 1996 meshblocks which were applied in Witten et al.

Facilities chosen for inclusion in the CRAI were open-entry, non-specialist services, where comparable data was available in both cities. The community resources used in this research have been selected on the basis of being potentially health promoting. The assumption therefore is that the community resources included in this study all have “positive externalities”, or will produce generally beneficial effects for those living in close proximity (Pinch 1985).

Table 3: Domain and Subdomain data

	Type	Quality	Distance (metres)	Choice	Rank
Domain 1: Sport and Recreational Amenities/Facilities					
1.01	Parks	Low	750	Count	1
		Med	750		1
		High	2000		1
1.02	Sports & Leisure Facilities		1000	Count	2
1.03	Beaches		5000	Count	2
1.04	Libraries	Mobile (Low)	1500	Count	3
		Base (High)	3000		3
1.05	Arts & Crafts		1500	Count	4
1.06	Scouts/Guides/Brigades etc.		1500	Count	5
Domain 2: Public Transport & Communications					
2.01	Bus/train/ferry stops	None/Low/Med/High	500	Y/N	1
2.02	Public telephone		1000	Y/N	2
Domain 3: Shopping facilities					
3.01	Supermarket		2000	Y/N	1
3.02	Dairy		1000	Y/N	2
3.03	Fruit & Vegetable stores		2000	Y/N	2
3.04	Service station		1500	Y/N	2
3.05	Bank		1500	Y/N	2
3.06	Café		1500	Y/N	3
3.07	Thrift/opportunity shop		2000	Y/N	3
3.08	Mall		5000	Y/N	3
Domain 4: Educational facilities					
4.01	Kindy/daycare/kohanga reo		750	Count	1
4.02	Primary school		1000	Count	1
4.03	Intermediate/full primary		2000	Count	2
4.04	Secondary		2000	Count	3
4.05	Training institutions (non-degree)		5000	Count	4
4.06	Training institutions (degree)		5000	Count	4
Domain 5: Health facilities					
5.01	GPs/Maori Primary Care		1000	Y/N	1
5.02	Pharmacies		1500	Y/N	1
5.03	A&E		5000	Y/N	2
5.04	Plunket (& Maori well child services)		1500	Y/N	3
5.05	Midwives		1500	Y/N	3
5.06	Hospital		5000	Y/N	4
5.07	Mobile Ear Clinics		5000	Y/N	3
Domain 6: Social & Cultural Facilities					
6.01	Churches		1000	Y/N	1
6.02	Marae		5000	Y/N	1
6.03	Community Centres		3000	Y/N	1
6.04	Community Houses		3000	Y/N	1
6.05	Community Halls		2000	Y/N	1
6.06	Citizens' Advice Bureaux & other social services		3000	Y/N	1
6.07	Dept Work & Income Offices		3000	Y/N	1

It is important to note that the CRAI only included services, facilities and amenities where a physical location could be assigned. Therefore, organisations such as crafts guilds or sports clubs that do not operate a purpose-built facility were not included in the CRAI. However, the community centre or sports centre that they might use was included in the CRAI.

In the development of the CRAI, the location of over 4,200 services, facilities and amenities across North Shore and Waitakere Cities were compiled into a database. These were then geocoded – a process in which a map reference is assigned to the service, facility or amenity. The CRAI was developed to contribute to a study, funded by the Health Research Council of New Zealand, examining the role of local environments in the health and well-being of caregivers of young children (aged up to ten years). The range of facilities included in the CRAI, and other decisions regarding choice issues and ranking of different resources, were therefore constructed with this population group in mind. These issues were incorporated into the development of the index after consultation with a focus group of caregivers of different ethnicities. For other population groups, such as older people, a similar range of resources would be included, although the way they may rank them may differ.

Network analysis and relative accessibility

Various means of measuring geographic accessibility have been developed since the 1970s. One of the most straightforward means is the container model, in which access is measured by a simple count of the number of facilities or services that lie

within a particular geographic unit. This however is also one of the most criticised, in that the model excludes services, facilities and amenities that lie outside each geographic unit's boundaries, even if they are in close proximity (Joseph and Phillips 1984; Talen and Anselin 1998). To overcome such problems, *gravity models* are commonly employed. These are based on identifying facilities or services that can be reached from specific points using distances or travel times (Lovett et al. 2000; McLafferty 1982; Mladenka 1978; Talen and Anselin 1998).

Using a gravity model approach, the CRAI measures *relative locational accessibility* to community resources, using the meshblock centroid (the nominal centre of the meshblock) as a proxy for location of people's homes. The index is *relative* in the sense that measures of accessibility are based on data detailing the availability of facilities within the entire study area, rather than using an "optimal" measure of accessibility. The index is *locational* in the sense that access is based on distance to services, facilities and amenities, rather than use or satisfaction.

Use of gravity models as a means of investigating access is not without its detractors. A key criticism is that distance measures convey an assumption that all journeys made by the population begin in the same place – such as in this research, the meshblock centroid which acts as a proxy for location of homes in a given area (Pirie 1979). Given the population group (caregivers of young children) that is the particular focus of the CRAI, this is not an unreasonable assumption, and the small scale of the Census meshblock prevents over-generalisation at larger area scales.

Other research into accessibility examines subjective perceptions or satisfaction with resources (Sooman and Macintyre 1995). Such research complements distance-based analyses of community resource access such as the CRAI, and provides insights into facility use, and the benefits of use to local populations. However, while subjective satisfaction adds the dimension of people's experiences of community resources, research indicates that such measures may be affected by lack of knowledge of alternatives. As discussed in chapter one, Macintyre and Ellaway's Glasgow study found spatial measurement of resource access yielded different results from people's subjective perceptions of the same environments, suggesting knowledge and experience affect levels of satisfaction (Macintyre and Ellaway 2000). Thus, non-subjective distance-based measures provide an important indicator of access that complements perception-based measures. Analysis of community resource access in the research undertaken in this thesis will therefore use non-subjective measures alluded to by Macintyre and Ellaway (2000), in terms of the number of facilities, services and amenities within varying distances of points within the cities under examination.

Network analysis was used to determine accessibility, based on the community resources that could be reached from the centroid of each meshblock using road networks. Use of network analysis is well-established in accessibility research, and overcomes problems of Euclidean (or "crow-flies") approaches that fail to take account of barriers between points that may impede access, such as tidal inlets or motorways (Cromley and McLafferty 2002; Talen and Anselin 1998). It should be recognised however that distance-based network analysis, as used in this research,

also has its limitations. It does not for example take into account traffic volumes, travel-times or impedances such as one-way streets (Cromley and McLafferty 2002). Nevertheless, this form of network analysis is considerably more precise than Euclidean analysis, and unlike approaches based on travel times, does not assume a particular mode of transport.

Relative accessibility was determined by defining an *accessible distance* from each meshblock centroid and identifying the number of facilities within that distance. Because expectations of what would be a reasonable travelling distance differ according to the types of community resource, a variety of distances were applied to determine accessibility. For example, a small local park or a dairy (store) would be considered a neighbourhood facility, while a community centre would be located at a suburban scale, while a hospital or tertiary institute would be considered to be a district or regional facility. With this in mind, resource accessibility was calculated independently for each subdomain at distances of 500m, 750m, 1500m, 2000m, 3000m and 5000m from each meshblock centroid. For the purpose of constructing the index, an accessible distance was defined as the distance whereby 50% of the meshblocks in the combined cities under study had access to at least one service, amenity or facility in a subdomain.

Figure 1 (p.126) illustrates the process of defining network study areas, within which all services, facilities and amenities were counted. The figure shows the distances that can be reached from a single meshblock centroid, using all seven

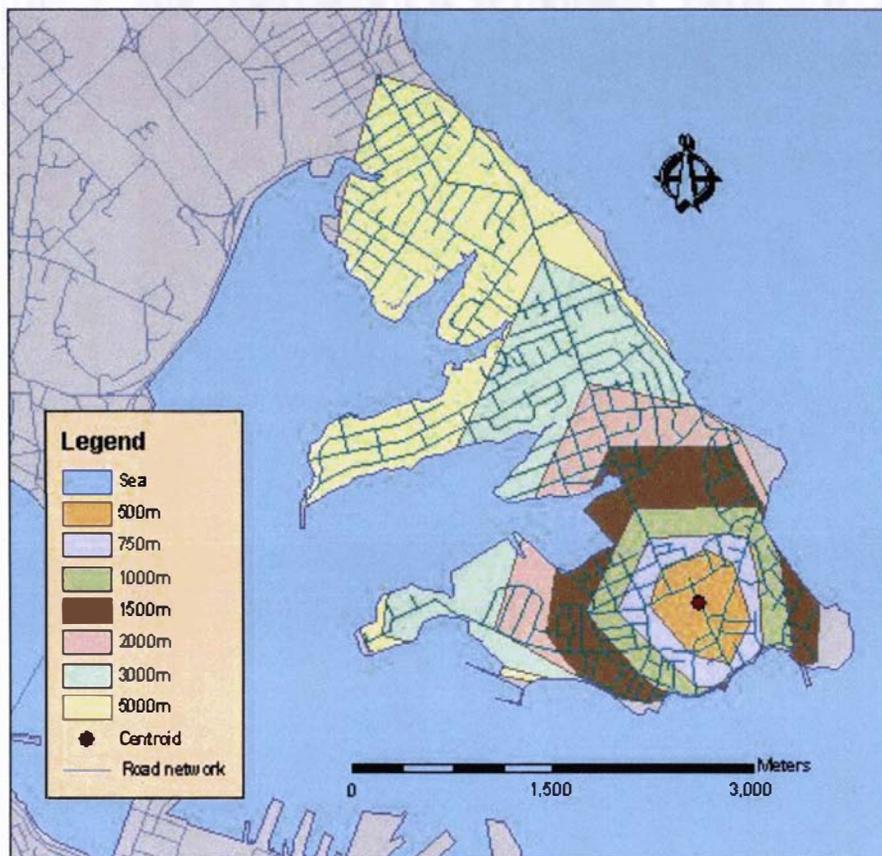
network distances. This process was repeated from every meshblock centroid in the study area.

Quality scores were also assigned to three subdomains. Facilities within the parks sub-domain were given a value between 1 and 3, reflecting categorisation as low, medium or high quality, depending on the range of park facilities, based on council information on the number of facilities available at each park. Public transport facilities were also assigned a value between 1 and 3, based on the number of bus, train or ferry routes passing within specified distances of each meshblock centroid. Libraries were assigned a quality score of 1 (low) or 2 (high) for mobile and base libraries respectively, on the basis of the extended range of services available at base libraries.

Each subdomain was assigned its median accessible distance, and its ranking specified by the focus group of caregivers. Subdomains were also assigned a choice dimension, indicating whether caregivers felt it was important to have a range of each type of facilities to choose from (such as educational or recreational facilities), or whether it was important for each type of facility to simply be present (such as dairies or banks). Where a number of facilities were identified for a subdomain, all facilities within the median distance from a meshblock centroid were counted. Where simply the presence of a facility was deemed necessary, only one of each type of facility within the median distance was counted. The choice labels are also detailed in Table 3, with “Y/N” indicating that only presence or absence was

counted, and “Count” indicating all facilities of that subdomain within the accessible range were counted.

Figure 1: Network analysis, based from meshblock centroid within Devonport



Accessibility for each facility included within each subdomain was calculated by weighting the number of facilities by the quality, and also by the inverse of the rank assigned to each facility, then summed within each meshblock. All accessibility scores were then summed for each subdomain, and then summed by domain. These domain level scores were then standardised to create a score ranging between zero and five and then summed over the domains to create an overall accessibility score for each meshblock. This scaling ensured that each domain had the same weighting in the CRAI. Theoretically, with a maximum score of five for

each of the six domain, the maximum CRAI score was 30. However, in its completed form, the index has a range of meshblock-level scores ranging from zero to a maximum score of 26.8 (indicating no meshblock had maximum access across all domains).

Limitations of the CRAI

The approach of using an index developed for a specific population group has its limitations. In particular, it is currently unclear to what extent the CRAI can be applied to a general population group, or to population groups other than caregivers. Not only will the weightings differ for other population groups, but it is possible that other types of community resources could be included, such as pubs or youth centres.

It is clear, though, that in any study, choices need to be made. It would have been possible to do a stand-alone analysis using preferences based on general population or another population group using a separate focus group to establish weightings. However, the linkages with the wider research programme on caregivers would have been lost. Instead, a decision was made to use the CRAI data in its established form to add a further building block to the wider programme.

It should also be noted that the CRAI includes a substantial range of community resources, almost all of which could be assumed to be of importance to population groups other than caregivers. Furthermore (as discussed later in this thesis), the distribution of CRAI scores was given face validity by officers at each council,

suggesting the CRAI is a valid general indicator of which areas are high or low in access to resources.

A further potential criticism of the CRAI is that it is what is termed a single-figure or composite index, in that it reduces a wide range of information to a single indicator. Debate on social indicators from the 1980s were often highly critical of these types of indicators, particularly for being based on non-transparent assumptions, for using complicated weightings, and for being unclear what it is that they are actually measuring (GDP is a notable case in point; this is discussed more in chapter seven) (Cobb and Rixford 1998; Henderson 1996). While it is recognised that the CRAI is a composite index, this is unavoidable given its purpose is to summarise the rich array of resources potentially accessible within a small area. As a local-level composite indicator, the CRAI is also relatively limited in the range of components and weightings that it comprises, compared to many more complicated indices, such as national-level indices typified by GDP or the Human Development Index (also discussed in chapter seven).

A final limitation of CRAI is that it is a measure of locational accessibility only. In general, the CRAI is an indicator of the number and location, rather than the quality, of services, amenities and facilities available at the meshblock level. With only a few services and facilities (public transport, parks and libraries), was it feasible to incorporate a limited quality dimension. Therefore, the quality of the facilities available to residents in meshblocks with similar CRAI scores may vary significantly.

Analysis of CRAI with Census population variables

Regression analyses

Meshblock-level regression analyses were used to determine whether population characteristics were associated with community resource access. These analyses form the basis of chapter four. The approach of using regression techniques to analyse area-level data is well-established in health research (Kawachi et al. 1997; Lynch et al. 2001). Multiple regression analyses were undertaken using CRAI and other meshblock-level population data (detailed below). Consistent with the meshblock boundaries used for the development of the CRAI, all meshblock population data are based on 2001 Census meshblocks.

A range of meshblock-level data was used to identify the demographic, social and economic characteristics of the two cities that were associated with community resource access. The first meshblock variable employed was the New Zealand Index of Deprivation (NZDep2001), which is a meshblock-based indicator of socio-economic characteristics (Salmond and Crampton 2002). The index combines nine variables from the 2001 Census, which reflect eight dimensions of deprivation:

1. Income Equivalised household income below an income threshold
2. Income People aged 18-59 receiving a means tested benefit
3. Transport People with no access to a car

4. Living space People living in equivalised households below a bedroom occupancy threshold
5. Owned home People not living in own home
6. Employment Unemployed people aged 18-59
7. Qualifications People aged 18-59 without any qualification
8. Support People aged under 60 living in a single parent family
9. Communication People with no access to a telephone

The index is divided in deciles ranging from 1 (low deprivation) to 10 (high deprivation). NZDep2001 was treated as a categorical variable in regression analyses.

Using the Statistics New Zealand Census Meshblock Database (Statistics New Zealand 2002b), six separate socio-economic meshblock variables were also developed, which are similar to some of the dimensions of deprivation comprising NZDep2001. Because the six variables are similar to components of NZDep2001, these variables were analysed separately from NZDep2001 to prevent co-linearity. They were used to identify discrete socio-economic variables that may be associated with community resource accessibility, which would not be able to be ascertained using the composite NZDep2001 index.⁶ The socio-economic variables used in these analyses were:

⁶ It was initially intended that the socio-economic variables would be drawn from the raw Census data on which the nine dimensions of NZDep2001 were based. Unfortunately, the access agreement

1. Income (meshblock median household income)⁷
2. Unemployment (percentage of meshblock population aged over 15 years unemployed, excluding those not in labour force)
3. Lack of telephone access (percentage of private dwellings within meshblock with no telephone access)
4. Lack of motor vehicles (percentage of private dwellings within meshblock with no motor vehicle access)
5. Lack of education qualifications (percentage of meshblock population aged over 15 years with no education qualifications)
6. Dwelling not owned (percentage of private dwellings within meshblock that are neither owned freehold nor with mortgage).⁸

A further five demographic variables were developed from the Census Meshblock Database:

1. Ethnicity (percentage of meshblock population of Maori ethnicity)

underpinning development of NZDep2001 required that the data was not available to other parties. For this reason, the six socio-economic variables were developed from the publicly-available 2001 Census Meshblock Database.

⁷ The income variable was reduced in regression analyses by a factor of 1000 so as to ascertain the effect of an increase in income by \$1000, rather than \$1, as would have otherwise occurred.

2. Families with children (families with children, as a percentage of total families – comprising couples only, couples with children, and sole parent families)
3. Residential turnover (percentage of population living at usual residence for less than five years)
4. Population density (usually resident population per hectare of each meshblock)
5. Age profile (meshblock median age)

The rationales on which all of these population variables were chosen for analysis are detailed in chapter four.

All socio-economic variables (separate to NZDep2001) and demographic variables were analysed as continuous variables. Although other population variables were also available, such as meshblock populations of people of ethnicities other than Maori, data such as these were excluded to prevent problems of co-linearity (that is to say, as the proportion of one ethnicity increases within a meshblock then other ethnicities will generally decrease).

Because the CRAI is a measure of relative locational accessibility, derived from median distances, the distribution of CRAI scores appears normal, with evidence of

⁸ Two variables within NZDep2001 were not included among these six socio-economic variables, owing to lack of data (living space and receipt of a means-tested benefit). A third (single parent families) was

a slight skewness (-0.55). Standard regression analyses using CRAI as the dependent variable were therefore undertaken.

Population weighting and sensitivity analyses

All regression analyses were weighted for meshblock population size. Weighting was incorporated to take into account the likelihood that community resources are provided in some relation to population size, and that services are provided to people living in areas of varying populations and area size (Salmond, pers comm.). Weighting by population was also applied to take into account the effects of “random rounding” – a process by which population data from the 2001 Census Meshblock Database is rounded to base 3 (for example, a meshblock population of two would be rounded to either zero or three, and a population of five would be rounded to either three or six). Statistics New Zealand also suppressed data from meshblocks that contained fewer than six dwellings (Statistics New Zealand 2002b). Both of these steps were taken to protect confidentiality of individuals and dwellings. In meshblocks of high populations, random rounding would have little impact and would therefore be reasonably precise, but in meshblocks of low populations the effect on population proportions is more significant and would affect the precision of population estimates. A sensitivity analysis was undertaken in which meshblocks in the bottom 10% of the population distribution (populations of 42 or fewer) were excluded from the analysis, to examine if this has a significant

excluded as it was considered to be correlated with the families with children variable.

impact on regression results. This sensitivity analysis, together with two further analyses detailed below, is reported in chapter four.

A second sensitivity analysis was undertaken to ascertain the impact of using a modified population weighting, one that was based on the population aged 15 to 49 years. The CRAI was developed with the caregivers population group in mind, and the 15-49 age group is one that would be applicable to most primary caregivers of young children. The analysis was undertaken to observe if meshblocks with populations of people outside this age range were significantly modifying the results of analyses.

A third sensitivity analysis was undertaken to identify meshblocks which had no population at the time of the 1996 Census, but which had taken on a resident population by the time of the 2001 Census. Such areas are likely to be areas of new housing settlements, but may not be areas of high population turnover, despite having a substantial population living there for less than five years (which would normally contribute to the residential turnover variable detailed above).

Spatial autocorrelation

A limitation of the regression analyses is the treatment of meshblock CRAI scores as independent, without incorporating spatial autocorrelation. Spatial autocorrelation is the extent of similarity or interdependence of an object with surrounding objects in space, and the degree of influence that is exerted by an area

over its neighbours (Goodchild 1986; Kitchin and Tate 2000). As explained by Rigby and Gatrell,

“If positive spatial autocorrelation is found to be present, this indicates that spatial units... that are similar in location – near to one another – have similar attribute values. If these spatial objects have attribute values that are more dissimilar than objects further apart, then there is said to be negative spatial autocorrelation. A zero result would indicate that the attribute values are independent of location” (Rigby and Gatrell 2000, p.72).

Spatial autocorrelation is likely to be particularly pronounced with regard to CRAI scores for neighbouring meshblocks. This is a result of the development of the CRAI on the basis of the range of accessible resources, which were in most cases outside the meshblock boundaries – meaning that CRAI scores for neighbouring meshblocks were based on many community resources that could be accessed in common from these meshblocks. The regression models analysing CRAI scores will therefore overestimate precision because there are fewer independent observations than are being assumed (Goodchild 1986).

However, regression models that attempt to incorporate spatial autocorrelation may converge with a covariance matrix that is non-positive definite. This is a result of the variation in spatial autocorrelation across an area. For example, two meshblocks in one area may be correlated differently to two meshblocks in

another area (Gao, pers comm.). This means that significance tests on the associations of interest may not be able to be undertaken.

Because of the inherent difficulties of undertaking regression analyses incorporating spatial autocorrelation, it was decided to continue using the standard regression models, which did not incorporate spatial data. However, in order to ascertain if there is a spatial dimension to the CRAI data (which cannot be fully accounted for by its associations with the population data alone), a global measure of spatial autocorrelation was computed for each city (Moran's *I*) using R statistical software, based on the residual scores from the regression model. This analysis, consistent with methods discussed in Goodchild (1986), is reported in chapter four.

Furthermore, recognising the lack of independence of CRAI scores and the consequent overestimation of the precision of regression models, it was decided to treat as significant all findings where $p < 0.01$, rather than $p < 0.05$, as is commonly used. It was also considered that the large differences in population numbers would have a substantial impact on the results of regression analyses, and consequently population weighting would add some precision to the findings.

Ecological studies: fallacious or fundamental?

The principal means of analysis in this phase of the study is the use of ecological, or area-level data to identify relationships between social patterns and access to community resources. Area-level analyses enable questions to be asked about the

environmental determinants of health and ill-health (Marmot 1998) and can provide insights into the “structural, contextual and sociological effects on human behaviour and disease development” (Schwartz 1994). Area level investigations date back to the origins of the public health movement in the nineteenth century, such as Snow’s analysis of the cholera epidemic in London, yet are relatively uncommon in current public health research (Beaglehole and Bonita 1997). Area-level analyses are particularly useful for identifying hypotheses for further exploration using other research techniques.

Ecological analyses have been criticised for their potential to erroneously imply that aspects of an area, or aggregations of people, represent aspects of individuals – the *ecological fallacy* (Robinson 1950; Schwartz 1994). Research has demonstrated that the greater the level of aggregation, the more likely that inferential error at the individual level will be committed. However, as Macintyre and Ellaway have argued, avoidance of the ecological fallacy can lead to an over-reliance on individual-level data, inferring that individual-level analyses provide the only explanation – and thereby risk committing the *atomistic fallacy* (Macintyre and Ellaway 2000).

A related problem is that of the modifiable areal unit problem (MAUP) (Openshaw 1984). In part, the MAUP is similar to the ecological fallacy – that aggregation to different levels can produce different results. However a second component of the MAUP is that data on people and households that are aggregated to a series of areal units, such as meshblocks and Census area units, are based on boundaries that are both modifiable and arbitrary, and may therefore lack any intrinsic

geographic meaning. However, because a Census meshblock in urban areas approximates a single (or several small) street blocks, they provide a useful proxy for people's homes at a finely grained scale for the purposes of this analysis.

A further related problem with some area-level analyses is the use of data from large areas with fixed boundaries, such as constituencies, wards, city or state boundaries, or postal divisions (Ellaway et al. 2001). Use of large areas may lead to over-generalisation of findings, losing some of the distinctiveness of sub-areas (Cromley and McLafferty 2002). As noted earlier, New Zealand Census meshblocks were employed in this study, which provided a highly localised level of analysis thereby avoiding some of the problems associated with the ecological fallacy.

Exploring policy determinants of community resource access

In addition to identifying patterns of community resource access within and between each city, this research also examined the policy and planning determinants of community resource access in each city; how considerations of health and wellbeing have informed local decision-making, with particular regard to community resource access; and how accessibility has been monitored in each city. These are examined in chapters five to seven respectively. This qualitative phase of the research drew on two methods: key informant interviews and document analysis.

The combination of quantitative and qualitative techniques in this research is recognition of the value of using multiple methods. In this research, the geographic information analysis of community resource access provides a depiction of community-level wealth and deprivation that are not captured by aggregations of individual-level socio-economic data. Regression analyses of the interplay between socio-economic patterns and CRAI data provide insights into the areas and population groups that are chiefly benefiting or potentially suffering from different levels of community resource access. These analyses in turn pose questions about the determinants of community resource access, which qualitative inquiry is best placed to answer.

Key informant interviews

Key informant interviews, drawing on the particular knowledge and experience of people working in the field (Patton 1990), were used to allow detailed exploration of the policy environments in the two territorial authorities that help determine community resource access – in terms of both the policies towards services, facilities and amenities funded or managed directly by the city councils themselves, or in terms of the territorial authorities' engagement with external service delivery agencies. These policy environments differed considerably between the two city councils.

In addition, the interviewees who were selected worked in a diverse range of fields, including development and management of local parks and leisure facilities, policy

analysis, transport planning, monitoring and urban design. In this research, a standard survey questionnaire would have elicited limited useful information and would have given little recognition of the depth of experience and understanding of each city that many interviewees clearly possessed. Key informant interviews are therefore an appropriate data collection option, because they capture the breadth of community resources and the depth of expertise.

A particular feature of an approach built around key informant interviews is the participation of selected individuals on the basis of their knowledge and expertise in a particular area, in this case public administration. This is in contrast to interviews which are undertaken with the general public. It is clearly not the case that this approach furnishes a representative sample, and indeed is often described as a form of purposive sampling (Denzin and Lincoln 1998). Key informant interviews, and the purposive sampling that accompanies such an approach, do not seek to present a view of the world which is automatically generalisable to wider populations.

Instead, such approaches are particularly appropriate for capturing the organisational or occupation culture, which Dingwall et al refer to as “the body of ideas, norms, values and understandings to which members of an organization, a profession or an occupation refer in working out how to act in a way that their fellow members will acknowledge as appropriate” (Dingwall et al. 1998). In this research, the use of key informant interviews allows exploration of the organisational norms, values and processes that determine current priorities in distribution of community resources. Key informant interviews also draw on the institutional knowledge of earlier policy and planning decisions, as well as other

historical or geographical influences, that have helped shape current landscapes of community resource access.

It is recognised however, that key informant interviews are limited in that they only capture one perspective of the organisational culture (Patton 1990), in this case that of the planners and policy-makers who work within it. In particular, key informant interviews do not capture the views of end users, the public who live within the boundaries of each territorial authority. However, the aim of this phase of the research is to develop a rich and diverse database examining the political, historical and geographic determinants of community resource access – issues which key informants are well placed to address. This qualitative data complements and adds depth to the quantitative data gathered in earlier phases.

Selection of respondents

Interviews were held principally with officials from the two territorial authorities: North Shore City Council and Waitakere City Council. Additional interviews were held with officials from external organisations which deliver services within the cities: the Auckland Regional Council, the Ministry of Education, the Ministry of Social Development and Waitemata District Health Board. The latter four organisations were included to examine in particular the relationships between these organisations and the territorial authorities. These interviews also explored the policy determinants of many community resources that the territorial authorities do not themselves fund or administer, such as schools (Ministry of Education) or health services (Waitemata District Health Board).

As noted earlier, a purposive sampling scheme was adopted for the selection of respondents. At the territorial authorities, following an approach to the chief executive of each organisation seeking permission to interview staff, a primary contact person was identified. This contact person was interviewed initially to gain an overview of the operations of the council, and to seek suggestions for suitable people to interview. Staff who were identified as being suitable were then contacted. In the course of some interviews, other staff members were identified who were subsequently approached. The positions held by interviewees ranged from analyst or community worker levels through to senior management levels.

A similar process of identifying a primary contact person, followed by interviews with other staff, was followed at the Auckland Regional Council. Interviews at the Ministry of Education, Ministry of Social Development and the Waitemata District Health Board required only one-off interviews. Participants were selected on the basis of their interactions with staff at territorial authorities, which were identified in the course of interviews at the territorial authorities.

In total 64 interviews (with 40 interviewees) were conducted, of which 31 interviews (16 interviewees) were held at Waitakere City Council; 21 interviews (12 interviewees) were held at North Shore City Council; and nine interviews (seven interviewees) were held at Auckland Regional Council. Only one interview was conducted at each of the Ministry of Education (although with three

interviewees in attendance⁹), Ministry of Social Development and Waitemata Health. Fewer interviews were conducted at North Shore City than at Waitakere City, as the different personnel structures at the two cities meant some staff positions at Waitakere City did not have equivalent positions at North Shore City.

Interviews at the territorial authorities were conducted between December 2001 and March 2002. Interviews at the Auckland Regional Council took place in February and March 2002. The remaining three interviews at the other organisations were conducted in August and September 2002. The period between these two distinct phases of interviewing was largely taken up by analysis of the interviews from the territorial authorities.

As is clear, the organisations that were the primary focus of this research were the two territorial authorities, and this is reflected in the predominance of interviews at these organisations. However, nine interviews (with seven interviewees) were conducted at the Auckland Regional Council (ARC) due to the role of the organisation in regional parks management, public transport funding and planning, heritage management, and coordination of the Auckland Regional Growth Strategy, all of which impact on resource access in the two cities. As with the territorial

⁹ An official at the Ministry of Education was invited to participate, and she asked that two team members also attend the interview. These additional interviewees participated in discussions, although to a lesser extent than the originally-invited interviewee. Although this was not consistent with the procedure followed in other interviews, it was felt by the author that an exception should be made in order to be able to undertake the fieldwork and collect useful data.

authorities, the diverse functions of the ARC required a number of people to be interviewed.

Data collection

The interviews used a semi-structured interview schedule (also described as an interview guide) that allowed both a wide-ranging discussion and for particular issues to be probed in detail, based on the interviewees' knowledge and experiences. As is common in qualitative inquiry, the interview schedule is not a fixed set of questions but an outline of issues to ask. The interview schedule evolved through the course of the interviews as more knowledge about the issues was gained and new themes emerged for investigation (Patton 1990; Tolich and Davidson 1999). The interview schedule is detailed in Appendix I. Briefly, the main issues discussed at the interviews were community resource planning and management; consultation processes; monitoring programmes (including use of accessibility as an indicator); urban design approaches; role of health in planning and policy; and community resource distribution. Not all of the topics listed in the interview schedule were applicable to all participants; only those of relevance to the interviewees were dealt with.

Up to two interviews were held with each participant. In the first interview, participants were asked questions on policies on the funding and development of local amenities, how policies on local amenities fit within wider economic and social objectives and urban design plans, and how access to amenities is monitored. In a follow-up interview, participants were asked to comment on maps that displayed

community resource accessibility in North Shore and Waitakere Cities, and to suggest implications for local policy. In some cases, owing to time constraints of the participants, only one interview was held. In such meetings, attention was focused mainly on the policy determinants of amenity access, and less time was given to discussion of accessibility maps. Each interview lasted approximately one hour.

Interviews were recorded and transcribed, and subsequently checked for accuracy by the author. Quotes by key informants that are included in this thesis were edited to convey the sense of their statements clearly. In many cases this has meant removal of fillers such as “if you like”, “kind of” or “you know.” In all cases, any phrases removed were replaced by “...”.

As a quality control measure, following the first interview that was conducted, a supervisor in this research contacted the interviewee to obtain comment on the interviewing style and process. The interviewee reported that the questions were clear and well designed, and the interviewer was well informed and personable. The main comment of the interviewee that required action was that the interviewer could be a little more directive in future meetings, to ensure that interviewees were not given too much room to talk beyond the discussion topics. This comment was actioned in subsequent interviews.

Ethical approval

In line with ethics guidelines, before any interviews took place, permission was sought and obtained from the chief executives of each of the two territorial authorities and the Auckland Regional Council to meet with staff on an individual basis (such consent was not required for one-off interviews at other organisations). Consent was obtained from all participants, both to take part in the study, and to have the interview recorded. All interviewees received a copy of the transcript and were given four weeks to amend any part of it, or to indicate any part that they did not wish to be used in the research. All participants consented to the transcripts being used in the research. In two cases, interviewees amended their transcripts to clarify what had been said during the interview. The Human Subjects Ethics Committee of Auckland University approved the interview procedures, and this approval was adopted by Massey University when the doctoral research was transferred. A copy of the participant information sheet can be found in Appendix 2.

Data analysis

In the analysis of interview data, a *framework analysis* method was adopted. Framework analysis involves rigorous and systematic reading, coding and charting of transcripts according to key issues and themes (Ritchie and Spencer 1994). Framework analysis is particularly useful, in relation to this research, for its deductive approach. Deductive analysis begins with pre-set aims and objectives, and is often linked with quantitative findings. A deductive approach allows setting up many of the analytical categories in the early phases. Inductive approaches, such

as grounded theory and discourse analysis, differ from deductive approaches through adopting a less structured analysis. Instead of the development of analytical themes at the outset (as with deductive analysis), theory develops gradually from the data itself, and analytical categories emerge through detailed reading. Using inductive approaches, analytical categories and testable hypotheses are identified as they emerge from the data (Potter and Wetherell 1994; Strauss and Corbin 1998; Tolich and Davidson 1999).

For the purposes of this inquiry, framework analysis provides an appropriate analytical technique, particularly for its link with quantitative data and its pre-set aims and objectives (Pope et al. 2000). This will be clearly evident in the progression in this research from analysis of quantitative data on community resource access, followed by analysis of qualitative data to identify underlying determinants of community resource access. On the basis of these findings, the implications for health and wellbeing of the two cities' residents, and for public policy, will be discussed.

Framework analysis, as described by Ritchie and Spencer (1994) has five key stages which were followed in this research. In the first stage, *familiarisation*, the range and diversity of data was explored, to gain an understanding of the scope of the data as a whole. In this study, all interview notes and transcripts were grouped by council and reviewed, and recurrent themes and issues were noted.

In the second stage, a *thematic framework* was identified from interview notes and transcripts. The thematic framework was based on issues informed by the original research aims, emergent issues raised by the respondents, and analytical themes that arise from the recurrence of particular issues or experiences – in this research, the policy and planning contexts in which the key informants operate. Ritchie and Spencer stress that this process is not automatic or mechanical, but involves both “logical and intuitive thinking”:

“It involves making judgements about meaning, about the relevance and importance of issues, and about implicit connections between ideas. In applied social policy research, it also involves making sure that the original research questions are being fully addressed.” (Ritchie and Spencer 1994)

In the third stage, *indexing*, the thematic framework was systematically applied to the data in its textual form. All interview transcripts collected in this study were read and annotated using the thematic framework. In this stage, QSR NVivo qualitative analysis software was used as a tool for applying the themes to the data. Although the general themes were established before detailed reading of the transcripts, additional themes were identified during the indexing stage, which were incorporated within the thematic framework. These later stages of framework analysis have some similarity with inductive methods, such as grounded theory, by adding to the original analytical categories arrived at from studying the data.

In the fourth stage, *charting*, the data was lifted from its original context and re-arranged according to the themes established in the framework. Ritchie and Spencer recommended use of charts to provide a “distilled summary” (p.184) of the major themes, rather than verbatim quotes of respondents. However, as Baum points out, computer software can also be used to extract all data for particular themes, with reference to the respondents, which can then be further analysed (Baum 1998). It was the latter, modified approach, which was adopted in this stage, making use of the functionality of NVivo. Regardless of whether the tools used are manually-developed charts or computer software, the outcome is the grouping of all indexed transcripts by themes, which allows interpretation of the different themes with referral to the context of each respondent’s contribution to the research, such as their occupation and position or status within the organisations.

The final stage was *mapping and interpretation*, where key concepts used by respondents were defined; the range of experiences, policies and practices were explored; the accounts of respondents were compared and contrasted; and explanations for the issues raised in the quantitative analysis were identified. From this exploration, implications of policy and planning within the two cities for population health and wellbeing were suggested.

Document analysis

The final data collection method used in the study was document analysis. This phase both complemented and validated the data from key informant interviews,

through examination of the published documents of the city councils, regional councils, and state agencies. These documents act as the official record of the policies and processes that influence community resource access, and detail the context of the key informants' day to day activities.

Data collection

At each council and state agency, the primary contact person (who had also provided suggestions for suitable interviewees) were asked to suggest key documents published by the organisations that were relevant to this research. Of particular interest were documents that outlined the major planning and design philosophies within each city, the policies on community resource access, the monitoring strategies adopted within each organisation, and the role that health and wellbeing played in the administration of each city.

A considerable range of documents was collected from the participating organisations. These included annual and strategic plans; community facility plans and inventories; consultancy reports; and monitoring documents. Appendix 3 lists all documents and publications used in the document analysis. Each document is labelled with a reference code that is used in any discussion referring to documentation.

Data analysis

As with the literature reviews and the analysis of interviews, the document analysis was an iterative process of repeated reading to identify generalisable themes and policy directions. Although the document analysis was a separate research phase, the issues raised in the analysis inevitably corresponded with those identified in key informant interviews, for the simple reason that the documents acted as the written record of the functions of the councils and agencies. Therefore, the main themes identified in the key informant interviews were applied to frame the document analysis. Because the two research phases were so closely connected, the results of the analyses are interwoven through chapters five to seven, rather than reported separately.

Drawing conclusions

This study weaves together five research methods to address issues of community resource access in two cities: literature reviews, geographic information analysis, quantitative analysis; key informant interviews; and document analysis. The following chapters synthesise the findings of all five research methods, and will examine:

- the extent to which the priorities of the two cities in community resource access reflect established models of urban design and planning internationally;

- commonalities and differences in community resource policies and priorities between each city;
- the role of community resources within the strategies of each of the territorial authorities;
- the extent to which local policies on community resource access are matched with local needs in community resource access;
- the role of health and wellbeing within each council's policy and planning;
- possible implications for the health and wellbeing of local residents; and
- the potential utility of CRAI to inform policy and planning.

The outcome of these analyses will be identification of potential avenues for local government in New Zealand to use public policy levers to influence health and wellbeing through community resource access, through activities led by territorial authorities themselves, and through engagement with external agencies.

Chapter 4: Community resource access and the socio-economic landscape

“...the quality of the local environment, incorporating aspects of amenity, appearance and services and facilities, not only has a direct impact upon the ease or difficulty of daily living, but also affects community morale and the quality of local social interaction in the context of that environment... This domain is the most significant absence from an index of area disadvantage.”

(Kearns et al. 2000)

Introduction

This chapter addresses the research question *What is the distribution of community resource access in North Shore City and Waitakere City, and how does the distribution correspond to demographic, economic and social patterns?* Using the Community Resource Accessibility Index (CRAI), the research examines differences in community resource access between the two cities, and identifies areas that are resource-rich and resource-poor within each city. The research examines in detail the extent to which community resource access is associated with economic and social data variables relating to each city.¹⁰

¹⁰ At the time of submission, parts of this chapter have substantially informed an international peer reviewed journal article, which has been accepted for publication (Field, A., Witten, K., Robinson, E.,

The chapter begins with a socio-demographic profile of the two cities. Drawing on the international literature, rationales are provided for the choice of variables, and likely patterns of how community resource access may be associated with different population and socio-economic patterns. Area-level regression analyses are employed to identify associations between the CRAI and a range of Census meshblock data, including deprivation, ethnicity and age. Separate analyses examine specific meshblock socio-economic variables, similar to the dimensions of the New Zealand Index of Deprivation 2001 (NZDep2001), to identify particular socio-economic characteristics that may be associated with CRAI. The limitations of the CRAI are discussed, and the chapter concludes with issues that the analyses raise, regarding the distribution of community resources to populations.

City Profiles

Despite being geographic neighbours alongside the Waitemata Harbour, North Shore City and Waitakere City have contrasting social profiles, indicated by 2001 Census data (Statistics New Zealand 2002b; Statistics New Zealand 2002c). In the 2001 Census, North Shore City had a slightly higher population (182,000) than Waitakere City (167,000).

Pledger, M. (in press). Who gets to what? Access to community resources in two New Zealand Cities. *Urban Policy and Research.*)

Demographic data

North Shore has a generally older population than Waitakere, with median ages of 35.4 and 32.4 years respectively, compared to the national median of 34.8 years.

Only 20.7% of the North Shore population in 2001 were aged under 15 years, compared to 24.7% of the Waitakere population. 10.9% of North Shore City residents were aged 65 years and over, compared to 8.8% of Waitakere City (Statistics New Zealand 2002c).

North Shore City has for the most part a European (or Pakeha) population, at 80.3%, higher than the national average of 76.8%. People of Asian ethnicity are the next most common group, comprising 12.5%. Waitakere City has a lower proportion of Pakeha/Europeans (68.7%), and higher proportions of Maori (12.8%) and Pacific Island people (13.9%) (Statistics New Zealand 2002b). Maori and Pacific peoples tend to be over-represented in lower socio-economic communities. Table 4 summarises the ethnic profiles of the two cities and New Zealand in general.¹¹

Table 4: Ethnicity, 2001 Census¹¹

	North Shore City	Waitakere City	New Zealand
European	80.3	68.7	76.8
Maori	6.6	12.8	14.1
Pacific Island	3.2	13.9	6.2
Asian	12.5	10.5	6.4
Other	1.6	1.0	0.7
Not Specified	3.2	5.4	4.0

Source: Statistics New Zealand, 2001 Census Meshblock Database

¹¹ It should be noted that the 2001 Census question on ethnicity allowed multiple responses, therefore totals exceed 100%.

These different ethnic profiles are also reflected in the most commonly spoken languages in each city (after English). The second most commonly spoken language in North Shore City was Korean (spoken by 2.8% of the city's population), while in Waitakere City, Samoan was the second most commonly spoken language (5.7%). In New Zealand as a whole, the second most commonly spoken language was Maori (4.5%) (Statistics New Zealand 2002c).

Few differences emerged between the two cities in the number of years spent at usual residence. In North Shore City, 56% of the population spent less than five years at their usual residence, compared to 53.7% of the Waitakere population. 23.1% of North Shore residents had spent 10 or more years at their usual residence, only slightly lower than Waitakere, at 23.7% (Statistics New Zealand 2002b).

Socio-economic data

Table 5 (p.157) details a range of 2001 Census socio-economic data for each city, and for New Zealand in general. The data indicates a generally more affluent population in North Shore City than Waitakere City, with higher median income levels, proportionally fewer unemployed people, and higher proportions of the population with tertiary qualifications in North Shore. Higher proportions of North Shore residents had access to the internet, and more households had access to telephones than in Waitakere City. Similar proportions of private dwellings in

each city were owned, either with or without a mortgage. Proportionately fewer private dwellings in North Shore had no access to a motor vehicle.

The 2001 New Zealand Index of Deprivation (NZDep2001) provides a meshblock-based indicator of socio-economic characteristics (as detailed in chapter three).

Analysis of NZDep2001 data indicates higher proportions of the population lived in meshblocks of high deprivation in the Waitakere urban area (the area investigated for community resource access in this study) than in North Shore City. In North Shore City, the three highest deciles of deprivation (areas most deprived) comprise less than 5% of the city's 2001 population, compared to 34% of the Waitakere urban area. In contrast, 53% of North Shore City's residents lived within meshblocks of the three lowest deciles of deprivation (areas least deprived), compared to only 24% in the Waitakere urban area (Salmond and Crampton 2002).

Table 5: Socio-economic data, 2001 Census

	North Shore City	Waitakere City	New Zealand
Median personal income	\$23,300	\$20,800	\$18,500
Percentage of population (aged 15 years and over) earning more than \$50,000 per annum	17.3%	10.7%	11.5%
Percentage of labour force unemployed	5.7%	8.3%	7.5%
Percentage of population (aged 15 years and over) with tertiary qualifications	37.6%	28.9%	32.2%
Percentage of population (aged 15 years and over) with no formal qualifications	16.3%	26.6%	27.6%
Households with Internet access	53%	41.2%	37.4%
Households without telecommunications	1.5%	3.3%	3.7%
Dwellings owned with or without a mortgage	69.9%	70.3%	68.8%
Private dwellings without motor vehicles	6.9%	7.7%	9.7%

Source: Statistics New Zealand Territorial Authorities leaflets; Statistics New Zealand Meshblock Database

Figures 2 and 3 on accompanying pages show the distribution of NZDep2001 deciles across the study area. Blue shading indicates low deprivation, while red shading indicates high deprivation. One meshblock in North Shore City has no deprivation score, and appears on the map as green and therefore not represented by the NZDep2001 scale. This particular meshblock is one of 17 nationally that withheld a deprivation score, due to small populations within two or more of the nine dimensions of deprivation, which would have made the index unreliable (Salmond and Crampton 2002).

Figure 2: NZDep2001 -
Waitakere Urban Area

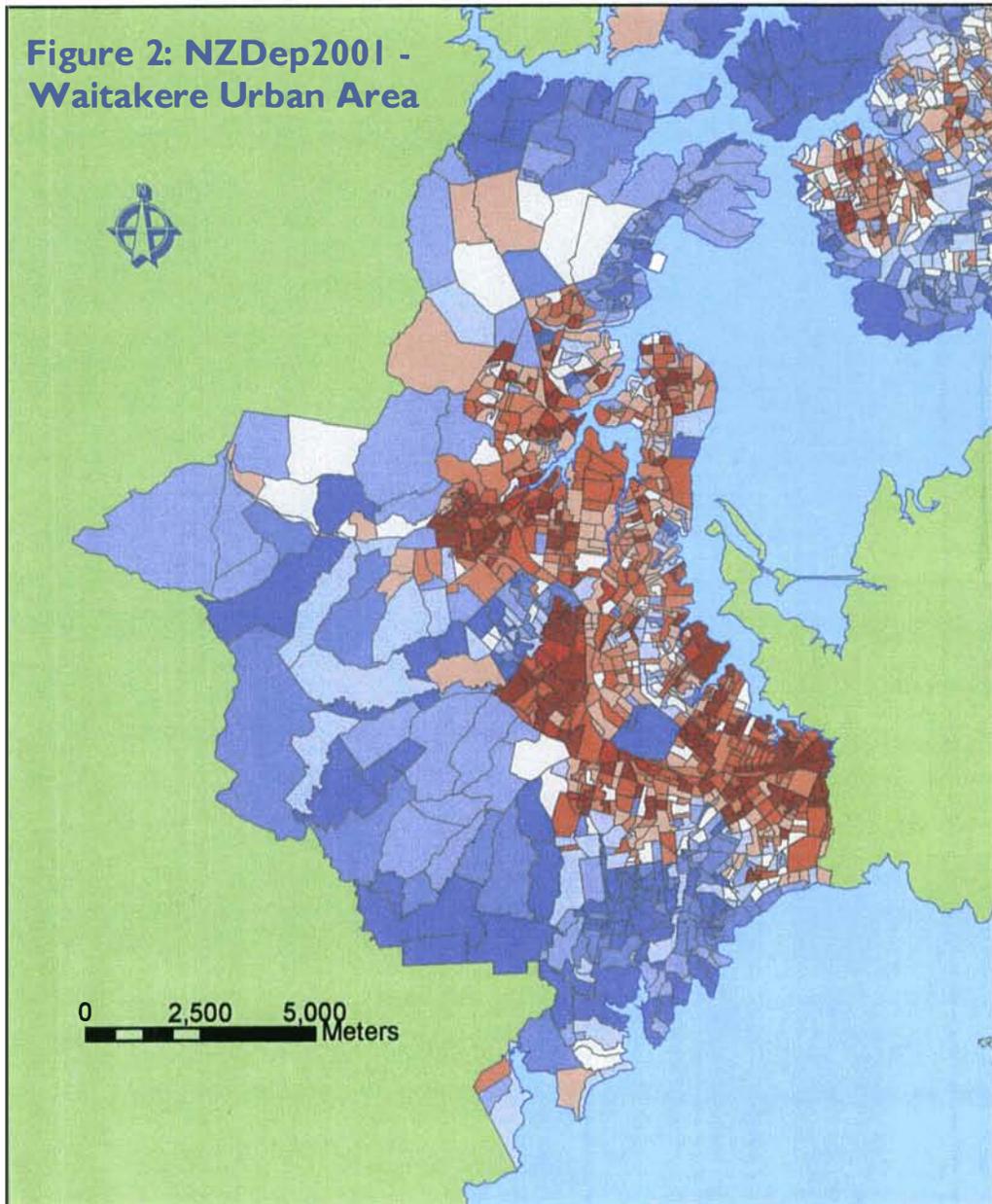
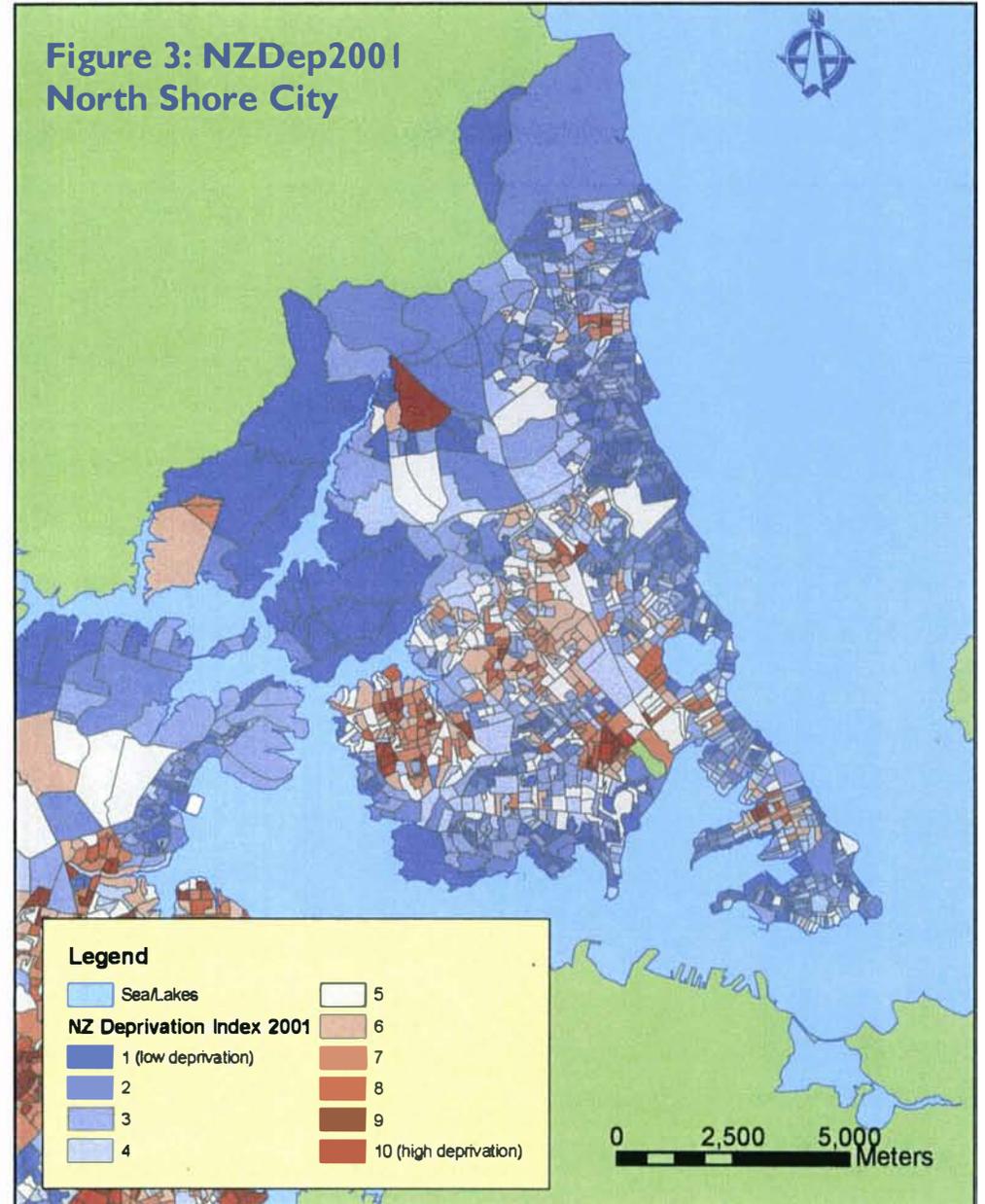


Figure 3: NZDep2001
North Shore City



Choice of variables

The choice of population variables, in addition to socio-economic data, for analysis with CRAI data reflects the wide array of potential influences on the social form of urban areas. As discussed in chapter one, community resources provide a form of collective wealth to urban areas, through the provision of infrastructure that contributes to health and wellbeing, promotes social connections, and reduces the mobility costs of accessing resources. Therefore, the distribution of community resources, in terms of who received their benefits, is a key issue for local public policy. For example, if community resource access is associated with richer populations rather than poorer populations, the poorer populations would bear considerable higher mobility costs to access resources, thereby deepening their poverty relative to richer populations. If however, initiatives such as public transport expansion bring community resources within affordable reach of poorer populations, the net effect as Badcock describes, “is to quietly redistribute real income according to where households live and work within the urban system” (Badcock 1984, p.233). Community resource access may not only vary by levels of deprivation, but also by ethnicity, and household type. It was with these considerations in mind that the following variables were chosen for inclusion in analyses of CRAI data.

As detailed in chapter three, variables for analysis are based on the following population characteristics:

1. Socio-economic deprivation
2. Families with children
3. Ethnicity
4. Residential turnover
5. Population density
6. Age profile

It is important to note at this stage that the intention of the analyses is to identify associations between community resource access and demographic or socio-economic distributions, not to imply causality. Community resources tend to remain embedded in local landscapes for many years. In contrast, human populations are more mobile, and property markets may shift in response to changes in accessibility to local resources (Badcock 1984). In the analyses that follow, the Community Resource Accessibility Index is used as a dependent variable to identify associations with population and socio-economic variables, the implications of which will be identified through qualitative analysis in subsequent research phases.

Socio-economic deprivation

Evidence from the international literature indicates that the socio-economic wealth of an area can be associated with the area's collective wealth in terms of community resource access. However, the findings appear to be setting-specific – characteristics of both populations and built environments can vary considerably,

and therefore the distribution of community resources can also vary between areas.

Some studies have found that urban areas characterised by higher levels of deprivation have been found to also be comparatively poorly endowed with community resources, in terms of both quality and quantity of resources. Such instances of higher deprivation and poorer access have been identified through residents' perceptions of their local environments (Cattell 2001; Sooman and Macintyre 1995), and also through observations of the environments themselves (Badcock 1984; Cattell 2001; Macintyre 1997; Macintyre and Ellaway 2000; Pacione 1989). Hodge and Gatrell (1976) went so far as to propose that a "spatial constraint" is operating: that the shape and arrangement of urban areas may prevent equitable service location decisions from being achieved (Hodge and Gatrell 1976).

However, studies in other urban areas found that low income groups were either clustered around areas higher in community resources (Levy et al. 1974; McLafferty 1982; Mladenka 1978), or (more neutrally) that there was no consistent under-provision of resources to poorer populations (Cole and Gatrell 1986; Knox 1982; Lineberry 1977). McLafferty (1982), proposed that in many Western cities, the spatial constraint operates inversely to that suggested by Hodge and Gatrell (1976), because of the ways that income groups have arranged themselves:

“Urban structure, by limiting the accessibility of alternative service sites, may prevent even an unfair political system from producing location decisions that provide better access to high-income groups than to low” (McLafferty 1982, p.348).

Examples of the spatial constraint are the availability of land, the capacity of service centres, and the concentration of poorer populations around established centres where facilities tend to be concentrated (with higher-income populations on the periphery of cities). Newer suburban areas are likely to be deprived of access to community resources because the machinery of allocating resources to areas has not been able to catch up with the pace of growth in peri-urban areas (Pinch 1985). McLafferty cautioned that this hypothesis only applies where distance is a surrogate for access. Access, when conceived as the quality or use of community resources, may produce significantly different outcomes.

A review of studies by Lineberry (1977), indicated that “pockets of discrimination can be found, but probably not *patterns* of discrimination” (Lineberry 1977, p.186) in access to a range of community resources. Lineberry’s findings, although in keeping with McLafferty’s argument, also suggest that even where the pattern of community resource allocation is generally beneficial or equitable for poorer communities, there may nevertheless be areas within cities that bear the cumulative brunt of high levels of poverty and low levels of community resource provision, raising important issues for local public policy.

As detailed in chapter three, two deprivation-based analyses were undertaken – one using the New Zealand Index of Deprivation (NZDep2001), and the other using six separate socio-economic variables that are similar to the dimensions of deprivation, that taken together comprise NZDep2001.

Families with children

In urban areas of New Zealand and many other Western countries, young families with children have traditionally purchased new homes on the periphery of urban areas in greenfield developments, which are often more affordable than in established areas (Auckland Regional Growth Forum 1997; Baldassare 1992; Stimson and Taylor 1999). These suburban developments provided new homes for young families, particularly during the baby boom years, but the growth of this urban form has led to declining residential densities and increased stress on public services, such as transport and utilities (Kivell 1993). Problems of poor access to community facilities, health and education services have been recognised as important issues for suburban areas in Auckland, and have informed the development of a Regional Growth Strategy (Auckland Regional Growth Forum 1999a). With these issues in mind, a Families with Children variable was included in the analysis (as a percentage of total families – comprising couples only, couples with children, and sole parent families).

Ethnicity

Ethnicity may also be a factor that distinguishes between areas of high and low resource access. Literature in this area is predominantly from the United States, and based largely on African American communities. US literature indicates residential segregation of ethnic groups – initiated by public policy and sustained despite repeal of segregation – has created significant disparities in access to resources, in both quality and quantity, for many ethnic minorities (Williams and Collins 2001). Historically in the US there have been instances where urban planning has fostered discriminatory provision – such as in New York in the 1930s, where out of 255 new playgrounds, only two were built in largely African American neighbourhoods; and where bridges constructed to reach Long Island beaches were just low enough to prevent passage of buses from African American tenements in Manhattan (Badcock 1984; Hall 1996). Poor, segregated African American neighbourhoods are also characterised by high mobility, high levels of abandoned buildings and grounds, and inadequate municipal services and amenities, including schools and fire services (Williams and Collins 2001). Residential segregation between ethnic groups has also been exacerbated by zoning regulations, which historically in some US jurisdictions have been applied to keep low-income African Americans out of particular residential areas (Maantay 2001). There is also evidence to indicate disparities in access to and quality of health services in the US by African Americans, Latinos, Native Americans and Asian Americans (Clancy and Stryer 2001).

New Zealand research indicates that the levels of ethnic segregation that have occurred in the US have not been replicated in Auckland (based on 1996 Census data). There was however some segregation evident within Manukau City (in South Auckland) between European and Pacific Island populations, and Pacific Island and Asian populations. Within North Shore and Waitakere Cities, residential segregation between ethnic groups appeared less pronounced compared to other cities in the Auckland region (Friesen et al. 2000). There is little published evidence in New Zealand to suggest that there are systematically lower levels of resource access for particular ethnic groups in urban areas of New Zealand. Two studies indicate however that this is potentially an issue. A study of Auckland, Wellington and Christchurch, conducted in the 1970s, found that newer suburbs and areas with Pacific peoples were less well-served in terms of access to general practitioners than established neighbourhoods or areas of high socio-economic status (Barnett 1977). More than twenty years on, a study of New Zealand's 21 district health boards found expenditure on referred services (pharmaceuticals and laboratory tests referred by general practitioners) varied substantially. District health boards with high Maori populations, high populations with community services cards (a card entitling generally poorer or older people to cheaper health care and prescriptions), high mean deprivation scores and low ratios of GPs to population, tended to spend lower than average on referred services (Malcolm 2002).

As a means of identifying potential ethnic disparities in resource access in the two cities, this study uses the percentage of meshblock population who were of Maori

ethnicity at the time of the 2001 Census. The Maori population group was chosen in view of it being the second most populous ethnic group in New Zealand, and because research shows Maori populations are often over-represented in lower socio-economic communities. Although other ethnic groups were also counted in the New Zealand Census, these were not included, in order to prevent co-linearity (as discussed in chapter three).

Residential turnover

The turnover of population in an area is recognised as a marker of local stability and cohesion (Pawson and Bramley 2000; Sampson et al. 1997). High levels of population turnover may reflect a lack of social ties within an area and weakened controls over collective life (Sampson et al. 1997). In view of the established linkages between community resource access and social engagement, residential turnover was included as a variable in the analysis. High levels of residential turnover could signal a lack of community resources in an area, or dissatisfaction with community resources. However, comparatively little research has been undertaken on this theme. Studies that have been undertaken indicate that neighbourhood attributes such as safety, quality or access to shops and schools can predict neighbourhood satisfaction, but findings are not consistent in this area (Parkes et al. 2002). Recent qualitative research in Massey (a suburb within Waitakere City) found a general willingness on the part of those interviewed to move out of the area, which was combined with general dissatisfaction over the lack of a service hub integral to the area. In this poorly-resourced area there were

seen to be few opportunities for incidental meetings, which impaired the development of neighbourhood cohesion (Witten et al. in press).

As a measure of residential turnover, the percentage of the meshblock population living at usual residence for less than five years was included as a variable in the analysis. This is similar to an area-based population variable used in a US-based study of social cohesion, civic responsibility and violent crime (Sampson et al. 1997). As detailed in chapter three, recognising that some meshblocks will be newly developed areas where all or almost all of the population will have settled recently (but which may not display residential instability), a sensitivity analysis was undertaken to identify the effect of removing meshblocks which had no population in the 1996 Census, but which had substantially increased their population by 2001. This is detailed later in this chapter.

It is also recognised that competing interpretations are possible of any relationship between the residential turnover variable and community resource access. High turnover could signal a general dissatisfaction with the local environment, such as perceptions of safety, antisocial behaviour, or area reputation, and a desire to move to a “better area” – features of environments that in some instances may be unrelated to community resource access (Parkes et al. 2002; Pawson and Bramley 2000). Despite the competing interpretations, it was considered that inclusion of this variable could provide insights that would warrant future investigation. Such a hypothesis-generating approach is consistent with applications of other area-based studies (Beaglehole and Bonita 1997).

Population density

Given that market demands often lead to services, facilities and amenities being clustered around populations to make use of them, it is highly likely that community resource access will be higher in areas of high population density. The main reason for the inclusion of population density (usual resident population per hectare of each meshblock) is as a control variable, to examine if other variables such as deprivation are independently related to community resource access, after taking population density into account.

It is worth noting, however, that a relationship of population density is also likely to reflect the urban form that has dominated in the post-war years, until at least the 1990s. As noted above, post-war urban development in Western societies placed considerable weight on greenfield development, and many peri-urban or rural areas were transformed into large scale suburban developments. This resulted in rapid outward movement of people from city centres (Hall 1996). The international experience of suburban development is mirrored in the New Zealand experience, particularly Auckland where large scale subdivision developments have taken place over the post-war decades (Auckland Regional Growth Forum 1997; Auckland Regional Growth Forum 1999a). New Zealand's pattern of suburbanisation was characterised by low density development over large geographic areas, and increasing dependence on private transport (Saville-Smith 1999). These planning approaches have changed patterns of community resource access, from clusters of

mixed use centres, to separation of separate community, business, social and recreational activities (Saville-Smith 1999). It is likely therefore that low-density suburban developments on the city fringe, with lower population densities than higher density city centres, will have lower levels of community resource access than older centres developed under mixed-use planning models.

Age profile

Together with population density, the inclusion of meshblock median age is primarily as a control variable, to ascertain if age affects the relationship of other variables with resource access. It is important to note however in relation to community resource access, age is an important issue in its own right. Many of the resources included in the CRAI, such as hospitals, shops, public transport and community centres, are also important for the wellbeing of older people as well as caregivers. As Kendig (2000) contends, the residential environment can have a vital bearing on independence and wellbeing, and what can appear to be individual limitations can in fact be the excessive demands of the local environment (Kendig 2000). He argues that “problems with shopping and transport depend as much on access to shops and public transport as they do on the physical abilities of older people” (Kendig 2000, p.104). In order to maintain their independence, older people may choose to remain or move closer to areas with a wide range of services, amenities and facilities.

Distribution of community resource access

Distribution of community resources between cities

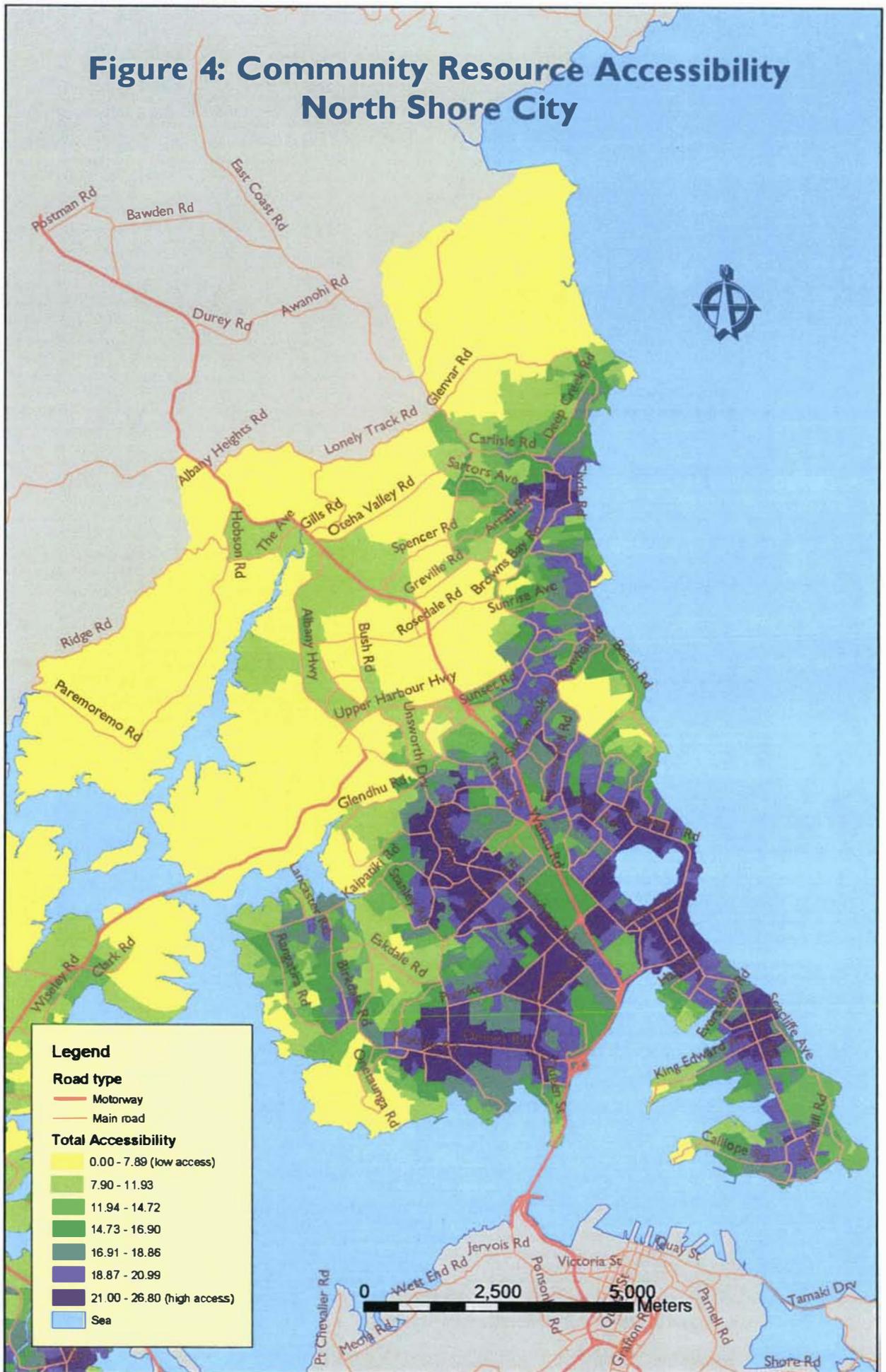
Before examining associations of community resource access with socio-economic and population patterns, the distribution of community resources between the two cities will be explored to identify general patterns of accessibility. Figures 4 to 11 on accompanying pages display patterns of community resource access in each city. In each map the yellow shadings indicate areas of low community resource access, the green shadings are in the mid-range of community resource access, and the magenta areas display high levels of resource accessibility.

Figures 4 and 5 display the distribution of total accessibility scores – the Community Resource Accessibility Index (CRAI). As a general overview, it appears that areas of high resource access tend to be clustered around historic settlement areas and along main arterial routes. Within Waitakere City, areas of high resource access cluster around the New Lynn, Henderson and Glen Eden areas, and some pockets of high access also exist in Te Atatu Peninsula and Massey West (near the Westgate shopping area). Areas of low access are generally in the peri-urban areas on the fringes of Waitakere ranges. However, some urban areas of low access are also evident, particularly in parts of Massey, Kelston and the northern Te Atatu Peninsula. Appendix 4 (p.454) has a suburb map of North Shore City and the Waitakere urban area.

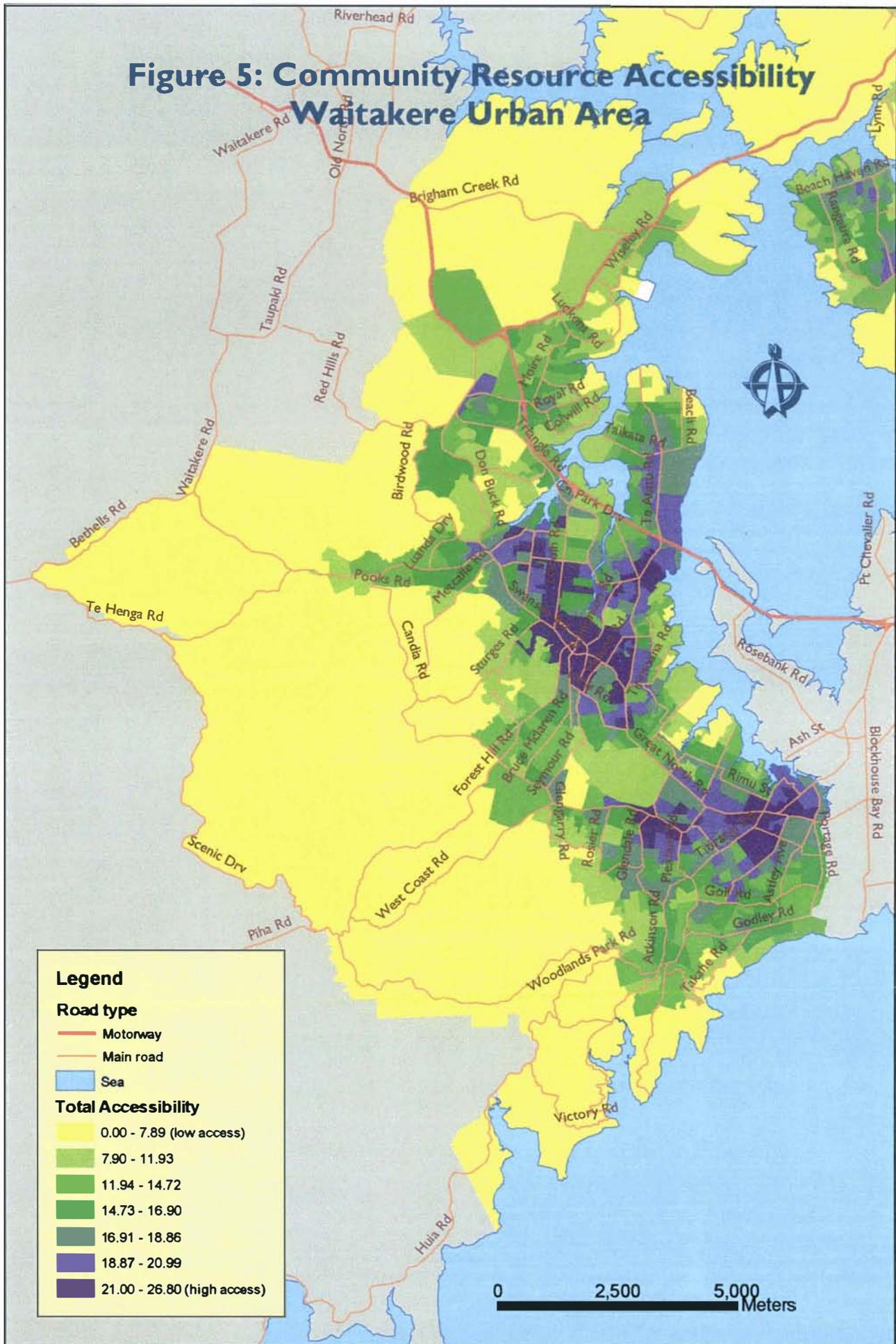
Within North Shore, areas of high accessibility cluster predominantly around the historic activity centres, particularly Takapuna, Birkenhead/Northcote, Glenfield, and to a lesser degree parts of Browns Bay (in the East Coast Bays area) and Devonport. As with Waitakere City, areas of low access tend to be in the peri-urban areas or rural areas of the city, including parts of Albany, Greenhithe and Paremoremo. Urban areas with low CRAI scores include Stanley Point, the southern edges of Glenfield and Birkenhead (the latter around the Kauri Point park area), and pockets in the Beach Haven/Birkdale area.

Figures 6 to 11 display the meshblock level scores for resource access for both North Shore City and the Waitakere urban area, for each of the six domains, which added together comprise the CRAI. As noted earlier, the scores for each domain range between 0 (low accessibility) and 5 (high accessibility). While there is some variation in the distribution of domain scores, in general the distributions appear similar to the patterns displayed for the total CRAI scores. It is apparent however that in some domains (particularly Sport and Recreation, Public Transport and Communications and Health) that there are higher levels of resource access in North Shore City than in the Waitakere urban area.

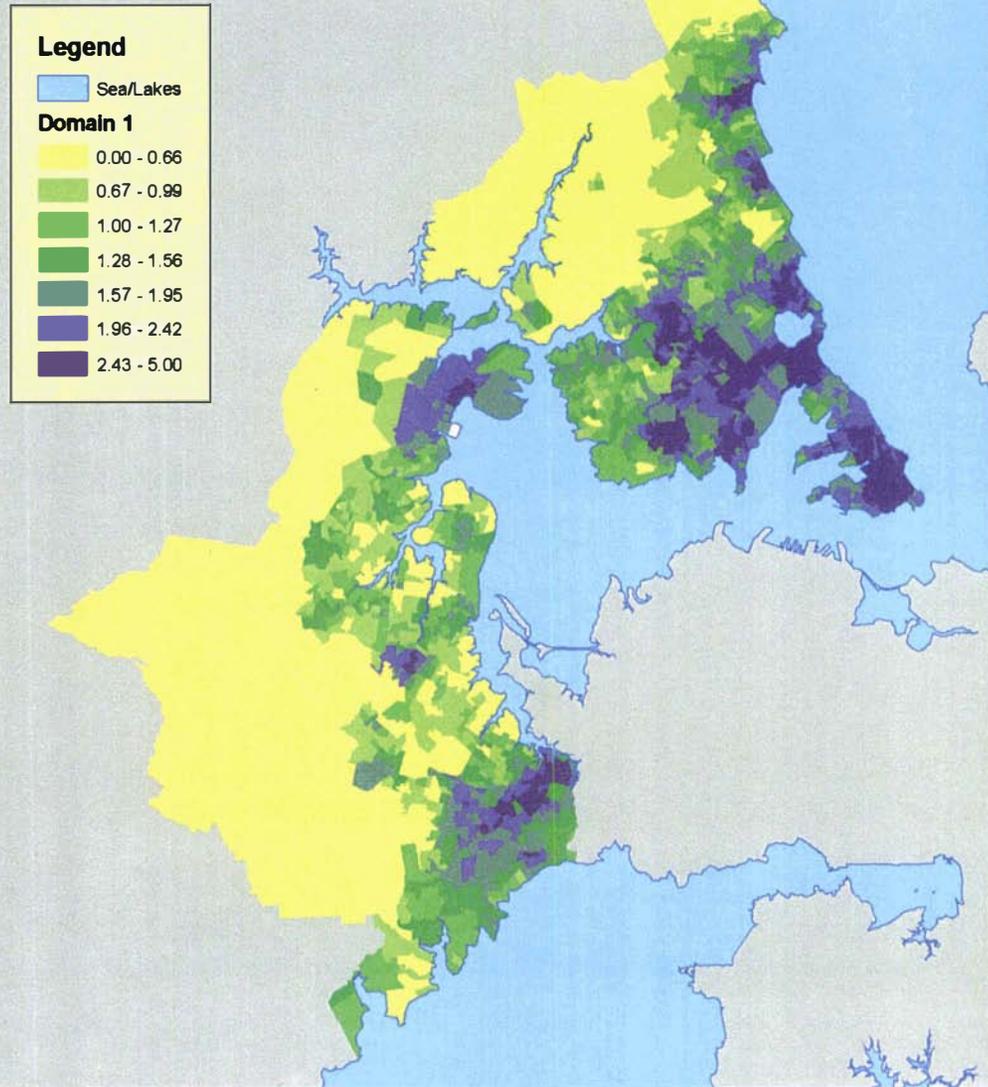
Figure 4: Community Resource Accessibility North Shore City



**Figure 5: Community Resource Accessibility
Waitakere Urban Area**



**Figure 6: Domain 1 -
Sport and Recreation**



**Figure 7: Domain 2 -
Public Transport & Communications**

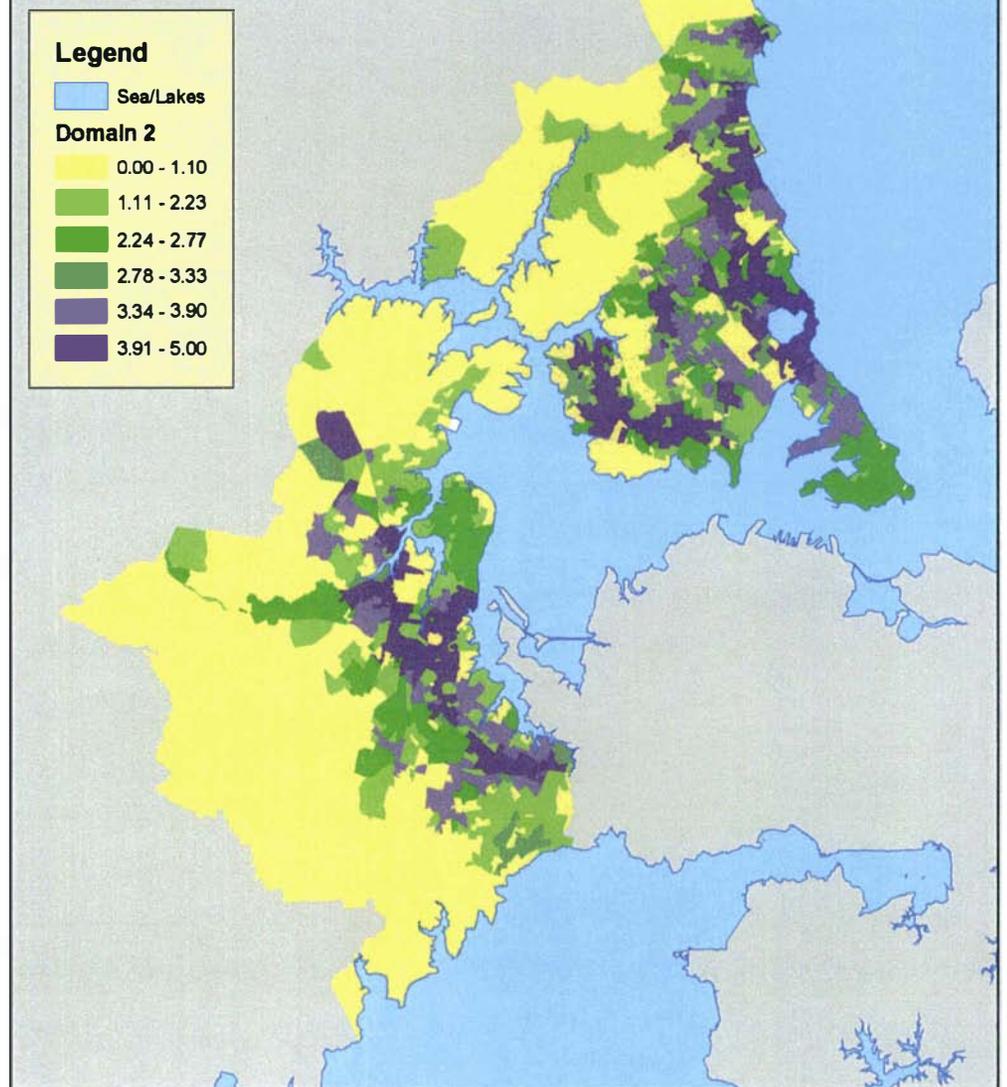


Figure 8: Domain 3 - Shopping

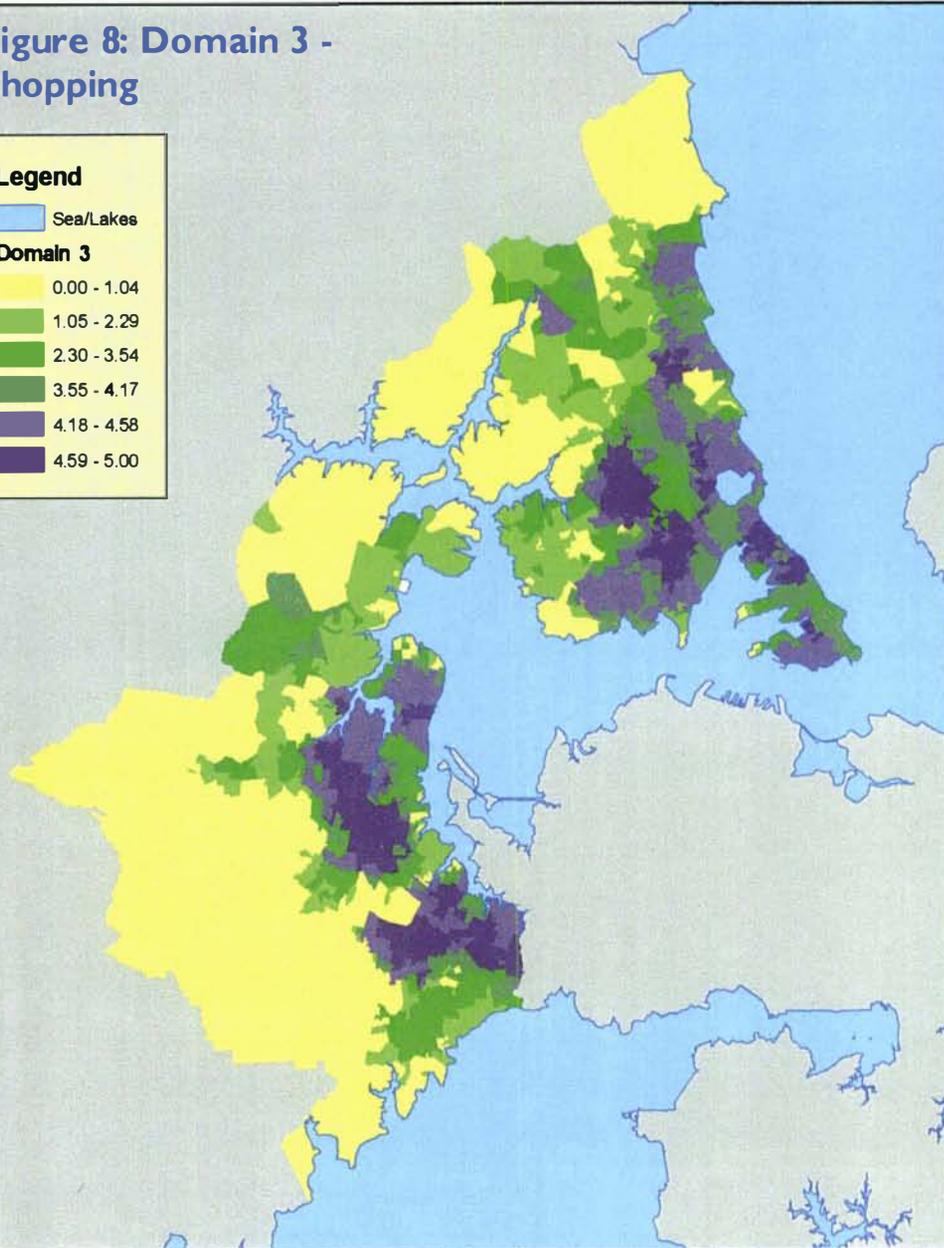
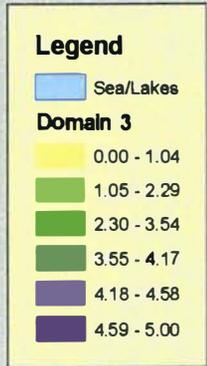


Figure 9: Domain 4 - Education

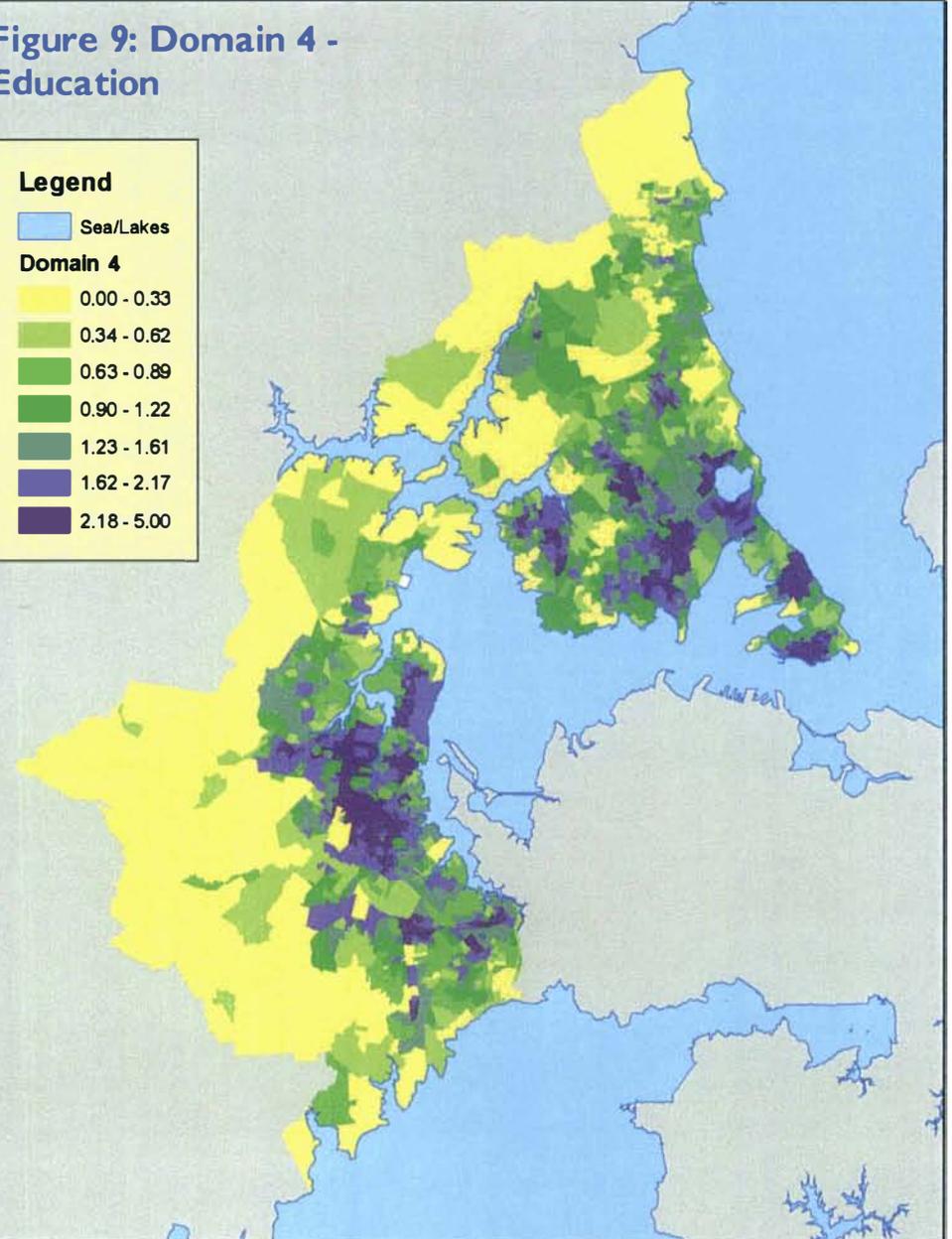
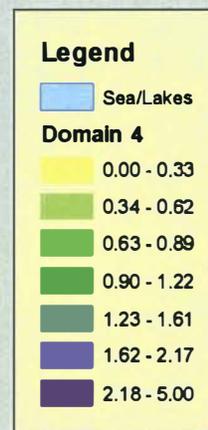


Figure 10: Domain 5 - Health services

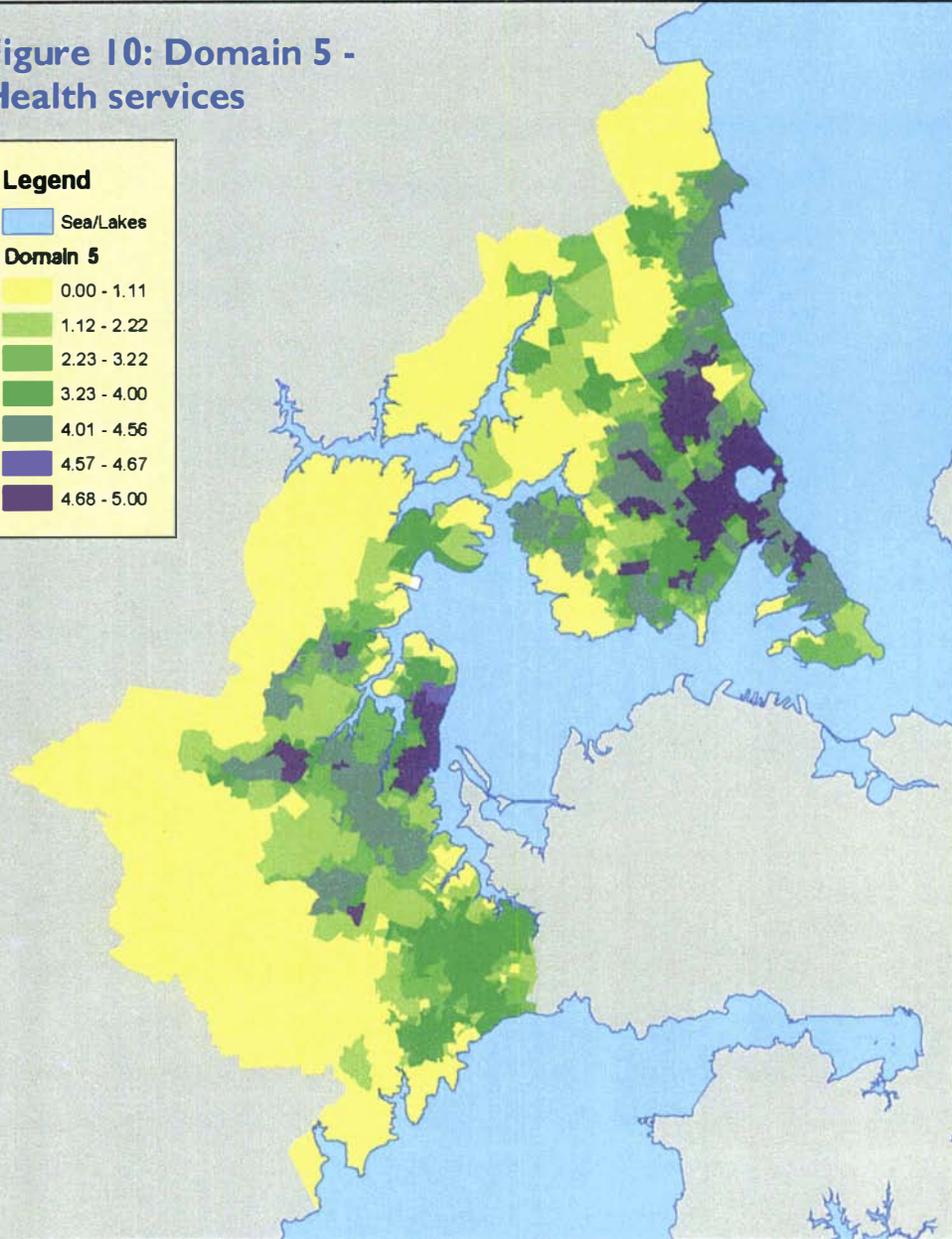
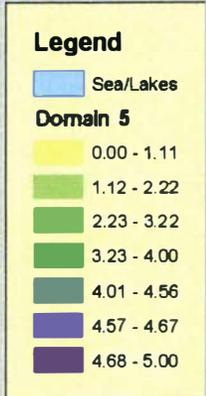
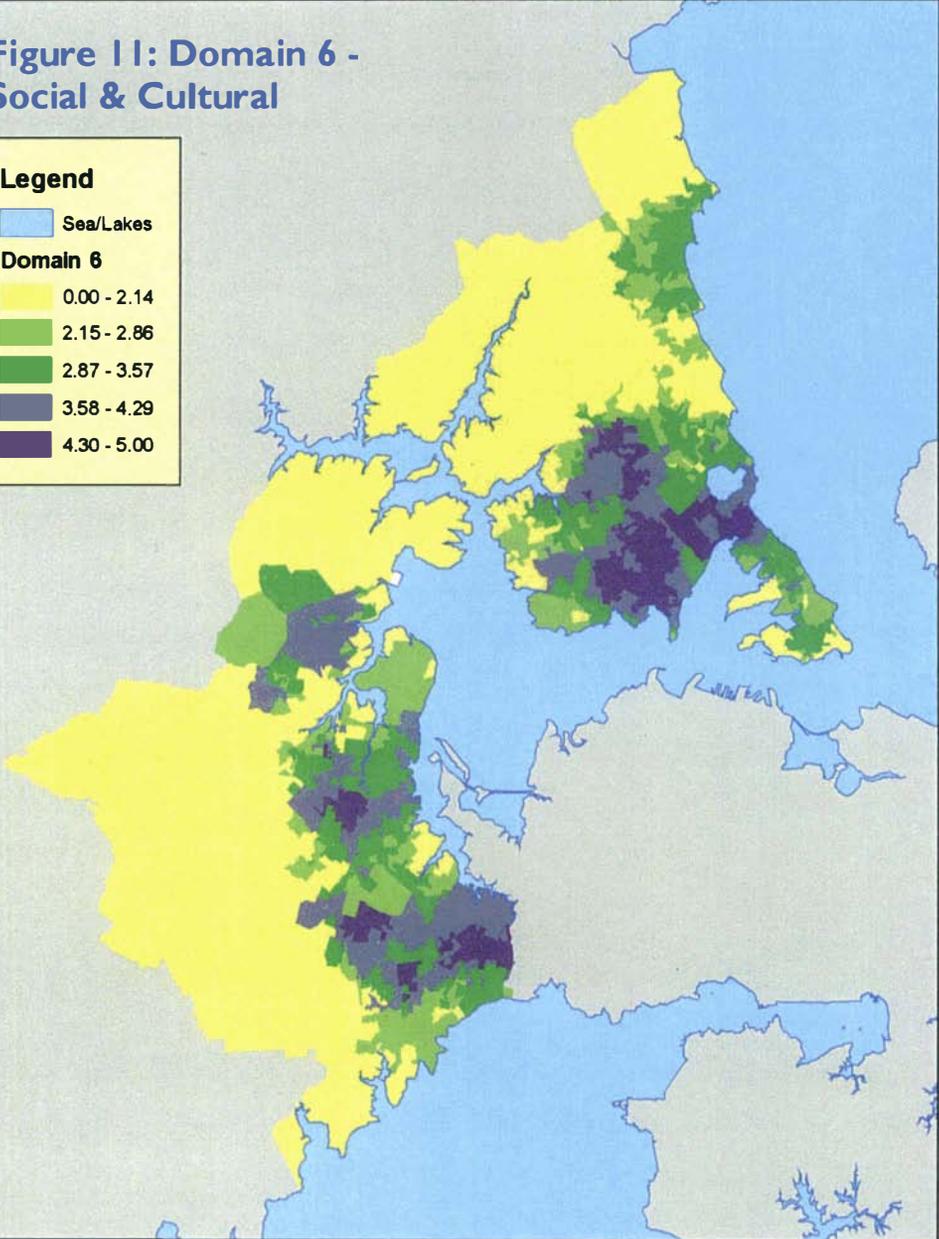
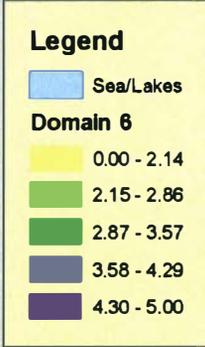


Figure 11: Domain 6 - Social & Cultural



The distribution of CRAI (total accessibility) scores is detailed in Figure 12. The accessibility scores have been divided into septiles, with an approximately equal number of meshblocks falling into each septile. Figure 12 indicates generally higher levels of resource accessibility in North Shore City than in the Waitakere urban area. In North Shore, 36% of meshblocks were in the top two septiles (scores of 18.87 or more), compared to 18.9% in Waitakere. A higher percentage of Waitakere meshblocks (37.4%) were in the bottom two septiles (scores of 11.93 or lower), compared to North Shore City (21.7%).

Figure 12: Distribution of CRAI scores

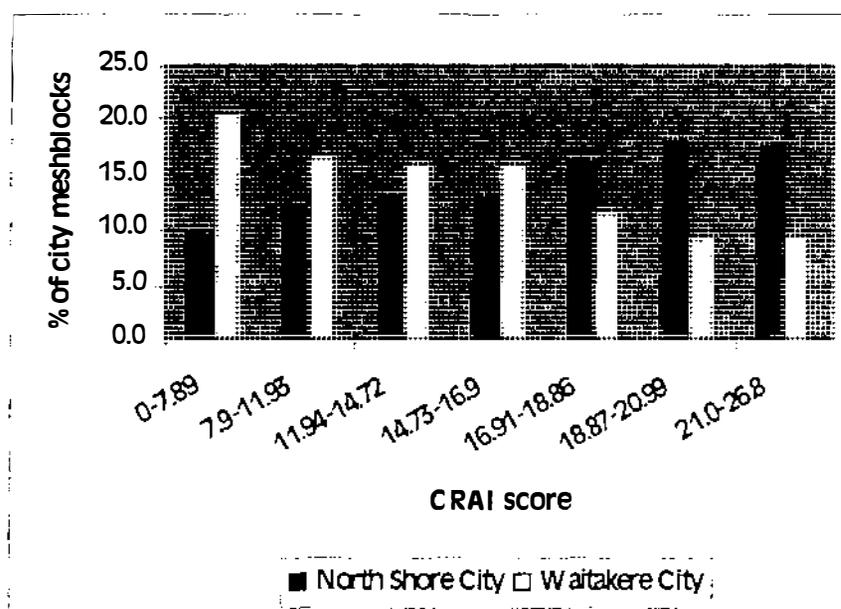


Table 6 below displays the mean CRAI scores and individual domain scores for each city, after weighting for meshblock populations. The table confirms the generally higher level of resource access in North Shore, after taking into account meshblock population, with the exception of Domains 4 (Education) and 6 (Social and Cultural facilities), where the scores are similar.

Table 6: Mean community resource accessibility scores

Domain (Service, amenity or facility type)	North Shore City	Waitakere City
CRAI score (Total Accessibility)	15.2	13.1
Domain 1 (Sport and Recreation)	1.7	1.1
Domain 2 (Public Transport and Communications)	3.0	2.4
Domain 3 (Shopping)	3.2	2.8
Domain 4 (Education)	1.1	1.1
Domain 5 (Health)	3.2	2.6
Domain 6 (Social and Cultural)	3.0	3.1

These results indicate a level of “jurisdictional partitioning”, or variation in accessibility of community resources, (Pinch 1985) between the two cities. North Shore – the socio-economically wealthier of the two cities – also has greater collective wealth in community resource access than Waitakere.

Associations between community resource access and population variables

This phase of the research examines the distribution of community resource access within each city, by exploring the associations of community resource access with the socio-economic and population variables. Table 7 (p.181) displays the summary results for all variables used in the analysis. The summary data confirms the higher mean level of resource access in North Shore City than in the Waitakere urban area, and the older and less deprived population profile. The data indicates higher

proportions of families with children in Waitakere than North Shore. The data is consistent with the Census data reported earlier.¹²

Analyses were undertaken using multiple regression. Simple linear regression was undertaken but is not generally reported, because the aim of this phase of the research was to identify independent associations of population variables with CRAI. Logistic regression analyses were undertaken but not shown in this analysis, because the analyses did not reveal findings that contrasted with or added weight to the multiple regression analyses. Because of the large number of meshblocks used in analyses, the odds ratios that were produced by logistic regression were generally significant, but they were generally very small and of debatable importance.

¹² Because the data in Table 7 averages meshblock scores across each city, there will be some minor variations with the city-wide Census data reported earlier, which were based on data from the entire population of each city.

Table 7: Summary meshblock data (weighted for meshblock population)

North Shore City (N=1424)	Mean	Median	Minimum	Maximum
CRAI scores	15.2	16.3	0	26.2
Population density	28.2	29.7	0	83.9
NZDep2001 Index score	3.7	3	1	10
Median age	35.9	35	0	84
Percentage of families with children	62.6	63.6	0	100
Percentage of Maori within population	6.6	5.0	0	50.8
Percentage of population at usual residence less than five years	56.1	55.3	0	100
Median household income	55836	54445	0	100001 ¹³
Percentage unemployed (population aged 15 & over)	5.7	5.3	0	50.0
Percentage of dwellings without telephones	1.4	0.0	0	50.0
Percentage of dwellings without motor vehicles	6.4	5.0	0	63.6
Percentage without educational qualifications (population aged 15 & over)	14.8	14.0	0	52.9
Percentage of dwellings not owned	29.4	27.5	0	100
Waitakere City (N=1108)	Mean	Median	Minimum	Maximum
CRAI Scores	13.1	14.0	0	26.8
Population density	25.7	27.7	0	75.1
NZDep2001 Index score	5.8	6	1	10
Median age	32.3	32	0	80
Percentage of families with children	68.7	69.2	0	100
Percentage of Maori within population	12.8	11.9	0	77.8
Percentage of population at usual residence less than five years	53.8	52.5	0	100
Median household income	47513	46112	0	100001 ¹³
Percentage unemployed (population aged 15 & over)	8.2	7.4	0	100
Percentage of dwellings without telephones	3.3	0.0	0	50.0
Percentage of dwellings without motor vehicles	7.4	6.5	0	50.0
Percentage without educational qualifications (population aged 15 & over)	22.8	22.9	0	57.1
Percentage of dwellings not owned	29.0	27.3	0	100

¹³ This is the maximum value recorded by Statistics New Zealand in the Meshblock Database, based on the maximum income option of “\$100,001 or more” that could be chosen using the Census questionnaire. Some meshblocks may therefore have higher median values, but such data was unobtainable.

As explained in chapter three, two separate models were applied for multiple regression. The first “NZDep2001” model used the five demographic variables (ethnicity, families with children, residential turnover, population density and median age), together with NZDep2001. The second “socio-economic” model did not use the NZDep2001, but employed the five demographic variables, plus six separate socio-economic variables similar to elements of NZDep2001 (income, unemployment, dwellings without telephones, dwellings without motor vehicles, population without educational qualifications, and dwellings not owned), to identify associations that would otherwise be hidden using the composite NZDep2001 data. As discussed in chapter three, associations only at the $p < 0.01$ significance level are reported.

Initially, multiple regression was employed to identify interactions between any of the population variables and a city variable (a nominal variable based on the cities’ names). In the first NZDep2001 model, interactions were found between the city variable and with residential turnover and median age. In the second socio-economic model, interactions were found between the city variable and residential turnover, dwellings not owned, and population without qualifications. The interactions in both analyses revealed sufficient difference between the two cities to indicate the need to investigate associations between CRAI, and socio-economic and population data within each city.

Table 8 (p.184) displays the results of multiple regression analyses, distinguishing between the NZDep2001 model and the socio-economic model. For each socio-economic or population variable in each model, the effects of all other variables in the model were controlled in determining associations with CRAI. Analyses were also weighted by meshblock population.

Using the NZDep2001 model, and after controlling for all other variables and weighting by population, CRAI in North Shore was positively associated with deprivation (NZDep2001), population density, and median age. That is to say, as meshblock scores for deprivation, population density and median age increased, the community resource access scores for each meshblock also increased. CRAI was negatively associated with residential turnover, percentage of Maori population and families with children – that is, as residential turnover, Maori and families with children increased, CRAI scores decreased. In Waitakere City, CRAI was positively associated with NZDep2001, population density, median age and residential turnover. CRAI was not associated with ethnicity in Waitakere.

Table 8: Multiple regression analyses of demographic variables and CRAI

North Shore City (N=1380)	Model 1 (NZDep2001)			Model 2 (Socio-economic)		
		b-coefficient (se)	p-value		b-coefficient (se)	p-value
R ² for analysis	0.31			0.35		
NZDep2001 Index score	1	-7.59 (1.31)	<0.0001	1		
(1 = low deprivation,	2	-6.11 (1.29)		2		
10= high deprivation)	3	-5.25 (1.29)		3		
	4	-4.02 (1.28)		4		
	5	-2.81 (1.28)		5		
	6	-2.24 (1.28)		6		
	7	-1.94 (1.31)		7		
	8	-0.17 (1.42)		8		
	9	0.07 (1.95)		9		
	10	0.00		10		
Population density		0.17 (0.01)	<0.0001		0.18 (0.01)	<0.0001
Median age		0.11 (0.03)	<0.0001		0.03 (0.03)	0.25
Percentage of population at usual residence less than five years		-0.06 (0.01)	<0.0001		-0.08 (0.01)	<0.0001
Percentage of Maori within population		-0.10 (0.03)	<0.0001		-0.07 (0.03)	0.007
Percentage of families with children		-0.08 (0.01)	<0.0001		-0.05 (0.01)	<0.0001
Median household income					-0.08 (0.01)	<0.0001
Percentage unemployed (population aged 15 & over)					0.06 (0.03)	0.10
Percentage of dwellings without telephones					-0.01 (0.04)	0.84
Percentage of dwellings without motor vehicles					0.15 (0.02)	<0.0001
Percentage without educational qualifications (population aged 15 & over)					-0.10 (0.03)	0.0001
Percentage of dwellings not owned					0.04 (0.01)	0.001
Waitakere City (N=1066)		b-coefficient (se)	p-value		b-coefficient (se)	p-value
R ² for model	0.41			0.42		
NZDep2001 Index score	1	-6.95 (0.95)	<0.0001			
(1 = low deprivation,	2	-5.74 (0.93)				
10= high deprivation)	3	-5.30 (0.93)				
	4	-2.74 (0.90)				
	5	-1.45 (0.86)				
	6	-0.61 (0.81)				
	7	-0.33 (0.81)				
	8	0.05 (0.77)				
	9	0.84 (0.77)				
	10	0.00				
Population density		0.17 (0.01)	<0.0001		0.19 (0.01)	<0.0001
Median age		0.24 (0.03)	<0.0001		0.09 (0.04)	0.013
Percentage of population at usual residence less than five years		0.04 (0.01)	0.004		0.03 (0.01)	0.004
Percentage of Maori within population		-0.02 (0.02)	0.42		0.02 (0.02)	0.33
Percentage of families with children		-0.06 (0.02)	<0.0001		-0.06 (0.02)	<0.0001
Median household income					-0.12 (0.02)	<0.0001
Percentage unemployed (population aged 15 & over)					0.02 (0.03)	0.66
Percentage of dwellings without telephones					-0.14 (0.04)	0.0002
Percentage of dwellings without motor vehicles					0.16 (0.03)	<0.0001
Percentage without educational qualifications (population aged 15 & over)					0.03 (0.03)	0.20
Percentage of dwellings not owned					-0.02 (0.01)	0.22

The extent of the relationship between NZDep2001 and CRAI is displayed in Figure 13, which shows the adjusted means for community resource access scores and NZDep2001, after controlling for other variables.

Figure 13: Adjusted mean CRAI Scores by NZDep2001 (after adjusting for other variables and weighting by meshblock population)

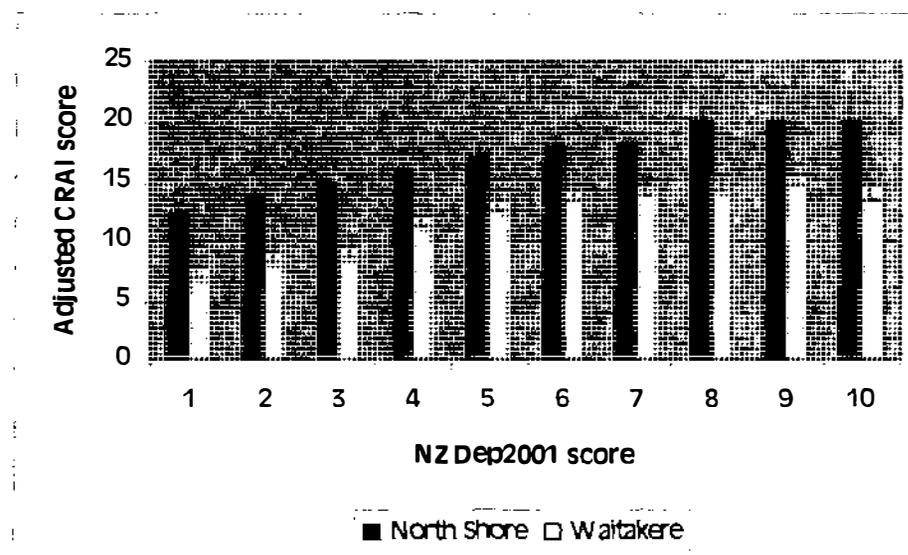


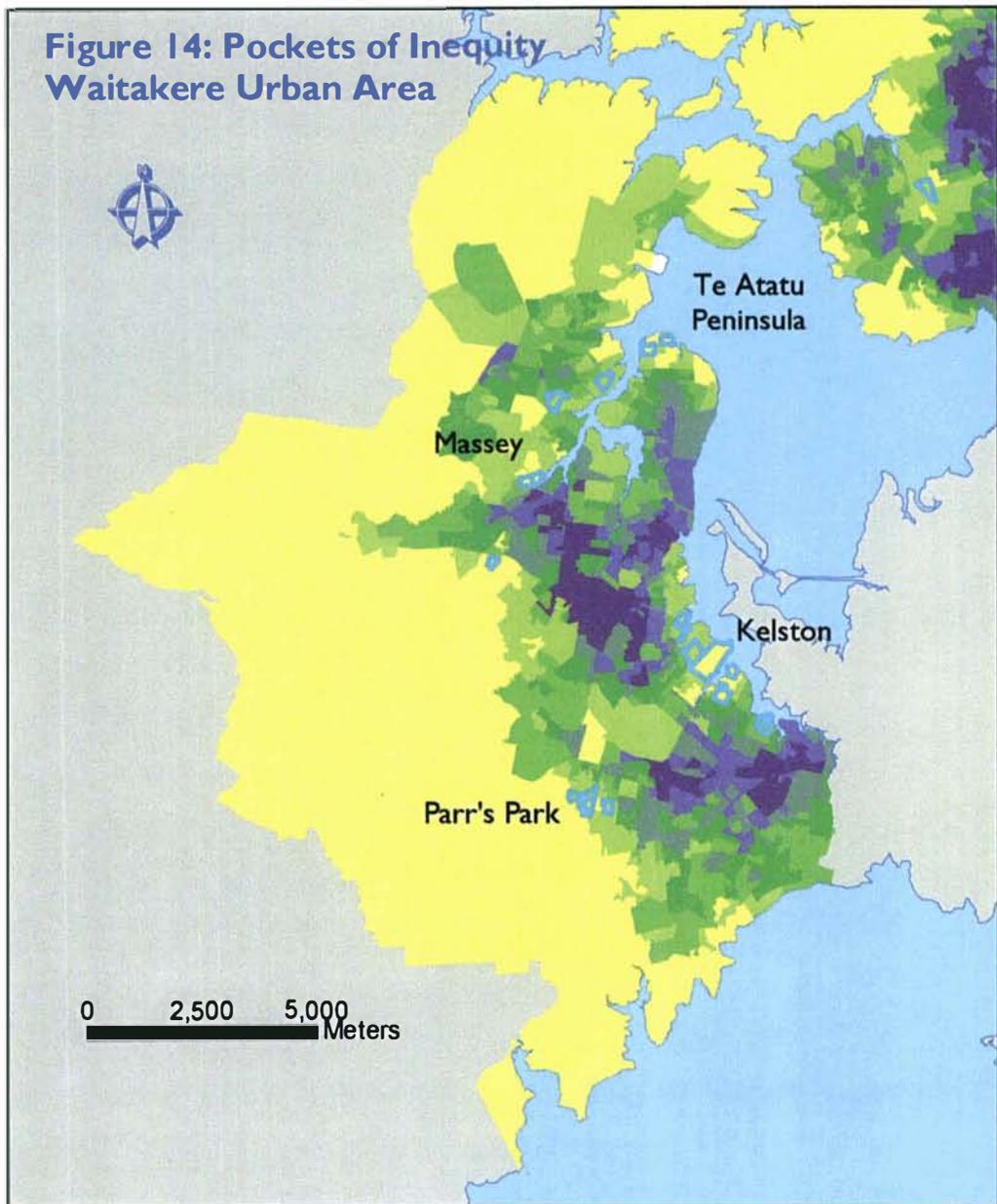
Figure 13 indicates that within each city, areas of high deprivation tend to be higher in accessibility – after adjusting for the other meshblock variables. There is a gradual increase in accessibility in North Shore from meshblocks of low deprivation to high deprivation, from an average CRAI score of 12.4 in meshblocks with deprivation scores of 1 (low deprivation), to an average CRAI score of 20 in meshblocks with a deprivation score of 10 (high deprivation). In Waitakere there is also an increase in accessibility from low deprivation to high deprivation meshblocks, from an average CRAI score of 7.9 in meshblocks with deprivations scores of 1, to an average CRAI score of 14.8 in meshblocks with a deprivation score of 10. However, the average CRAI scores in Waitakere flatten out between

deprivation scores of 6 and 10, indicating little difference in average CRAI scores between the meshblocks of higher deprivation.

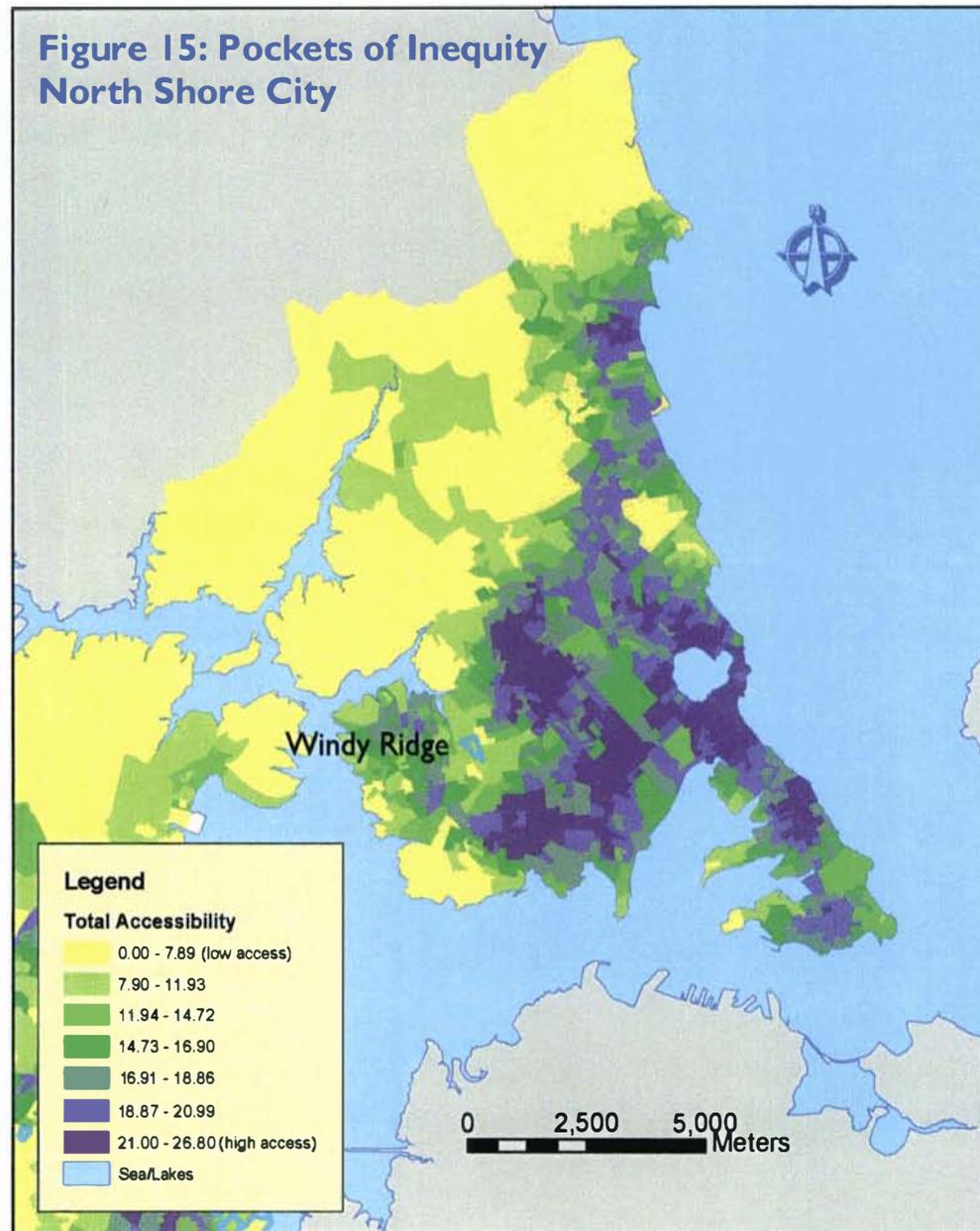
Of the 2,352 meshblocks in the combined cities, 51 (2% of all meshblocks) were meshblocks of high deprivation (NZDep2001 Scores of 9 or 10) and high accessibility (CRAI scores in the top 20% of the distribution).

Areas with meshblocks of high deprivation (NZDep2001 Scores of 9 or 10) and low accessibility (CRAI scores in the bottom 20% of the distribution) included Windy Ridge in the Glenfield area of North Shore City, and areas of Massey, Kelston, Parr's Park, and the northern end of Te Atatu Peninsula in Waitakere. Of the total 2,352 meshblocks, only 21 (0.8%) were in this category. However, some of these areas – Windy Ridge, Massey and Kelston also have higher proportions of the population who are Maori, and have proportionately more families with children. The impact of low accessibility on people in these areas may therefore be particularly pronounced. These areas, labelled “pockets of inequity” (discussed later), are highlighted in Figures 14 and 15 on the following page, with a blue surround.

**Figure 14: Pockets of Inequity
Waitakere Urban Area**



**Figure 15: Pockets of Inequity
North Shore City**



Areas of low deprivation (NZDep2001 scores of 1 or 2) and low accessibility were almost exclusively on the periphery of each city, or in areas of limited network access. These meshblocks accounted for 191 (7.5%) of the 2,532 meshblocks studied. From a socio-economic perspective, and based on the low deprivation scores, residents of these areas can be assumed to be in least need of living in close proximity to community resources, as they are likely to be in the best position to afford the high mobility costs of reaching resources. However, there could well be exceptions to this generalisation, recognising that aggregate socio-economic data masks pockets of wealth or deprivation within an area. There may also be high levels of need in other respects, such as an older population that would benefit from proximity of resource access.

Using the second socio-economic model, CRAI in North Shore was positively associated with population density, dwellings without motor vehicles, and dwellings not owned. CRAI was negatively associated with residential turnover, ethnicity, families with children and median household income. CRAI was not associated with dwellings without telephones, unemployment, and median age.

In Waitakere City, CRAI was positively associated with population density, residential turnover and dwellings without motor vehicles. CRAI was negatively associated with dwellings with children, household income and dwellings without telephones. CRAI was not associated with ethnicity, median age, unemployment, education or dwellings not owned.

The analyses from both models indicate that deprivation is associated with CRAI, and that the more deprived the meshblock, the higher the CRAI score is likely to be. However, by using the socio-economic variables separately from NZDep2001, it is clear that socio-economic features of the two cities are associated with resource access in different ways. It also appears that no single feature of socio-economic deprivation is associated with resource access, but that there is a complex interaction between CRAI and socio-economic variables.

The analyses from both models also indicate different associations with demographic variables: residential turnover and ethnicity are negatively associated with CRAI in North Shore, but residential turnover is positively associated with CRAI in Waitakere, and ethnicity is not significantly related.

Sensitivity analyses

Three sensitivity analyses were undertaken, to examine the effects of:

1. Excluding meshblocks of low populations;
2. Weighting for the population aged 15 to 49, rather than total population;
and
3. Major changes in population from 1996.

In the first sensitivity analysis, meshblocks in the bottom 10% of the distribution of population were excluded (populations of 42 or fewer). The purpose of removing

these meshblocks was to examine whether random rounding (the process whereby meshblock populations are all randomly rounded to base three – detailed in chapter three) has a significant impact on the overall results. Exclusion of meshblocks with low populations had a negligible effect on the findings. For example, the β -coefficient for NZDep2001 scores of 1 in North Shore City, which changed from -7.59 to -7.73, but even this was a shift of only 2%. It was concluded that random rounding in small populations had little effect on the overall findings, and it was therefore decided not to exclude any meshblocks from the dataset.

The second sensitivity analysis used a weighting based on the population aged 15 to 49 years, rather than total population. The 15 to 49 year age group was seen as appropriate to the caregivers of young children age group. The purpose of the analysis was to identify any impact of removing populations outside this age range. For most variables, using the 15 to 49 year population weighting had little effect. Using the same example as above, the β -coefficient for NZDep2001 scores of 1 in North Shore City, only a marginal change was observed, from -7.59 to -7.85, a change of only 3.4%. For the median age variable however, the β -coefficient in North Shore strengthened from 0.11 to 0.17, a change of 50.9%, and in Waitakere from 0.24 to 0.30, a change of 25%. The inclusion of older and younger populations in the original model therefore weakened the association with median age, but it remained significant. Because the range of services, amenities and facilities included in the CRAI have applicability beyond simply caregivers, and to prevent over-estimation of the effects of weighting, it was decided to continue with the more conservative original model, weighted for the total population.

The third sensitivity analysis was undertaken to examine the effect of excluding meshblocks where there had been no population at the time of the 1996 Census, but which by 2001 had shown a resident population. It was surmised that these meshblocks were in areas of new housing, and while signalling a high degree of population change, were not areas of high residential turnover. In Waitakere City, the effect of excluding these meshblocks was negligible. However, in North Shore City, the β -coefficient for residential turnover changed from -0.06 to -0.04 – a change of 33%. It is likely therefore that these areas of recent settlement in North Shore City have relatively lower access than other areas. This is confirmed by examination of meshblocks that had no population in 1996, but which had a resident population by 2001. In North Shore, these meshblocks are generally on the fringes of the city, with lower CRAI scores, and in Waitakere, these meshblocks are generally more central and in areas of high resource access.

Although there was a change in the β -coefficient, the overall slope was relatively flat and the direction and significance of the slope remained the same. Because of these factors, and the negligible effect in Waitakere City, it was decided not to exclude any meshblocks from the analyses.

Spatial autocorrelation

An analysis of spatial autocorrelation of the standardised residuals of the CRAI scores (observed CRAI scores minus the predicted CRAI scores and divided by the

standard error of the residuals in the NZDep2001-based regression model) was undertaken in each city. This analysis produced a global Moran's I score of 0.55 in North Shore City, and 0.48 in Waitakere City (based on identification of the nearest eight meshblock centroids from each meshblock), a positive autocorrelation.

This has two key implications. Firstly, a geographic relationship exists between meshblock CRAI scores, and therefore the population and socio-economic data alone does not sufficiently explain the variation in CRAI scores. It is therefore important to examine other possible determinants of the distribution of community resources in each city, particularly local policies and planning.

Secondly, the precision of the effects estimates may be overstated because the assumption of independence between meshblock CRAI scores does not hold. However, as discussed earlier, to counter the potential over-estimation of precision, only associations where $p < 0.01$ were treated as significant, rather than $p < 0.05$.

Discussion

Associations between deprivation and community resource access

When examining differences between cities, the city with higher levels of personal wealth also had higher levels of community resource access. North Shore City, which had a less deprived population profile and higher median incomes, also had a

higher mean level of resource access, and a greater proportion of meshblocks with high resource access, than Waitakere City. This generalised disadvantage in community resource access, at the city level, indicates Waitakere residents will in general travel further to reach community resources, or will simply not receive the benefits of community resources, to the same degree as North Shore residents.

Shifting the analysis from *between* cities to *within* cities, a different picture emerges. Within both North Shore and Waitakere cities, areas of higher deprivation had generally higher community resource access scores, after controlling for other demographic variables. This pattern persisted whether using separate models incorporating either NZDep2001, or six separate socio-economic variables.

Therefore, within each city, a general pattern of territorial justice is evident, as discussed in chapter one. Residents of areas of high socio-economic deprivation are therefore more likely to be in a position to benefit from community resource access. This is particularly important given the lower mobility costs that are likely through living in close proximity to a variety of resources. From this data alone, it is not clear if the distribution of community resources, which primarily benefits poorer communities within each city, is a result of policy and planning by local and central government, or if a “spatial constraint” (McLafferty 1982) is operating, in which the urban structure prevents or inhibits inequitable location of resources.

However, it is also important to note that there also existed areas of higher deprivation that had relatively low levels of resource access. It is not possible to argue from this data alone, in the manner of Lineberry (1977), that these areas of

high deprivation and low accessibility are “pockets of discrimination”, although “pockets of inequity” is an appropriate descriptor. At this stage, without an analysis of the decision-making processes at each council, it would be premature to suggest discrimination between wealthier and poorer areas. This issue is however explored later in the thesis.

An important finding from the analysis of the six socio-economic variables is the independent association of a number of variables with resource access. Lack of mobility (represented by percentage of households with no access to a motor vehicle) had a particularly strong association with community resource access. Such a finding suggests the obvious point that wealthier people, with more mobility options, are able to live further away from services, facilities and amenities than more deprived people. This finding also suggests that “amenity value”¹⁴ is not synonymous with community resource access. A poorly designed environment, despite having many community resources available, may be an unattractive place to live. For many people, the features of areas that they find attractive are also their isolation and quietness, rather than the availability of local services, amenities and facilities. It may still be health promoting to have an array of resources within easy reach, but people with enhanced mobility options may still be able to access such resources and enjoy a sense of wellbeing from a more isolated environment.

¹⁴ Although definitions of amenity abound, the definition put forward by the Ministry for the Environment suffices for this research. They describe amenity as “the characteristics or qualities of an area that add to people’s sense of pleasure or security in being there” (Ministry for the Environment 2003).

However, mobility was not the only socio-economic variable associated with access: income was also negatively related to high resource access, indicating that even after taking into account mobility, people on lower incomes tend to be clustered around areas of high resource access.

Some findings based on the six socio-economic variables appear counter-intuitive: dwellings without telephones were negatively associated with resource access in each city, after controlling for other variables. Given that this variable is suggestive of high deprivation, the opposite would be expected. This however appears to be an outcome of controlling for other socio-economic variables. Simple linear analyses (not shown) found positive associations between resource accessibility and low levels of telephone access. This variable was also significantly related to both income and mobility – lower meshblock median household income and mobility were associated with low levels of telephone access. Thus, the negative relationship could be as a result of a residual number of meshblocks that have low levels of telephone access, and which are located on the periphery of the study area, where CRAI scores tend to be lower, such as in Paremoremo in North Shore City and Hobsonville in Waitakere.

Associations of other variables with community resource access

The families with children variable was consistently negatively associated with community resource access in all analyses, independent of other variables. This is

borne out by identification of areas high in families with children (meshblocks in the top 20% of the distribution of this variable) and low in community resource access. Areas high in families and low in accessibility include Massey, Kelston, Titirangi, Laingholm, Swanson, Whenuapai, Paremoremo, Albany, Chelsea (Birkenhead), Glendhu and Unsworth Heights. These areas vary in their deprivation profiles – most however can be identified as areas developed for housing since the 1960s, which were developed within a car-oriented planning paradigm, with functional zoning, instead of previous mixed-use planning approaches. This may reflect a conscious choice of new families to be distanced from activity centres (such as for noise or safety reasons), but may also signal a lack of options, other than suburbia, for affordable housing. Given the research evidence on the contribution of community resource access to health and wellbeing, the findings signal such an urban form, based on assumptions of motor vehicle access and typified by functional zoning, may be inappropriate to the health and wellbeing of families. On the other hand, these places may have lower traffic flows and could therefore provide safer environments for families with children.

A less consistent pattern emerged with the ethnicity variable (represented by percentage of Maori within the meshblock population). Using multiple regression, and after controlling for other variables, higher proportions of Maori populations were associated with lower CRAI scores in North Shore, but were not significantly associated with CRAI scores in Waitakere. Furthermore, the direction of association in Waitakere was negative in one model and positive in another. However, the Maori population variable was significantly related to deprivation –

areas with high Maori populations tended to be matched by high NZDep2001 scores (analysis not shown). Controlling for deprivation therefore appears to contribute to the inconsistent relationship between ethnicity and CRAI. This is borne out by identifying meshblocks of high Maori population and low deprivation: they are generally located on the fringes of each city – Sturges, Swanson, Whenuapai and Hobsonville in Waitakere, and Albany, Withford and Beach Haven South in North Shore. These areas tend to be lower in CRAI. As noted earlier, areas that have high deprivation scores and low CRAI scores, also tend to have high Maori populations, signalling potential unmet need in community resource access for Maori living in these areas.

It is worth noting that an important feature of Geographic Information Systems is its ability to identify multiple characteristics of areas, as illustrated above. The use of technology in this way allows identification of aspects of spatial data which can assist with the generation of hypotheses to explain differences in socio-economic and population characteristics, and community resource access.

The residential turnover variable produced inconsistent findings. Alternative explanations are possible for the differing results. It could be that some areas are high in turnover despite being high in community resource access, owing to factors that this analysis cannot detect, such as local crime or nuisance (such as areas of high traffic flows). It is also clear from the sensitivity analysis that some areas, particularly in North Shore, have been recently settled and are lacking in community resources. Meshblocks with no population at the time of the 1996

Census, but which by 2001 had recorded a resident population, tended to be located on the fringes of North Shore City, and displayed low community resource access scores. However, in Waitakere City, these meshblocks were located near or within service hubs and therefore had higher accessibility scores.

Population density was consistently and positively associated with high resource access, after controlling for other variables. Such a finding is unsurprising and suggests that populations tend to cluster around areas high in resources, and/or that resources are located by policy-makers, entrepreneurs and communities in areas where there are population catchments to access the resources.

The median age variable was significantly and positively related to community resource access in the NZDep2001 model, but not in the socio-economic model. It is possible that because some dimensions of NZDep2001 exclude people aged 60 and over (income, qualifications, support and communications), that the median age variable could be exerting a greater effect in the NZDep2001 model than in the socio-economic model – as the latter model included people aged over 60 in each of the six socio-economic variables. From this data, it appears likely that older people remain or move closer to service hubs in city and suburban centres, and therefore tend to have access to many supportive community resources. The socio-economic model indicates that this could be explained by motor vehicle access.

Limitations

As with all ecological studies, this analysis has its limitations. Firstly, it is important to bear in mind that this is an area-based analysis and the findings cannot be attributed to all residents within a meshblock. Even areas of small populations such as meshblocks have variations in their socio-economic or demographic characteristics.

Secondly, this study is also limited by the use of accessibility data developed for a particular population group (caregivers of young children), and the applicability of the CRAI to other population groups is not known. However, it is clear that the areas of high resource access tend to be located around main activity centres, suggesting some general validity as an indicator of areas high or low in resource access. Furthermore, the facilities included in the CRAI are not solely available to caregivers, but have the potential to improve the health and wellbeing of many population groups. The CRAI is also a unique indicator that has not been used in previous New Zealand research. Despite its limitations, the CRAI is the only available meshblock-level data source with which to compare population patterns.

There is also a spatial component to the distribution of resources that is not explained by the regression analyses of CRAI and the socio-economic and population data. Analysis of the residuals in the NZDep2001 model for each city produced a positive Moran's *I* score, indicating positive spatial autocorrelation. Furthermore, the R^2 scores for each multiple regression analysis were relatively low, indicating the analyses only partly explained the distribution of CRAI scores.

These findings indicate that factors other than population distributions are associated with community resource access, and support use of complementary methods to identify explanations for the spatial allocation of community resources, such as the policy and planning approaches of each territorial authority.

Finally, as is clear in the above discussion, competing interpretations of the results of these analyses are possible, particularly with any suggestion of causation – which, it is reiterated, is not meant to be implied by these analyses. For example, were community resources located in response to population demands or needs, did populations move to areas on the basis of availability of community resources, or are other issues determining the location of community resources in each city?

These questions cannot be answered from this data alone. It is the purpose of forthcoming chapters, based on qualitative research, to identify the extent to which local policies have determined the distribution of community resources in each city.

Summary

The distribution of community resources indicates that the socio-economically wealthier (or less deprived) city, North Shore City, also had greater collective wealth in community resources than the Waitakere urban area. This pattern extended across most domains of resource access, as well as for the overall Community Resource Accessibility Index (CRAI) score. Such a finding is consistent with recent studies of community resource access (Cattell 2001; Sooman and Macintyre 1995; Williams and Collins 2001).

However, within each city, areas of high deprivation also tended to be areas high in resource access. This association persisted after controlling for a range of demographic variables. Deprivation also appeared to have an explanatory role in the association of demographic variables, particularly ethnicity, with community resource access. The spatial allocation of resources within each of these cities, rather than reinforcing inequalities, has the potential to help overcome inequalities and redistribute real incomes, by reducing mobility and cost barriers associated with resource access (Badcock 1984; Talen 1998).

Although there was a pattern of community resource distribution within each city that benefited areas of high deprivation, there were also pockets of inequity where areas of higher deprivation had relatively low levels of resource access. These areas were Windy Ridge in the Glenfield area of North Shore City, and areas of Massey, Kelston, Parr's Park, and the northern end of Te Atatu Peninsula in Waitakere City. Some of these areas also tended to be proportionately high in Maori populations and were high in families with children.

An analysis of socio-economic variables separate from the composite New Zealand Index of Deprivation 2001 (NZDep2001) indicates that although lack of access to a motor vehicle was associated with higher levels of community resource access, other socio-economic features were also important. In particular, lower levels of income were also independently associated with higher levels of community

resource access, indicating a relationship more complex than one based solely on mobility.

There was a consistent negative association between the community resource access variable and families with children. Areas low in community resource access and high in families with children are socio-economically diverse, but generally appear to be within newer suburbs in each city that were developed from the 1960s onwards.

The analysis also indicates that there is a spatial dimension to community resource access in each city, which cannot be solely explained by associations between CRAI scores, and socio-economic and demographic data.

These findings confirm the validity of the research questions to be examined in future chapters, particularly the policy and planning priorities of each city council, each council's engagement with external organisations, and the extent to which these features have determined the distribution of community resources.

Chapter 5: Community resource planning priorities

“By itself, housing does not make a neighbourhood. Neighbourhoods need to comprise a mix of uses which work together to encourage formal and informal transactions, sustaining activity throughout the day.” (Urban Task Force 1999)

Introduction

Drawing on analyses of qualitative interviews and public documents, this chapter addresses the research question *What policies and paradigms have driven decisions regarding community resource allocation in the two cities?* The chapter is divided into separate analyses for each city. Discussion begins with an overview of responsibilities for community resource provision by each territorial authority, and also the roles of the Auckland Regional Council, the Waitemata District Health Board, and government agencies. A similar structure is used for the discussion of each city: the historical context of each territorial authority’s development is described briefly, followed by detailed analysis of the extent to which historical and current policy and planning priorities have determined community resource access, a discussion of limitations of current community resource provision policies, and, finally, future policy directions.

As indicated in the introduction to this research, the analysis is focused on the role of the two territorial authorities – North Shore City Council and Waitakere City Council – on community resource provision, and their engagement with other agencies in the provision of services, amenities and facilities where the territorial authorities do not themselves have a delivery responsibility. The analysis primarily focuses on the interviews with officers at each territorial authority and relevant documents from each authority. Reference is also made however to interviews with officers from the Auckland Regional Council, Waitemata District Health Board, Ministry of Education and Ministry of Social Development, examining their impressions of how each territorial authority engages with issues relevant to each of these external organisation's responsibilities.

In this chapter, and subsequent chapters based on qualitative data, quotes from key informant interviews are followed by a two-letter notation (for example, NA). The first letter identifies the organisation that the interviewee is from (N=North Shore City Council, W=Waitakere City Council, O=Other agencies), and the second letter represents individual respondents, but without revealing their identities. All data obtained from council documentation is referred to by the document's title, and a notation that indicates the document's reference within this research and year of publication (for example NI/2001). All council documents referred to in this research are listed in Appendix 3, together with their reference notations.

It should also be noted that both forms of data gathering used in this research (key informant interviews and document analysis) elicited consistent information. This

indicates a general alignment between the official reportage of council's policies in their documentation, and their interpretation by officers at each council. A concurrent analysis of interview data and documents is therefore appropriate in this research.

Community resource responsibilities

North Shore City Council and Waitakere City Council are two of seven territorial authorities that sit within the larger administrative region of the Auckland Regional Council. As indicated in the introduction, the city councils function independently of the Regional Council. Community resources relevant to this research, which are the direct responsibility of each territorial authority, are:

- facilities such as community centres, community houses, and community halls;
- funding to community organisations, as well as sports and arts programmes;
- library services;
- recreation and leisure services;
- parks; and
- transport infrastructure, including roads, bus shelters and ferry terminals.

In addition, each city council also has significant planning functions that determine, or at least approve or decline, the location and scale of resource development such

as housing, shopping, and commercial infrastructure. These activities involve significant engagement with business, from small-scale businesses through to large development companies. The city councils also issue resource consents to a variety of voluntary organisations such as sports clubs or community groups in the development of local voluntary infrastructure. The councils' planning functions are also exercised through liaison and advocacy with the Auckland Regional Council (ARC) on public transport funding and development, and regional parks management. These planning functions, guided principally the councils' District Plans, are a critical means by which the philosophies underpinning urban design are implemented in the cities' environs.

The ARC's main community resource responsibilities, relevant to this research, are funding of public transport services and regional parks management. The ARC also has a role in heritage management, including issues of landscape and landform, as well as sites of historic and cultural heritage, although these are not specifically covered by this research. A key coordinating role of the ARC is in the development and ongoing management of the Auckland Regional Growth Strategy. The Strategy, developed by the ARC and all territorial authorities in the region, is an agreement on how future population growth in the Auckland region will be planned for by the region's administrative bodies. Overseeing the implementation of the Strategy, and providing general coordination and liaison on a regional basis, is the Regional Growth Forum, comprising ten elected representatives from the ARC and the seven territorial authorities in the region. The strategy is discussed later in this chapter (Auckland Regional Growth Forum 1999b). Of particular relevance to

this research is the way in which urban forms will be designed, developed or modified in line with the Strategy, which carries considerable implications for community resource accessibility.

Other community resources, including educational and health facilities, are the administrative responsibility of government agencies such as the Ministry of Education, District Health Boards and Ministry of Social Development. To varying degrees, the city councils maintain liaison and planning roles in the development of facilities that are the responsibility of these external organisations, as well as advocacy roles on behalf of local communities.

North Shore City

Historical development

Over the century and a half since Auckland was established as the colonial capital¹⁵ in the 1840s, the small and scattered settlements of the region have slowly expanded across intervening forests and greenfields to form the sizeable urban conurbation that exists today. This is particularly true of North Shore City. North Shore for most of the twentieth century was not conceived of as a city; rather the area was simply a series of small settlements, each with their own borough councils. Along the harbour foreshore were such settlements as Northcote, Birkenhead and Devonport, while further up the coast were the towns and villages

¹⁵ Wellington subsequently became the capital of New Zealand in 1865.

within Takapuna and East Coast Bays. In the rural interior was the small settlement of Albany.

The construction of the Auckland Harbour Bridge in the 1950s made areas of the North Shore more accessible to Auckland City's central business district (CBD), which formerly could only be reached by ferry or lengthy vehicle journeys around the western edge of the harbour. This in turn led to substantial housing development within North Shore, in areas such as Glenfield, Beach Haven and Milford. Meanwhile, the existing settlements expanded in size, and the intervening greenfield areas steadily diminished.

The reforming zeal of the fourth Labour Government swept through the administration of local government in the late 1980s, and North Shore was one of many areas affected by the administrative changes. In place of the five boroughs that had governed the area – East Coast Bays, Takapuna, Devonport, Glenfield, and Birkenhead (including Northcote) – emerged one single territorial authority, North Shore City. The city is divided into three wards – Northern (Albany and East Coast Bays), Harbour (Birkenhead, Northcote, and Glenfield), and Central (Takapuna and Devonport). The imprint of the old boroughs remains in the form of six community boards, which reflect the earlier administrative boundaries, with the addition of Albany. The boards are responsible for some aspects of parks management, as well as limited funding of community activities, and monitoring of works and services in their areas.

Forms of community resource provision

General role of Council

In its 2001 Strategic Plan, North Shore City Council (NSCC) has identified six roles for itself. These roles are described as:

- “Leader – leading by example through informed, balanced decision making, and by working with the community
- Advocate and facilitator – representing the interests of the city's communities, creating the right environment to get things done
- Provider of community services – making sure essential community programmes and services reach residents and businesses
- Owner of infrastructure and facilities – providing and looking after public assets
- Planner, educator and regulator – managing activities by developing, monitoring and enforcing rules, and providing community education and empowerment
- Partner – working with others in partnership to help them get things done or assisting with the provision of facilities or services to maximise benefits to the community” (Strategic Plan, p.23, N15/2001)

These identified roles are important to this analysis of community resource access, because different types of community resources are managed in ways that reflect the different roles detailed above. In the provision and management of community

resources, North Shore City Council has generally taken an approach of managing those resources that it is required to, and devolving to local organisations the management of certain resources that the NSCC considers are more appropriately managed at arm's length from the Council. A recurring theme in discussions with Council officers was the extent to which NSCC is a cost-conscious council. In practical terms, this has meant a focus of Council activity on what it terms its "mandated" areas – these extend further than the traditional "roads, rats and rubbish" view of local government, but do not extend into issues of health, education or social assistance.

The general approach taken by North Shore City Council has much in common with communicative planning (Baum 1996; Fainstein 2000), placing the Council in mediating, facilitative and partnership roles in local governance, recognising the diversity of needs and interests. The council clearly has some discomfort with taking on a wide-ranging role, and takes the historically-established local government activities as a guide for its own activities.

Despite the limitations that NSCC places on its activities, community resources clearly form an important component of council operations. Table 9 below details the total rating revenue available to NSCC, and council spending on community resources, which could be identified from council documentation for the 2000/01 financial year. In the 2000/01 year, NSCC allocated \$31 million in operating expenditure to libraries, community facilities (such as community centres and grants to community organisations), and parks and leisure facilities, and a further

\$13 million on capital expenditure. These activities occupied a significant proportion of the council budget, comprising more than a quarter of the Council's total revenue for the year.

Table 9: NSCC revenue and community resource expenditure 2000/01 ¹⁶

Revenue - rates and total		\$000
Rates revenue (2000/01)		\$ 110,912
Rates revenue per capita	\$ 600.10	
Total revenue (2000/01)		\$ 166,014
Total revenue per capita	\$ 898.24	
Community resources - operating expenditure		
Library and information services		\$ 8,162
Community facilities and community grants		\$ 6,052
Parks & leisure facilities		\$ 16,925
Total		\$ 31,139
Community resources – capital expenditure		
Library and information services		\$ 913
Community facilities		\$ 595
Parks, sportsfields & leisure facilities		\$ 11,315
Total		\$ 12,823
Total community resource expenditure		\$ 43,962
Total community resource spending per capita		
	\$ 237.86	
Community resource spending as a proportion of total revenue	26.5%	

Source: North Shore City Council, Annual Report 2000/01 (N5/2001)

¹⁶ Public transport infrastructure spending was not discernible from Annual Report information.

Community liaison, grants and arts

North Shore City Council provides funding and support to community centres, community houses, and community halls; sports and arts programmes; and a range of community organisations. The council's support of these community resources is based on its 'partner' role referred to above (Strategic Plan 2001, p.23, NI5/2001). In this role, NSCC is not necessarily a provider of services. Rather, the emphasis is on creating conditions that allow community activities to take place driven by communities themselves, through service provision that is devolved to a number of local organisations. The City Council operates as a part funder (and for some resources, such as Citizens' Advice Bureaux, full funders) of community infrastructure and activities, through a community support fund with an annual budget of approximately \$6 million (included in Table 9, listed as "Community facilities and community grants").

Five organisations, established as trusts or incorporated societies, have responsibility for each employing and managing a community coordinator whose combined roles are to develop, implement and monitor community initiatives and activities appropriate to their local areas and in response to issues raised by local communities. Also devolved to separate local organisations are the management of each of the 11 community centres and houses, and also the five Citizen's Advice Bureaux. Council funding is often used as leverage for these organisations to gain funding from other sources, such as the Lotteries Commission, ASB Trust, private sector or user charges.

Each of these organisations is contracted by council to deliver services that are monitored through specified performance measures, and all report to the council Community Services and Parks Committee on their activities and progress in achieving contracted objectives. NSCC also supports three full-time community advisors (one for each ward), who support the community organisations and community coordinators in their areas, and also have responsibility for particular city-wide issues, encompassing arts, sports, and youth.

Three designated “premier” facilities – the Bruce Mason Centre, North Harbour Stadium, and the North Shore Events Centre, are fully or partially owned by the council, but management is devolved to separate trusts running each facility.

Council also provides contracted support to some city-wide organisations and trusts, including a local Age Concern group and Sport North Harbour, as well as locally-based arts organisations, such as the Pumphouse in Takapuna, the Mairangi Arts Centre (in Mairangi Bay), and North Art in Northcote. Finally, council also provides discretionary funding to a range of groups, such as the Depot Arts Centre in Devonport or the North Shore Women’s Centre. These discretionary activities have a less secure funding base than the contracted activities that are undertaken by organisations with which Council has established long-term relationships.

In all of these cases, an arm’s-length relationship is maintained between council as funder, and local organisations as providers of services. This approach is viewed as ensuring the delivery of services that are appropriate to different areas within the city. As one officer explained

“... it enables us to work with the groups, but for the groups not to be driven by a council top-down approach ..., those groups take ... their direction and their strategy directly from their community.” (NA)

The responsibility of organisations to report to Council on their activities, it is argued, brings accountability to their activities. Assistance to community groups was one area that previous councils had been reluctant to invest in, but the shift to devolved and financially accountable provision of community services created a more stable funding environment. As one lead officer explained:

“... when I came in I had to talk to my guys to make sure that when we spoke to the organisations we could convince them that in order to ensure their funding lines and in order to ensure that the council understood the value and the worth of their services and programmes, that they spoke the language the decision makers spoke, whether they be council, whether they be people in Wellington, whether they be people in other trusts, so they had to understand that you had to bring it into a context which the decision makers could understand.” (NA)

The community services model is part of a philosophy that focuses on what are seen as “mandated” areas, a clear distinction between activities that are the responsibility of local government, and those that are more appropriately undertaken by central government:

“It’s unusual but it works very well here and it tries to get away from that kind of paternalistic approach which is, “excuse me, Council knows best,” with a variable depending on how much effort we spend on knowing best. The model that we’ve adopted is very much, here are the mandated areas where we believe Council does have a role and they significantly don’t include things like education or health, and the best people to decide how that money can be used most effectively in the community is the community.” (NK)

NSCC restricts its funding to community organisations and community coordinators to undertake activities consistent with its mandate. However, these organisations are encouraged to seek funding from central government or other funding bodies to enable other activities, using Council-owned facilities as a base for operations:

“...those community co-ordinators for instance might be working on things like alcohol and drug issues..., they might be working on a variety of things. Those aren’t things that Council wants to get into, Council believes that is the role of other Government agencies or departments, so we are quite clear about where our parameters are, and what we have said to these people, which is the reason for our arm’s length relationship is that... if your areas are broader than ours well then that’s good, and you can work in those areas... we will provide a facility for you to carry out programmes so

when they give you money, you can actually use the facility, the infrastructure is there, it's just that we are not going to pay the direct costs of counselling or on salaries for youth advisors for instance.” (NA)

The approach taken by NSCC to these services can be seen to be adding a hard edge of accountability and mandate to what are usually seen as “soft” services. A likely explanation for this approach may lie in the conservative constituency that tends to dominate in North Shore. Although North Shore, unlike Waitakere City and Auckland City, at the time of writing tends not to run party-oriented tickets of candidates in local body elections, the electorate-based voting in national elections usually indicates a predominantly conservative body of voters. In the 2002 general election, the conservative National Party was routed both in the Auckland region and across New Zealand. However, in the three electorates within North Shore City, two remained safe National Party seats, while the third (Northcote) is a marginal seat that swings between National and Labour in line with the prevailing political mood. By devolving community activities to community groups, with contractual requirements to report to Council on their activities, NSCC is able to justify to a largely conservative constituency that the activities meet the expressed needs of communities, and fulfil standards of fiscal accountability.

Library services

North Shore City operates five autonomous libraries, each inherited from the five borough councils. The key objective of library services is to “provide a high quality seven-day-a-week service which is accessible and responsive to the changing needs

of users” (North Shore City Annual Report 2000/2001, p.58, N5/2001). This is achieved through delivery of a variety of services that include mobile libraries; children’s activities; special collections, displays and presentations; schools programmes; school holiday programmes; marae activities; internet services; and of course book lending.

The management of library services departs from the community services model, in that library services are owned and delivered by the council. Rather than devolved to community organisations, libraries are provided by council, consistent with the role of council as provider, set out in the 2001 Strategic Plan (discussed earlier). Such an arrangement is common among New Zealand territorial authorities (Bush 1995).

Leisure services

A range of recreation and leisure services are also owned and delivered by NSCC, the flagship of which is the Glenfield Leisure Centre, along with other gymnasias, pools and leisure facilities. These operate in competition with privately-owned leisure facilities, such as the Millennium Centre, opened in 2001, and the Takapuna Les Mills fitness centre. However, in establishing new recreational facilities, the council is looking to provide a more complementary role, one that fits within the approach of part-funding local services:

“We believe it’s important to identify what we currently offer, what is offered by third party partners and what is offered by the private sector.

Quantify that, assess where there are gaps and then meet the needs of developing those gaps [and] where it's appropriate, that council provides the service. So not overtly competing with the private sector if it's something that the private sector could adequately provide and was fiscally viable for them..." (NH)

Through the Community Facilities Evaluation Plan, established in 2001, community organisations are able to submit proposals to Council for establishment, expansion or upgrade of leisure facilities such as clubhouses, libraries and community facilities, with a minimum value of \$50,000. Only a limited pool of funding (\$500,000) is available each year, so that even proposals that meet all requirements may not necessarily be funded. In its first year of operation (2000/01), Council approved funding for a community building refurbishment, renovations to tennis courts, as well as extensions at an art centre.

Parks and sportsfields

NSCC, like other councils, owns and manages a range of local parks across the city. The Annual Plan reports the city has the second highest ratio of open public space per 1000 people of any city in New Zealand. In addition to parks, the city council supports 80 sportsfields, either owned directly by the council, or supported through grants.

The centrality of open space to the North Shore lifestyle is a recurring theme in council documents. Both the Annual and Strategic Plans, for example, recognise

the importance of accessible beaches, green spaces and parks. The 2001 Strategic Plan opens with the statement:

“North Shore City is naturally gifted. Our warm climate, spectacular beaches, maritime setting and inland bush escarpments make a wonderful place for many people to live, work and play.” (Strategic Plan 2001, p.2, NI5/2001)

The quality of open space was seen by one interviewee as an important feature of local identity:

“People... highly value the open spaces in North Shore City, they highly value the coastal environment and the coastal recreation. It’s really big in the City, they identify their whole image of the City with coastal recreation and being a green city and a place of leisure and relaxation. They compare it to Auckland City as being a bustling, hustling place. This is a place of retreat and a place where they can play.” (NE)

Additional parks provision within North Shore City is undertaken by the Auckland Regional Council (ARC). These parks tend to be large-scale, regional destination parks, with significant natural ecological, cultural or historical features. Regional parks were generally purchased in relatively remote areas, some distance from the urban centres. Many regional parks are therefore well outside the urban limits of the region and are used for “unstructured recreation” (ARC Strategic Plan, p.42,

A2/2001). However, within the North Shore study area that was analysed for levels of community resource accessibility in chapter four, sits the Long Bay Regional Park, with an array of recreational facilities. Long Bay is an exception among most regional parks in that it offers play facilities for children – other parks cater more for family groups seeking activities such as hiking or beach activities.

Public transport

Funding of public transport services in North Shore City (and indeed for the Auckland region) is the responsibility of the Auckland Regional Council. Services are provided by private operators, chiefly Stagecoach Ltd and Birkenhead Transport. North Shore City Council's primary transport role, at least in terms of the amount of money it spends, is provision of roading. Public transport however is also a component of council activities. The NSCC Strategic Plan seeks to ensure “commercial centres are accessible by all kinds of transport”, that “public transport is quick, convenient, comfortable, reliable and affordable”, and that “people can easily find out about public transport and use it to get to where they want to go” (Strategic Plan p.19, N15/2001).

Council's main role to date in public transport is the provision of infrastructure such as ferry terminals, bus shelters and park and ride facilities, as well as bus priority lanes on existing local roads. Although public transport funding is the responsibility of the ARC, the city council plays liaison and advocacy roles in this arena. Council is also working on initiatives to support cycling and walking as alternatives to motorised transport within the city.

Other services

North Shore City Council has linkages with central government agencies that deliver services locally: primarily the Ministry of Education (schools), Waitemata District Health Board (hospital and public health services) and the Ministry of Social Development and Child Youth and Family (social services). In general, North Shore's engagement with these organisations has been concerned with resource developments where it has a planning role.

Auckland and North Shore's growing population has placed pressure on the capacity of many local schools, and led to expansion of existing schools and establishment of some new schools. The Ministry of Education has the lead role in such developments, but significant negotiation and liaison with North Shore City Council has taken place, particularly in identification of the ideal school sites in relation to community focal points, and integration of those sites with major roading networks and public transport. A Ministry of Education interviewee said that North Shore does not have as strong a focus on integrating community facilities planning with planning for schools, compared with Waitakere City Council. However, both North Shore and Ministry of Education officials reported a positive collaborative relationship.

A wide range of services is delivered by the Waitemata District Health Board, centred around North Shore Hospital in Takapuna, which offers both inpatient and outpatient services, as well as accident and emergency services, and mental health

services. The Ministry of Social Development maintains a small policy role on social issues in the Auckland region, while its operational arm, Work and Income New Zealand (WINZ), offers income support and employment services. Child, Youth and Family (CYF), a separate government agency, is responsible for delivery of Care and Protection services for young people, Youth Justice Services, and contracting of community providers to provide local services. Four WINZ offices and one CYF office (Takapuna) operate within North Shore City. NSCC's relationship with the District Health Board, the Ministry of Social Development, WINZ and CYF appears to be based largely around liaison and information sharing. The nature of these relationships is dealt with in more detail in chapter six, which examines the role of health and wellbeing as policy goals at each council.

Policies on community resource access

Past approaches to planning and policy

A critical component of the shape of urban landscapes is the legacy of previous policy decisions. A single day's work of a bulldozer can remove any number of features of urban environments, but in reality, most aspects of the physical infrastructure of cities are embedded into the landscape for many decades. The policy and planning priorities of previous councils are therefore passed on to current and future councils through their impact on urban form.

Planning legacies: The different zoning and planning regimes of previous councils are important determinants of current patterns of community resource access.

Council officers described how in the early years of the area's development, when North Shore as a city did not exist and there was simply a series of seaside and rural settlements, mixed use planning was common. This form of planning was appropriate to the limited mobility options of the times. This however gave way to an urban form based on access to private transport – the Automobile Cities model discussed in chapter two – and with it single use or functional zoning. This urban form has dominated in the city to the present day:

“I know the old areas took a lot longer to develop so there was the opportunity to get in and build some shops and stuff, whereas the newer areas say in the 60s and 70s, the Glenfields, the East Coast Bays, they developed so quickly once the Harbour Bridge opened up that basically you just get a sea of housing occurring over an area, and that's part of the problem we're facing in Structure Plan areas as well. They develop, you get a whole suburb almost developing over one or two years so it's just those values and views at that particular point in time, that get built into the landscape.” (NJ)

The Automobile Cities model was a form that suited the priorities of residential developers, and which determined the layout of a substantial proportion of the post-war urban landscapes in North Shore, and indeed the rest of urban New Zealand (Saville-Smith 1999). Developers tend to be driven by what is, from their perspective, the most cost-effective means of development, in line with market demands. Although regulated by council planning policies, developers frequently

sought to push the limits of regulations. For example, developers were often required to set aside land for parks, known as Reserve Contributions. These were however often resisted, or the least desirable pieces of land were set aside. The outcome was from the 1960s onwards, a typical design of large suburban developments in North Shore, linked by circuitous, disconnected cul-de-sacs (which tend to have lower roading costs), and often with little or no provision for community resources (further discussion of the urban design models adopted by North Shore and Waitakere is contained in chapter eight).

However, past Council policies have offset some of the problems of this urban form. An important initiative was a programme of developing community houses and community centres, launched by Birkenhead Borough Council prior to the 1989 local body amalgamations, and continued into the first term of the newly established North Shore City Council:

“I think... North Shore was one of the first to have a community house, established here at Birkdale, and they ... came out of that philosophy that was developed by the Council responsible for it at the time ... the first Council came largely from Team Harbour I think it was called. It was Anne Hartley’s crew and she came from a community background so you had an environment that was pretty supportive and believed in the value of community houses, community centres right from the beginning”. (NI)

This respondent pointed out that the spending programme of the first Council backfired politically, in the face of local concern at the cost of developing these facilities. The result was that in the 1992 local body elections, the Team Harbour ticket lost its majority on the council and such developments were scaled back substantially. Nevertheless, the legacies of these policy decisions, in terms of the facilities' ongoing presence in North Shore's urban environments, have remained.

Haphazard resource development: Although some earlier council policies enhanced resource access, others also created some accessibility problems for specific council services. With regard to parks, North Shore City Council's Open Space Strategy recognises that a lack of policy on establishing facilities on parkland has led to "haphazard development of club and exclusive use of community buildings on reserves that exclude the general public; are often inappropriately located; ... [and] are utilised inefficiently." The Strategy also notes a lack of clear policy in the past regarding the provision and use of both community facilities and a lack of clear direction regarding "the equitable distribution and accessibility of Council parks and their facilities and infrastructure. The Strategy questions if the sporting codes it supports through park land "are fully representative of the community at large", and if "the recreational needs of a wide variety of the community are being equitably provided for" (Open Space Strategy p.20, NI 2/2000). It notes that the parks network does not fully provide for the needs of the elderly, disabled, youth, women, children or other cultures.

Public transport in North Shore has also suffered from a historical lack of funding and development. A key failing, noted by interviewees at both NSCC and the ARC, is the inability to travel across the city by public transport, without either travelling into Takapuna or the Auckland CBD first, or making numerous changes of routes along the way. The North Shore Bus Rapid Transit System, described in the 'Future policy directions' section, later in this chapter, is the critical means by which it is hoped these issues will be addressed.

Current priorities in community resource access

“Equality of access”: Current council policy plays an important role in defining existing landscapes of community resource access, and also in setting the future shape of the city. North Shore’s overarching policy in this area is located in its Strategic Plan, where it strives for “equality of access and community support.”

This means:

- “basic health and social support is available to everyone
- individual communities work together and have a sense of belonging
- community facilities and services respond to community needs
- communities are empowered to do things for themselves” (Strategic Plan 2001p.19, NI5/2001)

“Equality of access” was interpreted by council officers as ensuring that there is a reasonable spread of access to services, facilities and amenities across the city. As

one officer said, it means that “there’s an opportunity for everyone to access a facility, whether they choose to or not is up to them” (NA).

This form of spatial equity is less based on perceptions of areas of need in the city, but more on a view, reportedly strong among councillors, that if one area has access to a facility then so should others. Councillors and council officers are dealing with a generally affluent population, which as some officers noted, are “not backward in coming forward in telling us what we should be doing”. These pressures result in some competitiveness between wards in the city in having facilities accessible:

“you have people who are extremely locality-based. If I’m the councillor for [one area], I’m interested in [that area]. I want for [that area] 15 facilities, I don’t want to fund facilities in [another area] because they’ve already got one or two. And as such you have a significant amount of horse trading but the view of what is best for the City is not necessarily seen, it’s what will gather me more votes.” (NH)

Officers were asked about the extent to which equity of access to community resources was part of NSCC policy. One respondent suggested that equity is not seen as a major priority, except where it can be used as an argument to support establishment of a facility. This reflected views of other interviewees.

“I think... equity in the past meant that if Birkenhead has a couple of facilities then everyone else should have... at least one as well and that’s kind of led to the spread of the facilities to some extent. ... the politicians use it when they want to see the establishment of a facility.” (NI)

The Open Spaces Strategy makes specific mention of ensuring “equitable and accessible provision” of parks around the city, and its underlying values and principles also include providing a range of recreation opportunities. But despite its recognition in the Open Space Strategy, the issue of equity in management of open spaces does not appear to have been grasped by Council.

“I believe there’s support for accessibility in terms of being able to reach a park within your neighbourhood and to have probably some support for a variety of different settings, bush, parks, coastal parks and neighbourhood parks and sports fields I believe would be strongly supported by [Council]. There is no support yet for accessibility in terms of equity - who has access, how we’re allocating our funds and our resources and who’s getting what in this city... It features in [the] Open Space Strategy, it is a luxury thing to be able to move forward in terms of the work that I do... I can only surmise, this is only an opinion and not a fact... that this Council is not yet ready to resource work in that area.” (NE)

Scale of resources: It is important to note that some facilities are conceived as regional in their availability, rather than neighbourhood or suburban. These are

typically large-scale facilities, such as North Harbour Stadium, the North Shore Events Centre, and the ASB Netball Centre, and the Millennium Centre. With the exception of the Millennium Centre (which is privately operated), these facilities have had substantial support from council and are intended to act as major destination facilities for leisure and recreation activities beyond the adjacent suburbs, which will instead attract people from across the city and also outside the city.

The ARC's regional parks, such as Long Bay, are similarly perceived as destination facilities. Although many regional parks have bus services to allow people to access the parks, actually using the buses for this purpose is relatively rare, as explained by an ARC officer:

“... a number of the parks have bus routes like to the park, Wenderholm, Long Bay, Ambury Regional Park have all got bus services. Practically nobody uses the bus to go to a Regional Park and I guess it's not hard to understand. I mean if you're going for a picnic and you've got a picnic hamper and all those sorts of things the last thing you'll think of is getting into a bus to do it, it just isn't part of that, it isn't sort of sympathetic to that type of experience. So, I mean, we used to worry a little bit that we weren't providing public transport to the parks but that doesn't seem to be an issue.” (OE)

Targeting population groups: Another important dimension of access is the ability of different population groups to use services, facilities and amenities. A range of council facilities are intended to overcome some age, mobility or cost barriers towards use. Some leisure facilities have crèches available, and offer concession fares to older people and children. The needs of different age groups are targeted by library services through such initiatives as large-print or audio books, and mobile library services to rest homes (for older people); school-based programmes; and ethnicity-specific services such as a Chinese book programme (donated by the Chinese community), and a special focus on the Maori population in Northcote:

“... the other area that we put an emphasis on is our Maori collection which is... at the moment based at Northcote Library where there’s probably the Shore’s largest Maori population... with the Awhina [Northcote community house] next to the library and the Awataha Marae which we have a good relationship with. The marae is the only marae in the country with a library and we’ve put all their stock, catalogued it and put it on their catalogue. So... we try to be very proactive with that community.”

(NB)

Council facilities are also in the process of becoming more appropriate to the needs of disabled people, through provision of ramps and hoists. The council’s Disability Advisory Group has a role in reviewing designs of new facilities and providing advice on existing facilities.

Targeting services on the basis of wealth or deprivation is a lower priority with council, in part recognising that North Shore City has a relatively affluent population. Community centres and community houses offer some differential charging in an effort to ensure cost is not a significant barrier to facility use.

With devolved services such as community centres, identification of the key population groups is left to the community organisations and their community coordinators, monitored by community advisors. As one interviewee noted, this is not always clearly prioritised, although community advisors and coordinators try to ensure services are appropriately delivered to local populations.

“We keep asking groups to, especially the ones that are running our centres, to keep an eye on those kinds of things. Periodically some of them will do surveys around just to find out if a cross-section is utilising facilities. Some of them have... reached capacity so it’s pretty hard for them to do that... We tend to try and look at the figures they give and say well, how are their centres being accessed, are young people using it or is it predominantly old people or is it women, men or are there larger chunks? But it’s a little bit hit and miss I think sometimes.” (NI)

Officers reported considerable variety in the services offered by many community centres and community houses, including child care facilities, cooking classes and English language training. A particular effort is reported with some centres with

regard to new migrants, of which there is a growing population in North Shore. Activities directed to these groups include developing migrant packs to make people aware of what is available in their areas, as well as language and cooking courses.

Limitations of community resource policies

Areas lacking community resources: Policies on community resource provision were recognised by interviewees to have some limitations in their ability to ensure an equitable spread of resources across the city. The Albany area was commonly cited by interviewees as an area particularly lacking community resources. Albany is one of the most northern suburbs of the city, and was earmarked in the 1960s for comprehensively planned development. But as recently as 1990, the area remained little more than a rural settlement at the end of the northern motorway out of Auckland. In the 1990s the area developed rapidly, but as an “uncoordinated infill opportunity” (Le Heron and Pawson 1996). At the time of writing the northern motorway had extended well past Albany to reach Orewa (in Rodney District) and large-scale housing subdivisions had been built, including some medium-density developments. The rapid expansion of housing in the Albany area left little scope for resource provision on a local scale. An array of large-scale regional facilities was developed in the area, including North Harbour Stadium, sports fields at Rosedale, large-scale shopping centres, the Massey University campus and industrial/commercial sites. These clusters of larger facilities, although important community resources, lie some distance from the residential areas of the

suburb. The lack of neighbourhood-scale resources is in part of reflection of the rapid growth of the area, but inaction by past councils was also cited:

“...the Eastern Bays, particularly in Albany, are poorly provided in terms of the City. And that’s a hangover from the pre-amalgamation Councils and the pre-’89 East Coast Bays Council was particularly closed-minded when it came to developing leisure centres, whereas Ann Hartley and the central Harbour wards were a little bit more open.” (NH)

An ARC interviewee mentioned Albany as an example of poorly planned greenfield development, citing anecdotal reports of “seeing people, mothers and buggies... wandering across North Harbour Industrial Estate”, and that the housing subdivisions “don’t seem to have any access to anything” (OG).

A NSCC interviewee observed:

“If I drew a line say from Milford Beach south of the city, say from Milford right across to say Constellation drive or not even there, say through Sunnynook, the southern end of the city seems to me to have so much and the northern end, which is East Coast Bays, Albany, and bits of Meadowood and Glenfield, it seems to be barren and sparse and lacking in city character... So I think that some of those facilities are much overdue. If the Millennium Centre and the North Harbour Stadium or Tennis hadn’t gone ahead... then it would be a big blank out there. So I guess I’m thinking that

10 years ago or 12 years ago when the city had its first Mayor when Ann Hartley was there, and put in place buying that land for people to have employment on the Shore and to live on the Shore, rather than it just being a dormitory suburb, that was probably the most visionary thing there was, but I think some of the councils have found it very hard to follow that.”

(NL)

Further facility development in Albany is planned in the future – the main project on the council’s agenda is a new \$6 million library, expected to be completed by 2007/08. A new leisure facility, incorporating a pool, is expected to be completed by 2010/11, at a cost of \$8 million.

Another area that interviewees identified as having lower provision of resources is the Beach Haven/Birkdale area. These suburbs are located west of Birkenhead and Glenfield, and sit at the end of a peninsula on the harbour. Until the construction of the Kaipatiki Bridge in 1999, a single winding road was the only access route into Beach Haven and Birkdale. Apart from Beach Haven/Birkdale and Albany, the city’s main urban areas were generally perceived as being reasonably well endowed with community resources – conclusions that are consistent with the accessibility data presented in chapter four.

Funding priorities: NSCC’s funding priorities in the past meant that some Council activities would inevitably have higher priority than others, and some forms of community resource provision appeared to suffer in this respect. A common

barrier to further community resource development in North Shore was the importance that other infrastructure, particularly roading and sewage, assumed in the council budget:

“It’s pretty much the infrastructural areas, transport, waste water and sewage that’s placing the heavy demands on Council. There’s also... pressure from things like parks area requiring space but... I think it’s really just those transport and environmental areas that are really... saying that they’re the most important. And they can actually set standards, they just keep raising the bar and saying that they have to meet the standard. A lot of community stuff is discretionary, it’s nice but you can’t say that [if] we don’t meet these kinds of things, bad things will happen.” (NI)

One NSCC respondent stressed the impact of competing sections within the council with different priorities, on the erosion of open space in the city, and on the ability to work proactively:

“... so a lot of work that I’m doing is reactive; is trying to get the Stormwater people to realise that if they flood our parks with their stormwater, where are the people going to play, what’s it doing to our sports fields, it’s going to be boggy for eight months of the year... that sort of thing... They want clean water, to get that clean water the Stormwater people think, oh gosh we’ve got to have permeable surfaces, where are our permeable surfaces, oh let’s pick up the parks...there’s a sort of a concept

here that it's blank space, that parks are blank spaces or something like that or the parks are just grass... there is incredible erosion of public open space..." (NE)

This erosion of open space is noted in the Open Space Strategy, which points to the increasing use of parks for reticulation, flood channels, disbursement of run-off and stormwater retention ponds (Open Space Strategy p.21, NI2/2000).

Developer resistance: Opposition by developers to incorporating new urban design principles under Structure Plans developed by NSCC for suburban areas has also stymied the scope of community resource access. Under these Structure Plans, the Council was looking to incorporate shopping areas as community focal points within some new developments:

"they like streets and cul-de-sacs and we're trying to encourage more... connectivity. Also our approach for the community facilities – we had a community focal point, it was a mandatory zone, you had to build a small local shopping area and there was ability for high density housing as well and they didn't like the mandatory nature of that and the Council's since backed down on that and now it's optional, but as a result we're probably unlikely to see those community facilities in a couple of the areas." (NJ)

In this particular case, council still retained a varied zoning pattern with an array of community facilities planned, and an interconnected roading system, but lost in the

process was some of the integration between housing and community resource development, and some of the more accessible roading patterns. The Strategic Plan, in future planning, seeks to “establish and collect appropriate and fair financial contributions from developers to achieve an equitable spread of funding for the city’s growth (i.e. developer funding for wastewater, stormwater and community facilities)” (Strategic Plan 2001 p. 28, NI5/2001).

Needs of population groups: Generally, interviewees were unable to identify population groups that were lacking in resource access. For some groups, there was a sense of “could do better”, particularly with some new migrants from Iran, Iraq and Somalia. Respondents felt most age groups were generally well provided for, although one respondent identified the needs of young people:

“They are saying it is an ageing population. I think North Shore has to look after its young population. My perception is the aged are fairly well catered for... I’ve got three teenagers if they’re in organised sport they’re fine, whether it is touch [rugby]... or basketball. The other ones would be doing things like wanting to throw a frisbee round down at the park down the road, which they do, swim at the beach, jump off the wharf, those sorts of things, but apart from that there is nothing really formal.” (NL)

Parochialism: A recurring theme in NSCC interviews was the extent of ward-level parochialism in the city, which it was felt was preventing some areas from obtaining resources:

“As the City’s grown, the urban densities have grown outside of that and in my opinion, those older urban areas are actually restricting the growth of facility provision in the new areas. There are comments such as, well I’ve bought my swimming pool for my area, why should I pay for one up there, why don’t they pay for it themselves. And that was fine when we had four or five different district councils, borough councils, city councils in the area but now you’ve got one city, you’ve got to think more city-wide rather than immediate locality.” (NH)

One officer observed this lack of city view was not simply a problem of councillors, but was in response to a similar narrow suburb-level focus among residents:

“I think the Council is still getting to grips with the fact that it’s actually a city..., it’s like the fourth largest city in the country but you wouldn’t know it, there’s not that feeling of identity and I suppose anything that’s called North Shore City is going to take a long time to get a feel for. But there’s still very much the feeling of Devonport and Birkenhead and Northcote and Glenfield and Takapuna and East Coast Bays... And then I think there’s this other factor that has also appeared and there’s an east side of the motorway and a west side of the motorway so not being content with being parochial about the actual old boundaries, North Shore people seem to be inventing new ones as well.” (NB)

Elderly lobby: A number of officers raised the issue of the influence the elderly lobby has on local politics. This is chiefly felt in the area of council expenditure, and has served to stymie some council investments or support. At the time of this research, this had most recently occurred in the development of a swimming pool at the Millennium Centre, an elite sporting facility. NSCC had supported funding the pool development, but this met with significant opposition from the local Grey Power group, an advocacy organisation for older people. Ultimately, the developers of the complex decided against seeking Council support for the pool development, and funded it from other sources.

“Council supported the Millennium Centre for four million dollars and Grey Power, specifically in the Birkenhead area, lobbied very heavily against it and it became a Council issue. Because of the media support for the Grey Power argument the consensus among the public was that Council shouldn’t get into the venture. Councillors ignored that primarily because of ... a desire to see something of value in the City which is an admirable thing really, and voted for Council support of the facility. It was a little misguided in my opinion because the accessibility to the community was not as great as it could be, as you could have generated from investing that money more wisely elsewhere, but Grey Power campaigned very hard to the media and in the end the Millennium pulled out. They said there was too much flak.”

(NH)

Officers reported that this will result in higher user charges for the Millennium Centre.

Community capacity: The focus within the community services wing of Council on devolution to community organisations creates its own pressures. One respondent noted the range of pressures on these community organisations, from legislation through to capacity to manage facilities, as well as ongoing funding pressures, which can impact on ability to deliver services to communities:

“I think there’s a lot of challenges for our community facilities in terms of the changes in Employment Act and OSH requirements, there’s a whole lot more demands placed on those people who manage them especially when they’re voluntary people, managing workers and having to meet all these... requirements and being a good employer and... things like that. So the costs of compliance have gone up, the skills required to manage these facilities have gone up and that’s putting demands on them. The level of funding has been pretty capped for several years now and I think it’s getting to the point where that needs to be re-looked at, and whether the Council will recognise that and do something I’m not sure.” (NI)

Future policy directions

Auckland Regional Growth Strategy, City Blueprint and Strategic Plan

Future priorities for community resource access in North Shore City need to be set in the context of region-wide initiatives that plan for accommodating growth in the Auckland region. The Auckland Regional Growth Strategy (RGS) was developed to ensure growth is accommodated in a sustainable manner, and meets the needs of Auckland's inhabitants to the year 2050. The RGS includes among its objectives a region that:

- “promotes strong supportive communities
- ensures a high quality living environment
- creates a region that is easy to get around; and
- protects our coast and surrounding natural environment” (RGS 1999, p.8, AI/1999)

This strategy has significant implications for community resource access, and seeks the following specific outcomes:

- more transport choices and high levels of access for all sections of the community, including managing traffic congestion and a better passenger transport system
- access to clean and beautiful beaches

- higher quality urban amenity, particularly business, residential, shopping and public space areas
- safer, healthier communities with high-quality readily accessible community facilities and services publicly and privately provided (such as libraries, sporting facilities, schools, stadia, theatres, cafes, and gyms)
- a greater range and diversity of protected open space (RGS 1999, p.20, A1/1999)

The inclusion of community resource access within the Growth Strategy owes much to the Social Infrastructure Team – a cross-organisational technical working group advising the development of the RGS. As one ARC officer explained:

“...when the Growth Strategy started, we were very definitely quite focused on the land use side of things..., but we had some quite powerful lobbying, I suppose from some of the [territorial authorities] but also one of the I think the most influential technical working groups, the Social Infrastructure Team. I think partly to do with the changing political context at the time, as well as, as we developed we realised... there is a lot more joined up thinking or integration between different types of policy development, world-wide, and we've only just picked up on that, so that what you ended up with is a Regional Growth Strategy, which has 16 outcome areas. I would say 12 of which have quite strong social or amenity flavour to them. That is quite different, I think from what was expected at the beginning.” (OD)

Another ARC officer thought improved access to services, facilities and amenities was “fundamental” to the RGS (OG). The officer said that a key concern in the development of the RGS was to move away from problems of past greenfield developments, which were poorly provided for in terms of community resources.

The themes of community resource access contained in the Regional Growth Strategy clearly have much in common with the compact/mixed-use models of urban design discussed in chapter two, and resonates particularly strongly with the Smart Growth concept, with its emphasis on walkability, connectivity, improved transport choices and a mixture of residential, commercial and community uses (Smart Growth Network 2002). An ARC officer was reluctant to describe the RGS as based on New Urbanism, suggesting that in reality New Urbanism simply produces “nicer sprawl” (OG).

The RGS has set a framework within which North Shore City Council, as a partner in the Growth Strategy, must plan for the future. NSCC’s response to the Growth Strategy is detailed in two documents, the North Shore City Blueprint and the Strategic Plan, both of which were launched in 2001 (City Blueprint 2001, NI/2001; Strategic Plan 2001, NI 5/2001). Given that the launch of the Blueprint and Strategic Plan occurred around the time that the Community Resource Accessibility Index was under development, the impacts of the strategies are obviously not reflected in the accessibility data presented in chapter four.

However, the documents provide an important insight into the evolution of council thinking on urban design and the shape of the city in the future.¹⁷

The thinking behind these council documents recognised that existing models of planning were not appropriate for the city, which has a steadily expanding population and little available greenfield land for development. There was also a recognition that the quality of development in the city needed improvement.

A North Shore officer reported that an important driver of the blueprint was public dissatisfaction with the form of development that had occurred in North Shore to date:

“I think there’s ... been a perception in the community that the planning in the past in North Shore was really about chasing growth and there would have been a perception in the community that that’s been at the expense of ... living conditions and the natural environment. ... I think what they’re seeing is that there’s been a lot development happening across the City, they don’t see the existence of enough checks or balances on that or they

¹⁷ The City Blueprint was also developed in response to delays in operationalising North Shore's District Plan. At the time of interview (January 2002), the District Plan, notified initially in 1994, was not yet fully operational, and was subject to numerous appeals, particularly by developers. Because of these delays, many of the assumptions that underpinned the 1994 Plan were by 2001 obsolete. The District Plan did not become operational until June 2002, when a Court consent order was received permitting “operation in part”.

don't think it's being controlled enough or planned enough but it's happening piecemeal and without the degree of control that there should be." (NF)

For North Shore City Council to embrace the Growth Strategy and incorporate the Strategy into future planning took a significant shift in Council thinking, described by one ARC officer:

"Well I think at that time they were freaking out at the potential impact on the North Shore and the infrastructure issues in particular, and we're already seeing the kind of impact on the environment from overloaded infrastructure..., and the Council was just getting worried about the cost of these things. They also ran a, 'perhaps we don't want to grow' [argument] which we responded to by saying, 'yes you're right, that actually should have been one of the options that was discussed', and we put out a report on the no growth or slow growth option which did show that... there weren't terribly good techniques out there for making that happen, even if you accepted that that was what you wanted to do. And that effectively squashed that argument which was quite useful. I don't think their buy-in was strong at the time, they had to be pulled along – they were the difficult council if you like. They didn't want to see intensification in any of their centres along the coast and they didn't really know where they wanted it" (OG).

However, the ARC officer also thought that the development of the City Blueprint was marked by a considerable amount of public consultation, which allowed the Council to test its ability to adopt the RGS, and helped shape Council planning in line with the Growth Strategy.

Key planks of the Council's planning, indicated in the Blueprint, include:

- concentrating development around existing town centres;
- expanding the parks network;
- enabling more people to live within walking distance of town and village centres to support the viability of shops and village communities;
- supporting the expansion of community and leisure facilities;
- increasing opportunities for leisure and recreation; and
- providing a balanced transport system.

The existing “town and village centres” that are to be the focal points of development are the areas of Greenhithe, Beach Haven, Highbury, Glenfield, Northcote, Sunnynook, Milford, Takapuna, Devonport, Browns Bay, Mairangi Bay, Long Bay, Greville and Windsor.

The Council's Strategic Plan echoes many of the Blueprint's objectives, including to “concentrate social and physical infrastructure, open space, transport and urban design improvements in areas where population density is high”, and to “locate higher density development in areas which are attractive with good facilities, social

and physical infrastructure, transport connections, and open space” (Strategic Plan 2001, p.28, NI5/2001).

NSCC plans for a variety of living environments, using different housing typologies. Again, the themes of Smart Growth, particularly connectivity and mixed-use urban models are recognisable in this strategy. Amenity access features strongly in this vision, promoting a village lifestyle “offering a range of cultural, recreational and shopping facilities. Good walking access and public transport to centres, together with safe and vibrant streets, will maintain the life and viability of these centres.”

The Blueprint signals an intent to apply urban design principles that “facilitate access to places and people, activities, employment, shops and community facilities in a relatively direct and convenient way” (City Blueprint, pp. 18-21, NI/2001).

Regional Land Transport Strategy

Future directions for public transport in the city sit within the Regional Land Transport Strategy (RLTS), which itself forms part of the RGS. Among the objectives of the RLTS are “to provide access to opportunities that meet the needs of people, business and communities” (RLTS 1999, p.39, A3/1999). Critical to achieving improved public transport in North Shore City is the establishment, by 2005, of a Bus Rapid Transit (BRT) system – a two-way bus lane alongside the Northern Motorway with five bus stations at points of intercepting routes, linking North Shore City with the Auckland CBD, and also providing cross-city linkages. Alongside the development of BRT will be development of supporting services and

infrastructure to improve access to the bus services. These changes, as one officer describes, are crucial to the development of the BRT:

“because that’s where the significant gains in terms of public transport would be – is on the local street network and that means providing bus stops in good locations, providing good suburban stations for people, change services, providing bus priority measures on the street so that buses can bypass congested areas.” (NC)

Plans for the BRT are well-advanced, and as noted by ARC officers, further ahead than public transport infrastructure development in Waitakere.

Getting people to use public transport is a key challenge facing the council. The Council’s City Blueprint reported an annual traffic growth of 4% per annum, (City Blueprint 2001, NI/2001). This is despite higher overall levels of public transport use in the Auckland region. An important initiative, begun in 1999, was Project Ferries and Buses (FaB), which was a large-scale consultation with North Shore City residents on public transport services, and how they could be improved. Key areas for attention that emerged from the consultation exercise, which have guided council activity in public transport, included more and better-designed bus shelters; faster, more reliable bus services; improved bus service quality; more park and ride options; better bus and ferry accessibility; access to services for people who are elderly, disabled or do not have access to a car; greater frequency; more route options for buses and ferries; and greater long-term vision for public transport.

Also important to the Council's future direction is a more interconnected roading network, one that moves away from the entrenched pattern of disjointed cul-de-sac roading. It was felt by a number of respondents that cul-de-sac roading increases distances required to be travelled, reduces incentives for walking and cycling and reduces access to local community resources. The BRT will be a key component in ensuring traffic moves more quickly through the city and there are increasing transport choices available to city residents.

Open Space Strategy

The integrated planning approaches that are evident in the RGS and City Blueprint are also apparent in the NSCC's Open Space Strategy. Until the adoption of the Open Space Strategy in 2000, parks administration had in previous years focused on operational matters and contracting of relevant services. The Strategy was designed to move parks management away from predetermined, quantitative outcomes, and instead promote an ethos of integrated resource management and community participation, and is intended to maximise the potential for access and usage of open space by all residents.

The Open Space Strategy places parks in a more strategic sense of their contribution to the city, in terms of ecological value and protection of the natural environment; providing opportunities for recreation; shaping urban forms in town centre developments; and the creation of networks, linkages and walkways.

The Strategy proposes developing guidelines for location of community facilities on Council parkland, and notes the potential to develop partnerships with leaseholders to provide for a reciprocal exchange of benefits. A lead officer in this area explained:

“... the leases that we give to sports groups that are on our parks who [have] a very strong sense that they own the park and the building, I would like them to start understanding that it is the public’s land that they are using with their sports field, with their cricket pitches and their rugby fields and that they start giving something back to the park, to the community via the park. And in our lease agreements we are saying to them, okay we would like you to have two days during the year where your members come and clean up the park or do some planting or we would like you to have one day a year where you open up to people over 60..., or you are having a girls only day to teach them soccer.” (NE)

The Open Space Strategy also plans the establishment of five green corridors, each some kilometres in length. Land will be acquired to connect the parks within each corridor. Also planned is the development of parks for different purposes, encompassing natural environment, coastal areas, beaches, community recreation, civic purposes, and neighbourhoods. Over the ten years to 2011, \$44 million is budgeted for acquiring parks land, a further \$8.8 million is budgeted for ongoing parks development, and \$19.7 million is budgeted for parks maintenance.

At the time of interviewing the parks team was undergoing restructuring, and at that stage the extent to which the values expressed in Open Space Strategy had been implemented in day-to-day operations appeared limited.

Summary: North Shore City

In the provision and management of community resources, North Shore City Council has in general taken an approach of directly managing some resources, and devolving to local organisations the management of resources that NSCC considers are more appropriately managed at arm's length from the Council. NSCC also restricts its activities to areas that it sees as its "mandated" activities – these extend further than the traditional "roads, rats and rubbish" view of local government, but do not extend into issues such as health, education or social assistance.

Yet despite the self-imposed limitations on community resource responsibilities and a conservative voting constituency, NSCC funds or administers a significant range of facilities, from small-scale local community halls through to large scale regional facilities such as North Harbour Stadium and theatres, as well as supporting a wide range of local voluntary organisations, in the arts, sports, aged, and youth sectors. By devolving management of many activities to local community organisations, the Council has achieved a substantial level of support for community resources and community organisations without sustaining a political backlash that earlier councils suffered.

The historic settlement patterns of older parts of the city such as Devonport, Takapuna and Browns Bay have played an important role in determining the high levels of community resource access in these areas. These areas began as seaside settlements and a wide range of resources developed around them. Later patterns of settlement after the opening of the Auckland Harbour Bridge followed car-oriented models of urban design in areas of mass housing. In these newer areas, such as parts of East Coast Bays, there are relatively fewer local-level resources available, based on an assumption that the motor vehicle would bring all resources within easy reach. However, in the late 1980s and early 1990s, considerable effort by council was put into developing community resources, such as community houses, across the city.

Council policy is now directed towards rectifying some of the deficiencies of earlier planning decisions by developing urban centres with concentrated population growth and high levels of resource access. These new approaches to urban design are consistent with the Council's commitment to the Regional Growth Strategy, and bear the hallmarks of mixed-use urban planning models such as Smart Growth. Together with the ARC, Infrastructure Auckland and government agencies, major improvements to public transport in the city are planned that it is hoped will facilitate access across different parts of the city. However, levels of parochialism in the council, and a corresponding lack of a city view, coupled with resistance among developers to different ways of approaching urban form, raise potential

barriers to improved and more equitable patterns of community resource access in the future, in spite of the positive intentions of many planners.

Waitakere City

Historical development

Like North Shore City, Waitakere City as a territorial authority has only been in existence since 1989. Before the 1989 amalgamation, a series of distinct boroughs administered local government in the area. The councils operating before amalgamation were the New Lynn, Henderson and Glen Eden Boroughs, and Waitemata City. Two of the former boroughs, Henderson and New Lynn, have a long history – Henderson for example began as a rural settlement in the 1860s. New Lynn shortly afterwards became a centre for brickworks and potteries. Pastoral farming, orchards, market gardens and vineyards were established in the lowlands around New Lynn, Glen Eden, Henderson, Swanson and Waitakere from the latter half of the nineteenth century onwards. Waitemata City was a sprawling network of settlements which included some large rural tracts, including the Waitakere ranges and the wine growing and orchard areas around Oratia and Henderson Valley. Large parts of the Waitakere ranges, although part of Waitemata City, were and remain under the control of the Auckland Regional Council, which acquired much of the ranges as parkland in the 1960s (in its former guise as the Auckland Regional Authority).

Over the course of the century after settlement, the expanding tram and rail developments slowly transformed outlying villages such as New Lynn and Henderson into suburbs within the Auckland conurbation, as people moved away from urban centres to cheaper land served by transport services. The population of the Waitakere area expanded rapidly after the Second World War, encouraged by government housing policies and the opening of the North Western motorway in the 1950s (Greenprint Waitakere 1999, W5/1999). By the 1960s, New Lynn and Henderson were predominantly dormitory suburbs, providing working populations for the Auckland central business district and industrial areas.

Even before amalgamation in 1989, substantial suburban development was underway in the eastern foothills of the Waitakere ranges, in areas such as Massey (as distinct from Massey University in the North Shore) and Oratia, and many former orchards and vineyards became housing areas. Limited development also took place, and continues to the present day, in areas on the edge of the Manukau Harbour, within the Waitakere ranges, such as Laingholm and Cornwallis. More extensive development has recently occurred in the Sturges area in the eastern foothills, and in the Harbourview area near Te Atatu.

Like North Shore, Waitakere City Council (WCC) retains some of the flavour of its earlier administrative boundaries through the ward system, which elects representatives to council. Each ward also has its own community board. Community boards have an annual budget and are able to make decisions in areas that Council refers to them, and have an overview role in such Council matters as

roads and traffic management, water supply, sewage and stormwater drainage, parks, recreation facilities and community activities.

Forms of community resource provision

General role of council

Any discussion of community resource provision at Waitakere City Council (WCC) needs to be set in the context of the overall strategic outlook of the Council. Waitakere City Council has developed an Eco-city strategy, based on Agenda 21. Fundamental to Agenda 21 (which Waitakere is a signatory to) is the sustainable development of the city, taking a precautionary approach to development and considering the impact of current actions on future generations. An important component of the Eco-city strategy, and consistent with Agenda 21, is a holistic approach to city governance, “recognising the interconnections between people, the environment and the economy” (Greenprint Waitakere 1999, p.11, W5/1999). Waitakere’s approach to urban design and planning clearly has much in common with Sustainable Cities agendas, particularly in the integration of environmental, social and economic goals, and the equitable distribution of resources. The Eco-city strategy is based on seven principles: “open honest communication, responsiveness, accountability, partnership, innovation, excellence and integrity” (Annual & Strategic Plan 2000/01-2009/10, W16/2001).

Based on interviews with Council officers, and analysis of Council documentation, the key roles of WCC in community resource provision are exercised through:

- Provision and management of community facilities: WCC directly owns and manages a wide range of community facilities, including community centres, parks, libraries and leisure centres;
- Support to local organisations: Council provides some financial support to local groups that own community facilities, including community halls and marae;
- Partnership in strategies and initiatives: The city council works with other territorial authorities and the ARC in the development and implementation of strategies, particularly the Regional Growth Strategy (RGS), and is also an active partner with local organisations, including social services, Maori and Pacific Island communities;
- Advocacy and facilitation: WCC is particularly active in building links between local organisations and central government to enhance community resource provision in the city.

Table 10: WCC revenue and community resource expenditure 2000/01

Revenue - rates and total (\$000)		(\$000)
Rates revenue (2000/01)		\$ 79,886
Rates revenue per capita	\$ 473.39	
Total revenue (2000/01)		\$ 128,826
Total revenue per capita	\$ 763.40	
Community resources - operating expenditure		
Library and information services		\$ 5,362
Community facilities		\$ 2,426
Parks & leisure facilities		\$ 11,256
Total		\$ 19,044
Community resources - capital expenditure		
Library and information services		\$ 861
Community facilities		\$ 29 ¹⁸
Parks, sportsfields & leisure facilities		\$ 6,132 ¹⁸
Total		\$ 7,022
Total community resource expenditure		\$ 26,066
Total community resource spending per capita	\$ 154.46	
Community resource spending as a proportion of total revenue	20.2%	

Source: Waitakere City Council, Annual Report 2000/01, (W18/2001)

WCC takes a wide-ranging and active role in community resource provision, and places great stress on its advocacy role. Two key factors in the council's advocacy are firstly, a perception that the city is poorly resourced in many areas, and secondly, the limited revenue base that the council has for development of community resources. Table 10 above provides an indication of the revenue

¹⁸ Waitakere data separates expenditure into strategy areas, encompassing Urban Villages, Wellbeing Support and the Green Network, with separate expenditure on parks and community facilities. These figures have been combined in this table.

available to WCC, and council spending on community resources, which could be identified from council documentation for the 2000/01 financial year. With a smaller population than North Shore, and a considerably smaller business sector, WCC is more restricted than NSCC in the community resource funding that it is able to undertake. The community resource spending per capita at WCC, and as a proportion of total revenue, are both considerably lower than NSCC (see Table 9, p.211).

A further factor in Waitakere City Council's wide-ranging role is the general support that such activities have had from the city's voters. The current mayor of Waitakere, Bob Harvey, has held the position since 1992, and has been a strong advocate for the Eco-city concept, as well as improvements to community resource provision in the city. Generally, the council has been dominated since 1989 by left-leaning or environmentally-focused councillors. However, from 1998-2001, Waitakere City Council was dominated by a relatively conservative group, (under the Go Waitakere ticket), that wished to rein in Council expenditure. As a result some council programmes were shelved during that time, at least temporarily. The Go Waitakere ticket was almost completely voted out by a more progressive Team West ticket (an alliance of Labour and Green candidates) in 2001. Analysis of national election results also indicates voters are more politically liberal than in North Shore: in the 2002 general election, three out of the four electorates in the city were held by the Labour Party, with only the predominantly rural Helensville seat (which straddles Waitakere City and Rodney District) remaining in National Party hands.

Community and leisure facilities

A range of community centres, community houses and community halls are available within Waitakere City for use by local people for a variety of purposes. These three types of community facilities are distinguished hierarchically by their scale and amount of investment by the Council.

Waitakere City owns and directly manages six community centres that are the flagship community facilities in the city. These are large-scale facilities that typically have a number of rooms for a variety of simultaneous uses. Another seven community houses, five owned by Waitakere but all managed by local voluntary organisations, are available for smaller scale activity. Each is managed by a local coordinator, often with a pre-school focus. The city also has many small scale community halls, eight of which are owned by council, but largely used by different community organisations, schools and churches, which receive varying levels of council support. Council also supports four Citizens' Advice Bureaux (CAB).

Closely aligned with the community facilities are council-owned leisure facilities – some such as the Massey Leisure Centre, and the Henderson Recreation Centre, function as both a leisure facility and as community facilities. The Massey Centre for example includes a fitness centre, library, and CAB, as well as a number of rooms available for community use.

In addition to providing and funding community buildings, council supports their operations through grants, rental subsidies, rates relief and resource consent fee waivers. All independent community hall providers can apply to council for up to \$3000 each per year, to assist with the maintenance and development costs of the halls. A total pool of \$25,000 was available in 2000/01 (Waitakere City Community Facilities Plan 2000, WI 5/2000).

In the operation of these facilities, WCC identifies two clear roles for itself, one in the management of the facilities as council spaces, and the other in facilitation of use by local communities:

“I saw that there was a need for being really clear that we had two businesses that we were involved in with community centres. One is the business of renting space and making space available and resources for the groups to do the things they want to do, and the other was actually to support the activity to occur, so helping groups to become better at promotion, become better at managing their accounts, to think about were they actually using the right space at the right time type stuff. Much more of a marketing approach really.” (WR)

Libraries

Waitakere City Council owns eight physical library sites in Massey, New Lynn, Glen Eden, Henderson, Titirangi, Ranui, Te Atatu South and Te Atatu Peninsula, as well as mobile library services across the city. The Henderson, Massey and New Lynn

libraries operate as larger, hub libraries, while the others operate as smaller satellite libraries. The Ranui library, smaller than all other libraries, is the city's first "neighbourhood library", offering services that are targeted to the needs of the community. Services offered by the libraries include programmes aimed at children and schools, including summer programmes and pre-school literacy; English as a second language programmes; special services targeted to those who are defined as special needs, such as disabled, housebound, or elderly; as well as Maori and multicultural services. Library services are coordinated with leisure and community services, and all four CABs are now contained within libraries. Library services are guided by a principle of equitable access to information and knowledge, and the library development strategy seeks to ensure library services are spread "as equitably as possible across the city."

Parks and the Green Network

Waitakere City Council manages a wide range of parks and open spaces across the city. In 1998 there were 525 separately identifiable parks, including 67 sport fields, 104 playgrounds, 500 parks and reserves and large areas of foreshore (Funding Policy 1998). The Council's Parks strategy distinguishes between three levels of parks:

- neighbourhood parks of between 1000 and 4000m² that can be accessed within a ten minute walk of most homes, with relatively basic facilities;

- local parks of between one and three hectares with one or two sportsfields, landscape planting and native ecosystems. It is intended that at least one such park is available within every suburb; and
- city-wide parks that are viewed as large-scale parks that people would travel to visit, with a wide array of features and facilities.

Parks planning is integrated within the strategic vision of the city, with parks considered part of the urban fabric and contributors to wellbeing within the city. Parks management is also integrated within the Green Network Strategy, which focuses on protecting and enhancing the environment and encouraging community use of the environment and education.

The Green Network focuses on protection of the Waitakere Ranges and the existing natural features within the city. Part of the strategy includes the development of green network linkages or corridors from the Waitakere Ranges down through the rural and urban areas of the city down to the Waitemata Harbour. The thinking behind the Green Network, as one officer explained,

“is to develop the stream-ways and link the parks, and any of the other green areas, to bring the natural world into the everyday world of people in the urban area, and rural areas, so that the green network is valued and people know what it is that we are trying to protect really, and that brings a higher level of community commitment to it and therefore political commitment” (WK)

Waitakere's Green Network has been highlighted by one commentator of planning in New Zealand as a notable example within New Zealand of creating "natural cities", where sustainability and biodiversity (particularly of indigenous flora) are central to urban planning (Freeman 2003).

The Auckland Regional Council (ARC) also owns and manages a number of parks within Waitakere City. For the most part, these are large-scale destination parks. Typically these are in the Waitakere ranges, and extend to the Tasman coastline out to the west. For the most part, these parks are either outside or (at best) border the urban zone examined in chapter four. Because of the different scale and type of operations between city council parks and regional parks, some reciprocal transfers of land have occurred between the city and regional councils of park land that better suit each organisation purposes:

"Progressively over the years where we've inherited land or acquired it under various guises, the land has become used more as a local reserve rather than a regional reserve and the classic in Waitakere City is Titirangi Beach, whereas we actually own and manage that, but it functions as a local reserve, metropolitan reserve really. So what we're doing with Waitakere City is transferring some of their land into our management because it better suits our niche and transferring some of our land into their management because it better suits meeting local needs" (OE).

Public transport

Public transport services in Waitakere City are funded by the ARC, and supplied by private operators, predominantly by Stagecoach Ltd. Like North Shore City Council, Waitakere City Council has a role in developing the infrastructure around the public transport network. Waitakere develops and maintains bus stops and train stations around the city, as well as park-and-ride facilities connected to the transport stops. The city also has an advocacy role in public transport, to the ARC in the funding of public transport services, and to the ARC, Infrastructure Auckland and central government in the development of the rail corridor. Waitakere, along with five other Auckland city and district councils (but not North Shore, owing to the absence of any railway lines in North Shore City), also has a direct interest in public transport development as shareholders in Auckland Regional Transport Network Ltd (ARTNL). ARTNL will have responsibility for owning and developing the rail infrastructure, including managing rail stations and making them available to the rail operator (A5/2003).

Marae support

WCC sees itself as having a key role with local Maori as a partner under the Treaty of Waitangi.¹⁹ The Marae Support Policy is one outcome of the local partnerships with Maori, particularly Te Taumata Runanga, which is a formalised standing committee established by WCC that acts as the council's Treaty partner, and

¹⁹ A Treaty between the Crown and Maori signed in 1840, which, since the 1980s, has become increasingly significant in central and local government policy-making.

guides the council on local issues and initiatives as they affect Maori community development in the city.

Local marae were seen as an area that required support both operationally and politically, as connections with marae are viewed as important components of Maori wellbeing. Marae were recognised as community resources particular to Maori, that for many Maori carry even more significance than such facilities as community centres, particularly in view of the strong emotional attachment many Maori have to marae. Council support to marae includes rates relief, and use of council-owned land for marae development.

The Marae Support Policy was adopted in 1998, and currently supports two community marae (Hoani Waititi and Te Piringatahi o te Maungaronga), with a third proposed marae in Te Atatu Peninsula under consideration. This latter project was not without local controversy, from people opposed to its development and local Maori impatient with perceived lack of progress. Council is however committed to providing 2.5 hectares on a piece of land, the remainder of which it is intended will be developed as a "People's Park". This has been backed by Te Taumata Runanga, who have defended council against those critical of the extent and pace of progress on the issue.

Support for marae development is explicitly mentioned in the Waitakere District Plan, which allows their development provided they, like other buildings, do not have a negative impact on the environment. The requirements specifically do not

include regard for visual amenity or neighbourhood character, for to do that would provide an indirect way of excluding them from parts of the city. Rather, emphasis is on their environmental impact like any other activities (District Plan 1995, W21/1995).

Pacific Island centre

An important community resource initiative, from the perspective of Pacific Island communities, is the future establishment of a Pacific Island Business and Cultural Centre. In a manner similar to WCC's partnership with Te Taumata Runanga, this initiative will be an outcome of WCC's relationship with its Pacific Island Advisory Board. The Advisory Board was established to provide advice to the council on local strategies to meet the needs and aspirations of Pacific communities in the city, and to serve as a means of communication between Pacific communities and WCC. The proposed centre is intended to build on the cultural strengths of Pacific communities.

“This is the concept, which is all the Pacific Island Communities coming together, there will be a site with all the different villages, [such as] Tonga, Samoa. Pacific Island peoples are strong, their strength, their area of strength is art and culture. So why don't we use art and culture as a basis for what we refer to as cultural capital? Why don't we look at generating income by utilising this area of strength, and crafts? All sorts of different things can be used in attracting tourists as well as cultural strengthening,

even amongst the communities themselves, but as well as even sharing with other non-Pacific Islanders, the sense of their cultural values.” (WM)

Other services

Like North Shore, Waitakere City Council has linkages with government agencies that deliver services locally: the Ministry of Education (schools), Waitemata District Health Board (hospital and public health services) and the Ministry of Social Development and Child Youth and Family (CYF), for social services. Although Waitakere City Council has a similar planning role as North Shore, which is the basis of much of their dealings with these external organisations, WCC also maintains a strong advocacy and facilitation role in the development of resources in the city. As indicated earlier, WCC’s role in advocacy and facilitation stems from a belief in an active role of local government, and also a belief that the city is relatively poorly endowed with community resources – certainly in comparison with North Shore, Waitakere has fewer resources as measured by the CRAI (as reported in chapter four).

Population growth in Waitakere, as in North Shore, has led to expansion of existing schools and establishment of some new schools. Waitakere takes an active role in negotiation and liaison with the Ministry of Education, not only in the identification of sites and resource consents, but also in integrating schools with surrounding community facilities.

Until the launch of the Waitakere Health Plan in 2000 (W14/2000), Waitakere City had comparatively fewer local health services delivered by the Waitemata District Health Board, and the provision of primary care services in the city is similarly low. WCC's engagement with the Waitemata District Health Board on the issue of health services, and the development of the Waitakere Health Plan, is described in chapter six, which examines the role of health and wellbeing at each council.

Waitakere maintains a steady dialogue with the Ministry of Social Development's Auckland regional office on social policy issues. Five Work and Income offices (part of the Ministry of Social Development) and one CYF office (in Henderson) operate within Waitakere City. WCC's engagement on social policy issues is also examined in more detail in chapter six.

Policies on community resource access

Past approaches to planning and policy

Planning legacies: Officials at WCC highlighted the urban design ethos that had dominated prior to amalgamation as one of the most difficult legacies facing the Council. The design principles progressed or enabled by WCC planning, which like North Shore were based strongly on the Automobile Cities model, promoted cul-de-sac developments with poor walkability, functional zoning, and reliant on private transport. A WCC officer was blunt about the urban form of the city:

“... we have an existing urban form that’s an utter shocker. Post-war urban development in the US and Canada and New Zealand and so on is shocking. Many people woke up to it in the 1970s, but still too many people are trundling on thinking this is good urban form. So Kelston, you’ve got this shocking urban form, it’s full of cul-de-sacs, you’ve got roads that are too wide, ... you don’t have walkable communities, so they have all this community severance which is one factor in limiting the degree to which places are safe, places are liveable, where you know your neighbours and so on and so on. Also, you’ve had single-use zoning. There you’ve got house and house and house and house, and people cannot walk to work, because it’s just not there. So in terms of what we can do, we work within this shocking urban form. Retro-fitting badly designed urban environments is a 100 times harder than taking the time, lots of time, doing real quality planning, real participatory planning, with umpteen versions of your plan until you get well designed subdivisions, well-designed communities, neighbourhoods.” (WA)

The focus of previous planning decisions on the car has created significant challenges in implementing connectivity:

“What we’ve inherited is a city design based on separation of uses and separation of activities. You will live in place Y, and drive your car to place X to work and drive your car to place Z for fun, and take your kids in another direction and go shopping somewhere else, very much a separation

of land uses. Single use zoning, assumption that everybody will have a car, that there will be enough motorways to take the car, and that was very 50s and 60s and it seemed like a good idea at the time. But what we're realising now is that that's got a whole lot of downsides, it's got social downsides, economic downsides and environmental downsides. So what we're looking for is to reconnect people back with the city, people back with where they live." (WG)

The planning pitfalls of the past in terms of single-use zoning and in-fill housing have created significant problems in ensuring quality open space is available to communities, compounded by the limited revenue of the city:

"So while it might have been OK that there wasn't a lot of open space in the area because there were big sections, with all of the in-fill housing and that has been where most of the medium density housing has gone, has actually created real pressure for recreation space and just generally for greenness. So that is quite a difficult area for us as well, because again if we wanted more open space we would have to buy houses and bowl them, but... it is not really a financial option for us because the land is worth too much money." (WB)

The interviewee noted that New Lynn Borough Council, prior to amalgamation, had purchased land for parks whenever possible, but these were often small plots

that had previously had one house on, which are unable to provide for many recreation needs, short of a pleasant green space with a seat or small playground.

The recognition of the problems of the past now strongly inform council's planning for the future:

“...there's a classic video... that was done in the was it the 60's and it showed the growth of Waitakere City and it had all these classic shots of the motorway going in and dividing what was Massey..., you've got Massey East and West now and never the two shall meet and... they've never actually had a heart to their community..., let alone actually services that meet that growing community's needs... [The video] showed shots of... women and pushchairs... pushing five kilometres to get to the local dairy with no footpaths because... we did things when problems arose as opposed to thinking what we might need and putting them in to start with. I think as well, we've learnt from a local government point of view... that putting the playgrounds when the new subdivisions goes in, means that you have a community that's got facilities to use as opposed to working out, oh we've got 10,000 kids now and they all come to the Council to complain because there's nowhere for the kids to play...By actually front-end loading that and getting the developers to put in the subdivision when they put in the roads and everything else and they pay for it, rather than the Council having to put it in ten years later.” (WP)

Insufficient resource development: Waitakere is keenly aware of the lack of large-scale community infrastructure in the city, a legacy of the small borough councils with insufficient revenue for development. Mayor Bob Harvey wrote in 2001:

“Compared with other large cities we have a real lack of infrastructure. We still have no major town centre, sports complex, auditorium, significant theatre or annual celebrations.” (Annual Budget 2000/01, W17/2001)

The absence of a large scale sports complex was recognised by officers, which was a major reason for the impending construction of a sports centre. It was also felt this would be a contributor to improved environmental quality, and economic activity and social vitality in the city:

“Now the other thing that happens is currently, we know that over 50%, something like 60% of Waitakere residents go outside of the city to work, what they are also doing is shopping outside of the city, and they are recreating outside of the city on their way to work and on the way back so if we can create workplaces within the town centres and in the local areas, people would recreate in the local areas... so one of the reasons why we are building Waitakere Sports Complex as a major indoor netball facility was because we knew that we have already got the market here, we are going to decrease their trips which contributes to greenhouse gases... but it

also means that they are going to be spending time in their local communities celebrating in their local community” (WR).

Public transport is another area of historically poor resource development. The quality and availability of public transport in Waitakere is recognised to be a major gap in community resource access in the city. Public transport has traditionally been poorly supplied, with a rail service described as “neglected” by one ARC officer (OK), and another describing it as “probably the poorest public transport in Auckland” (OF). The main transport corridor, the north-western motorway, is frequently jammed, constraining both private and passenger transport services. Services to many areas are infrequent – at the time of research, areas such as Massey and West Harbour, where considerable housing development has occurred, offered only hourly services. The ARC officer also said that in the past, Waitakere had not been very proactive in establishing the infrastructure of bus lanes, bus shelters and bus stop signs. However at the time of interview, he said that Waitakere were becoming more proactive in that regard.

The rail corridor project, discussed later in this chapter, is intended to be the chief mechanism by which transport difficulties facing the city will be overcome.

Current priorities in community resource access

Eco-city and Agenda 21: Waitakere’s Eco-city philosophy provides the basis for Council policies on community resource access. Improved accessibility to resources is a significant goal of WCC. The Council’s “Greenprint”, defines the

Eco-city vision and details its implementation. Improved accessibility is recognised within the Greenprint as having environmental, economic and social benefits, through the development of a city form which “minimises energy consumption and maximises the potential for walking, cycling and passenger transport”; “maximises accessibility between interacting businesses, and between businesses and customers”; and has “good linkages between home and work, leisure and social activities.” (Greenprint Waitakere 1999, pp. 67-69, W5/1999).

Among the key objectives set out in the city’s Annual & Strategic Plan 2000/01-2009/10 are the following objectives that emphasise community resource access:

- “The city has a network of strong town centres and neighbourhoods which provide for economic and urban growth, enable services to be provided locally, and provide a mix of living, working and leisure opportunities
- People can get easily and safely to where they need to go by walking, cycling, passenger transport or private vehicle, and businesses can efficiently move their goods and services
- Citizens have easy access to a safe and attractive local park
- To provide a city wide network of appropriate and accessible public buildings, which are key community focal points
- A comprehensive range of leisure, recreation and sports services and facilities are provided
- Library, education and information services and facilities are affordable, accessible and meet local needs

- People have better access to the city's parks, streams, and green corridors, which are managed to provide improved standards of amenity and ecological health" (Annual & Strategic Plan 2000/01-2009/10, W16/2001)

Another important feature of the Eco-city approach, consistent with Agenda 21, is the integration of council activities, both horizontally between different council departments, and vertically between policy development and policy implementation. There is a strong emphasis on integration in the sense of bringing people together to identify issues and particular needs, and arrive at commonly agreed solutions.

"Basically what we try to do is to ensure coordination, and that's coordination across functions so that the people in roading are talking to the people who are designing libraries and are talking to the people who are planning the built environment in terms of public squares or whatever. So there's that sort of cross-functional coordination, then there's the coordination if you like vertical between people developing policy and the people implementing policy, which then loops back around in terms of evaluation and monitoring, and back into the cycle of policy development ...it flows from a view that ecological problems exist in all sorts of scales from global through to what we're doing in our own households, our own communities. And a key reason for those problems is inadequate coordination of policy development and policy implementation" (WA).

A third important component of the Eco-city approach is the encouragement of “community-led initiatives in the areas of economic and social development, environmental protection, and community involvement in decision-making” (Greenprint Waitakere 1999, p.11, W5/1999). Council describes this policy of active engagement with communities as the “Waitakere Way”. The Waitakere Way is a partnership process between council, community sectors (including Maori and Pacific Island advisory groups established by council), central government and business. The Waitakere Way is discussed in more detail in chapter six, in the context of how health and wellbeing considerations are applied in the city.

The interviews with officials indicated a consistent city-based view of future directions. The reasons for the apparent lack of parochialism were summed up by one employee as partly due to a strong local identity:

“It’s like we’re Westies [people from West Auckland], we’re not like from New Lynn or Massey, we’re Westies, that’s very strong. The fact that people have had nothing... If you look at the way Waitakere developed [in the] 50’s 60’s, and 70’s, huge population growth and no services so people had nothing and they’ve had to make do with what they’ve had and really fight for what they’ve had. So there’s been a kind of strength and unity with nothing, and that kind of culture has... developed into a very supportive, nurturing kind of help each other rather than stuff each other up.” (WP)

Urban Villages: Community resource access is a key feature of WCC's Urban Villages policy. Development is concentrated around areas identified as growth nodes – Massey North (Westgate), Henderson, and New Lynn, and also the smaller growth areas of Ranui, Swanson and Glen Eden. These town centres are intended to have high densities of populations and dwellings, based on a more compact urban form. Urban villages will be mixed-use developments with housing, home-based businesses, shops, parks and other facilities in close proximity, and with streets that are safe and people-friendly. It is intended the wide array of facilities will be accessible within 400m, or a five-minute safe walking distance, of the town centre – thereby contributing to a sustainable city with reduced levels of car use, as populations will have much of the services, amenities and facilities that they need within walking distance (Greenprint Waitakere 1999, p.36, W5/1999). The Parks Strategy aims to ensure that 10% of land within the Urban Villages areas be set aside for open space. This is considerably more than in the suburban areas, but is needed to meet the recreation needs of people who will be sacrificing the quarter-acre section.

The Urban Villages concept is consistent with ideas underpinning New Urbanism and Smart Growth, particularly the mixed-use urban form and walkability between residential, commercial and leisure environments. The commonalities between New Urbanism and the Urban Villages model have been noted in reportage by New Zealand urban design publications (Bucknell 1996; de Lambert and Revill 1996). Parallels between New Urbanism and Smart Growth were also identified by

two WCC respondents, although one felt New Urbanism doesn't "put enough value on open space" (WB).

The Urban Villages strategy is also consistent with, but predates, the Regional Growth Strategy, with its intention to absorb much of the projected growth in the city without significant expansion beyond the existing metropolitan areas, and prevent further loss of forest and fauna within the ranges. Council has committed \$46 million over ten years to urban villages development, particularly promoting alternative forms of transport to the private car within the city, and development of local parks.

The array of facilities in urban villages are developed in consultation with key players within and outside the council:

"We work with health, police, we have intersectoral collaboration in Waitakere City Council, we have partnerships for instance with our Maori community, our Pacific Island community, we have a formal intersector group, we have a wellbeing strategy which is a formal agreement between a wide range of providers in the city, which sets the general direction and then each party to it says we're going to do XYZ over the next five to ten years, and that's regularly updated. When we're designing a town centre like this, we absolutely do talk to all those providers." (WG)

A key means of consultation in the development of town centres are charettes: intensive meetings of council planners, businesses, government agency representatives and community sectors within the areas concerned. These workshops, which last some days, are used to create an integrated plan for development that takes into account the different needs of each sector. These are intensive processes requiring considerable resource commitment by Council and sector representatives (de Lambert and Revill 1996). A WCC employee described the process undertaken for a charette:

“We do a charette, or design workshop. We will do a huge amount of preparatory work in terms of gathering information... what are the constraints, what is the number of cars going up and down this road, where are the heritage values, what are the iwi issues... We invite a range of the community, everybody that you can think of, sports clubs, older people, graffiti kids, business associations, just this huge range of people, to come in... And that’s where it’s actually useful to have an integrated process that’s happening all at once, because usual town centre planning has been very sequential. Come up with an idea, goes over there to the stormwaters, they change it, goes over there to the roading engineers, they change it, goes over there to the business association, they change it, goes over there to the iwi, they change it, goes over there to somebody else, the heritage people, they change it, and what you end up with in the end, after six months of this, is something that nobody likes. The advantage of cramming

everybody into a room for a week is that they have to talk to each other and find a solution that works for both at the same time.” (WG)

The integrated approach of the charettes, and the dialogue between professionals and communities that they generate, has overcome many barriers, both within the council and between council and communities:

“... it’s become more common now, but in the beginning you’d get stormwater engineers saying this is the first time I’ve talked to a roading engineer in 15 years of practice... the community knows pretty well what they want, but they don’t know how to get there, and that’s where the role of the professional comes in, and often the community is not aware of the constraints that the professional is working under. So it’s actually all those sides getting to know what the issues and constraints and opportunities are.” (WG)

One ARC employee noted

“I’m always amazed at the resources that Waitakere can put in to various... design workshops or whatever it might be.” (OG)

Another important theme within the urban villages policy is co-location. WCC often clusters council-supported community resources together – the Massey Leisure Centre, as mentioned above, functions as a fitness centre, library, CAB and

meeting rooms, and the Ranui library has Plunket facilities attached. There is also a general move to co-locate CABs with local libraries. As one council officer explained:

“The clustering of community facilities is something that comes out of town centre planning really, so where you have, for example, if you look in Titirangi we’ve got a library next to a large community centre, which has got a very large hall, we’re building a community house right next to that and there is a play centre right next to that and there is a car park there and a little grass area and a bush track... We’ve noticed that people just love that kind of being surrounded by, these are partly my buildings, this is my community. It actually builds up that sense of village again.” (WD)

Connectivity and walkability: Another key plank of Waitakere City policy is connectivity – creating better linkages between different areas of the city (and this again parallels Smart Growth concepts). One of the major problems perceived by council officers was the poorly designed road network of the city, based mainly on the assumption of car-based travel, and the over-use of circuitous cul-de-sacs. The 1995 District Plan (as amended in 1998) includes provision for pedestrian and cycle access “designed and constructed in a way that facilitates the use of cycling and walking as transport methods, as a means of avoiding the effects of motor vehicle emissions on air. This includes constructing them so that they are safe and easy to use, and choosing a route that maximises links with local neighbourhoods, shops, schools, community facilities, local recreation areas and town centres, access

routes to and through, where appropriate, the Green Network” (District Plan 1995, s.5, p43, W21/1995). As one council officer explained:

“So what we’re looking for is to reconnect people back with the city, people back with where they live. So over 94, 95, 96, the big push was to develop a district plan which allowed for much more flexible land use, much more effects-based... So for a whole range of reasons, social reasons, connectivity, bringing the city back together again, and permeability, quite literally we’re looking for transport permeability, so that cars can actually get around, trying to re-connect roads up together again, connect cul-de-sacs, making sure that not everything has to pour onto an arterial road at 8 o’clock in the morning, there’s a network of roads like a percolating city, rather than everything going through... one big roading tunnel.” (WG)

Part of the connectivity priority is encouraging walkability. By having more connected roads, streets and accessways, it is hoped that people will be more inclined to walk to their local community resources rather than drive, improving the sustainability of the city and improving access to opportunities for physical activity.

One officer provided an example of the positive impact of improved walkability, and the way in which local opinion was shifted in favour of walkability:

“The classic case that I often quote, which when I was working in redeveloping Glen Eden as a town centre, the plan that we had was going to take out something like six car parks, and there was uproar from the local businessmen, you’d think we were going to slit their throats, we’ve got 210 car parks and we were going to take six out and anyway their businesses were going to collapse. But we got it through, they accepted this might be a better idea, even with the loss of car parks, and a couple of years later I said to one of the most virulent opponents, “how are you getting on without those car parks?”, and she said “oh, car parks, schmarparks, you’ve made it so much nicer to walk what does it matter? There’s always somewhere to park the car.” And so for me it was an absolute vindication of what we were doing – people will walk further if it’s pleasant and if it’s safe, and we’ve forgotten that. We’ve designed it to be pleasant and safe for the car, we’re trying to make a city that’s pleasant and safe for pedestrians” (WG).

Development in new areas is particularly focused on walkability, particularly in ensuring residents are within a five-minute walk to a neighbourhood park within the city:

“Since we’ve had this policy we’ve certainly improved it, all the new development areas, a good one to look at is Sturges North, it is a sort of in a way a bit of a model of the overall urban villages thing. It has got interconnected streets, it has got some local shops, it has got medium density housing close to the railway station and it has also got reserves.

Everyone is within a five minute walk of a neighbourhood park, in fact, many would be within a five minute walk of two. Then we've also got running down the centre of the area this ecological corridor. So from a planning perspective, and fingers crossed that it is working as a neighbourhood it basically incorporates all the things that we've been trying to do." (WB)

Targeting population groups: There is some targeting towards populations in need to promote use of community resources. For use of community and leisure facilities, council recognises that in general, people from areas of higher deprivation bear a greater proportion of the costs of accessing facilities than people from wealthier areas:

"...certainly it is part of our analysis when we look at for example the level of subsidy, when we do calculations from community houses, we have taken into account that it will cost more per head to the council from someone coming from a lower income community to attend, than it would be to go where it is subsidised less at the high income communities, and that's because... [of a] recognition that they can afford to pay more towards their activities, so where it might be a dollar to go to something at Waipareira Community House, we'd expect it might be \$3 in Titirangi, so that kind of generic recognition when we're calculating those out." (WR)

Differential charges are also applied to the types of groups making use of council facilities:

“The city subsidises through community centre hire, groups that are what we call social or community ‘good’ groups, as opposed to commercial. So effectively the city is subsidising those groups that actually lead to people’s wellbeing.” (WR).

There are also some considerations of socio-economic need – in practice if not explicitly in policy – with regard to which parks are prioritised for development:

“I guess you would say in a way it more has been the expression of staff directing expenditure or recommending expenditure to politicians, where if we’ve got a choice at any one time probably of 150 parks projects that we could be doing and we have developed some criteria to decide which ones we should put forward into the urban plan each year because we can only do 15 or 20 every year. One of those criteria does relate a lot to the needs of the community in terms of ... are there other facilities of that type around... But yes those social factors are certainly taken into account in the criteria and they do mean that ... we’ve spent a lot of money developing some of the major parks in the poorer parts of the city, ...[we] are finding that [we] are getting a lot more usage and so a lot more benefit from those developments, than from developing parks in some more affluent areas which often also those have been the areas where the parks have been developed in the past. So somewhere like West Harbour [a wealthier area] in actual fact all the parks are developed to a very high standard because

that was the expectation of the people at the time, which was met by the politicians. We also tend to find that poor people are not very good lobbyists, whereas affluent people are... So in the past that is where a lot of money has gone, so there has been a conscious effort on the part of staff to put forward some of the poorer areas..." (WB).

In terms of ensuring access to community resources by different ethnic or cultural groups, officers stressed that council operated facilities were generally available. However, Council officers recognised that barriers did exist to some ethnic groups, particularly Maori and Pacific Islanders, in actually making use of facilities. These barriers have been addressed by a variety of means:

- creating links between marae and facilities such as the Massey Leisure centre, to promote their availability and run specific programmes;
- employing Asian and Maori staff in facilities;
- information provision to particular ethnic groups;
- consultation with council-established advisory committees – Taumata Runanga and the Pacific Island Advisory Board – on meeting the needs of local Maori and Pacific Islanders respectively in community resource provision;
- linking with Pacific Island churches;
- making parts of the Green Network available to Maori and Pacific Islanders for cultural harvesting e.g. flax;
- locating mobile library stops at kura and kohanga reo; and

- funding services at a community house that are targeted particularly to Maori and Pacific Island women.

Groups that operate council-supported community houses are also encouraged to develop initiatives that may address particular local needs:

“To me the sign of the successful community house is if a coordinator thinks, you know there is a lot of young people here I think we could do with a babysitting class and put that on. Even if it fails, it just shows that they’re stepping outside the square and trying new things to try to access different groups that don’t usually use the community house, rather than the capture of the same old same old, some of them do that.” (WD)

In terms of access by disabled people, council facilities, particular community and recreational facilities are audited to ensure they comply with legislative requirements.

Limitations of community resource policies

Development priorities: Ensuring locational access to resources is based mainly around the urban villages policy. The Community Facilities Plan, for example, places development of community buildings, and consideration of new community buildings, as part of town centre and neighbourhood development programmes.

The key issue is “the extent that they support its Urban Villages Strategy”

(Community Facilities Plan 2000, p.6 W15/2000). Deprivation considerations do

not play a significant role. The Urban Village centres are and will remain centres of high populations, but there are populated areas that miss out under such a formula, particularly Kelston (a high deprivation area). Areas that were identified by Council officers as low in community resource provision included Hobsonville, Waima, Huia and Laingholm in the peri-urban outskirts of the city, as well as Kelston and parts of Massey within the city. As one officer explained:

“...our strategy is based on Great North Road and the railway corridor and that's where the main infrastructural dollars go... Because Waitakere is a poor city and I mean, poor in terms of council coffers, so you've got to actually make some decisions about where you're going to get the best bangs for your bucks, and the best bangs people have decided is along those major corridors. So... prioritisation has its pros and has its cons. Its pros is that hopefully we will have multiplier effects spending money in those areas but the cons are that the places that are out on a limb remain out on a limb.” (WP)

Because some areas are not priority areas within the Urban Villages policy, there is a greater reliance on their own advocacy abilities to ensure development of facilities in their areas:

“The only way that Kelston's actually changed its stuff around has been from bottom up, there's been heaps of community action based in Kelston for the

last I would say, three to four years... So that's not come from Council good planning going in and changing stuff – this is an example where it's actually taken bottom up community action to change the actual physical environment and that's made a big difference there. But we haven't seen that in the West Harbour, Massey ... they're similar issues but without that strong community action and push, you actually haven't had Council responding to it.” (WP)

Other areas, because of their location on the fringes of the Waitakere ranges, are also of lower priority for community resource development. Because protecting the ranges from further encroachment by development is a key objective of WCC, these are unlikely to be major beneficiaries of improved community resource provision in the future. It should also be noted that for the most part, the residents of these areas are relatively wealthy. One officer commented that

“You've got the ones that have got low access because they're damn long away from anywhere, you know, Laingholm and Whatipu, and they're really never going – I mean we hope that is a lifestyle choice that people don't go out there unless they can afford to run a car to run into town, or to get to where they want” (WG).

The limited funding pool available to the council was commonly raised as a barrier to community resource access and development:

“There’s always financial constraints. Local government doesn’t have the flexibility in terms of revenue raising that say councils in continental Europe have. I mean there you’ve got many countries where you can raise local income tax, local sales tax, or a proportion of total income tax take goes to local government or regional government, what have you. That’s not the case here and those financial constraints are very real.” (WA)

“The city is not going to have enough money to address all the problems and so then it becomes that prioritisation is really difficult. It is really hard to say to people, I’m sorry but there is actually a park down the road that is fully developed, so we’re not going to develop yours in the foreseeable future, probably not even in the next 20 years kind of thing. So that is that, and many people won’t accept that and they’ll continue to lobby and that’s their right, that’s the democratic process.” (WB)

Developer resistance: The priorities of developers and the priorities of council have often diverged. It has resulted in some environments in the city that are highly unfriendly to notions of walkability and connectivity. The Westgate shopping centre was an example:

“...we’ve got something like Westgate out here on the fringe of the city which is standard big box huge parking lots, utterly unwalkable which was a complete failure.” (WA)

Although since the District Plan that Waitakere issued in 1995 has given council greater control over what it wants the city to look like, developers still have some discretion, and the results are not always in council's wishes:

“So I think council has had a major impact on the town centre areas in terms of what resources go into it. That has ranged from things like community art, walkways, bridges, and the actual location of facilities, as well. ... but [Council has had] a lesser impact on solely residential areas like out on the fringes probably because that has mainly been driven by developers putting in houses. So that is why we've been looking at things like developer contributions etc so that we are planning to put in facilities like playgrounds ... So we are trying to put in more of an effort into those residential areas, but I've always felt that the council has the desire, but not necessarily the tools. We can't force developers to do what we want. If they meet the resource requirements in terms of resource consents..., we can't insist that they put in a particular community facility necessarily. We can work with them... and that is the approach that this council has taken.”

(WP)

Access by population groups: Meeting the needs of different communities of interest was recognised as an ongoing challenge:

“I think that like most local authorities we're still trying to confront the difference between a geographic community and a cultural community and a

community of interest, and how we provide facilities for those.... I think in Auckland we haven't really wrestled with that too well. We're kind of progressing that with the Marae Support Policy which I think will set a bit of a platform from there on, where the Pacific Island community and some of the Asian communities will be able to come in and say well, what about us, we want to be able to run this facility and do it this way, and youth as well will be one." (WR)

An ongoing problem for Maori and Pacific Islanders in Waitakere is the lack of a venue in the city that is large enough for festivals and celebrations, as well as funerals. Churches in the area are often too small, and large scale community centres are often booked out. It is planned that the development of a new large-scale sports facility will provide a means of addressing this problem.

Central government legislation and bureaucracy: The legislative framework for local government activity, at the time of research was the Local Government Act 1974. Its provisions were frequently criticised by interviewees for its highly prescriptive nature. The Act set reasonably tight definitions of the role of local government, which has often prevented WCC from taking action in some areas, or has forced the council to use circuitous routes to achieve desired objectives.

For example, in development of residential areas, the Local Government Act 1974 (which was in force at the time of interview) made charging developers for some community resources difficult:

“New areas will be much more around developers-funded, we are working under the [1974] Local Government Act to make sure we can charge developers for community facilities. That’s one of the areas that will make quite a big difference, at the moment we can charge them for roads and parks and stormwater, ... [but] if you’re going to put another 5,000 people in there then we’re going to need a new library, we can’t charge them for that.” (WB)

Officers at Waitakere were hopeful that changes to the Local Government Act 1974, impending at the time of interview, would expand the ability of the city council to levy developers to contribute to funding for community infrastructure in new residential areas. With the passage of the new Local Government Act at the end of 2002, there were significantly expanded opportunities for territorial authorities to levy developer contributions (Local Government and Environment Select Committee 2002). The legislation also conferred more general powers, often referred to as a “power of general competence” on local government that will provide considerably more discretion in local government activity.

The Resource Management Act 1991 was also criticised for its deficiencies in allowing councils to direct developers to develop what is in their view a desirable environment:

“It’s a help in the sense that it’s effects-based, so that as long you can prove that it’s okay on that basis you can practically do anything at all. The hindrance is that it doesn’t actually enable – the RMA can help stop the wrong thing happening, but it can’t necessarily make the right thing happen.”
(WG)

This was echoed by another respondent:

“It’s great in that it’s integrated in legislation but I think it’s got serious defects. As a council you cannot take a collective, strategic view about desirable physical outcomes, or at least it’s very hard to. The nature of it is that decisions are made on a subdivision by subdivision, resource consent by resource consent basis. It’s quite hard to address in a long term or strategic [way] where you’re dealing with cumulative effects.” (WA)

Development of primary care health facilities was also impeded by the Health Act, which prevents new general practitioner (GP) clinics being set up in Waitakere.

One interviewee argued this issue was not sufficiently recognised by the Ministry of Health:

“Now in New Zealand they say that Auckland, for example, is over GP’d and parts of New Zealand are under GP’d and they brought in a policy a few years ago by capping or restricting the amount of GPs who can actually practice in Auckland. So you can’t actually just open up a GP clinic down

the road if you wanted to... Now we argued for years and years and years that on a per capita basis, Waitakere is really really under GP'd ...

Wellington sees Auckland as a mass, they don't see Auckland as a grouping of many communities..." (WP).

The outcome, as noted in the Waitakere Health Plan, is an inverse care law applies, where "wealthier areas with better standards of health in the local population attract most General Practitioners; poorer areas with lower standards of health have fewer General Practitioners and other primary care services." (Waitakere Health Plan p.7, WI4/2000). Waitakere has the fewest GPs per head of population of all sub-regions in Auckland or Northland. Areas such as Ranui and Kelston, which are high deprivation areas, have poor access to primary care services.

At the time of research, the city also lacked a large-scale public hospital to deliver secondary and tertiary services, unlike the other three cities of the region (North Shore, Auckland and Manukau). The way in which the lack of health services has been responded to by WCC and collaborating agencies, through the Waitakere Health Plan, is described in chapter six.

The quality of relationships with the Ministry of Education was raised as a concern, which has created some difficulties in the past:

"Ministry of Education's probably been that one of the Ministries that we've had the most trouble with them only seeing us as an advocate... you work

together in a facilitative way but if ... they then need to advocate to Wellington, they don't feel comfortable in participating with the community where they end up advocating back to the hub in Wellington ...So there's always, there is a big tension there for government departments" (WP)

In one instance, Council needed to convince the Ministry that a new school in the Sturges area was necessary, and was then required to coordinate planning with some urgency, when the Ministry drastically brought forward the building programme. The result nevertheless was a new primary school, one that incorporated some council-provided facilities for use by the local community:

"In that project what happened was that [WP] who is doing work on what's happening... in that area for population projections, and had already had some liaison with Central Government/Ministry of Education saying hey hey when are you building a school here. She found out that Ministry of Education had said oh not going to be looking at that for a while, she then did some ...analysis and sent it in to them, and said excuse me, you're going to basically overload all the schools around the site there if you do not build within the next two years... What she identified was oh my god we need a school and we need it soon, so they started building furiously faster than we could actually cope with it, but what we did manage to get was an undertaking from Council to purchase - I think it was either 5 or 6 sites of land right next door to the school, and right up front to say we want to work with the school as it is being developed in its design... where we also

had ...the arts people involved, the environmental people involved, the road safety people involved,... as well as some of our revitalisation people who ... are a lot more experienced at some of the ways the site can serve the wider community ... and from that work the school was designed and it changed entirely from the first designs that were done. As a consequence, ... it is going to be a real landmark school.“ (WR).

Ministry of Education officials confirmed the proactive approach that Waitakere takes in engaging with the Ministry on provision of education services in the city. They noted that Council officers are keen to be involved in future planning for facilities, and that the Ministry deals “with a whole raft of council officers from Waitakere, strategic planning people, community planning people, partnership advocacy types in Waitakere.” However, a Ministry of Education official was unsure if Waitakere’s approach results in significantly different outcomes from North Shore. It was argued that many of the priorities for school development (for example, co-location of schools with other community services, facilities and amenities) that Waitakere have stressed in their policies are also priorities for Ministry of Education planners:

“To some extent we are interested in co-location with council reserves and facilities. We have a role about where we place new sites in our network or in a new development area. That is our professional responsibility here. So we ... make those decisions based on coming from the schools’ point of view, but trying to work in with the [territorial authority]. I think perhaps

Waitakere would like to influence this process more, but in terms of results I think we end up with pretty similar outcomes” (OA).

The official also spoke of a productive relationship with Waitakere and other councils, saying that:

“...we’re really pleased that we get invited to charettes, we get invited to concept plan development..., we get invited and consulted by people in [territorial authorities] very often really, more than we’d like sometimes, but ... where we can we’ll assist.” (OA)

Community capacity: One officer noted the demands that management of some community facilities are placing on local organisations:

“There’s hundreds of halls out there, we’re actually in our demand analysis showing we’re over-supplied with halls, but most of those are community managed. Many of them though ... seem to be getting to be 50-60 years old. With the increase in the central government’s demands on health and safety, on financial management, those kinds of demands being put on voluntary management committees, we’re finding that the facilities aren’t being kept up and a couple of the groups are having crisis points... So we’ve been trying to assist people to come together and have the facility run by a collective body, so they can focus on their sport, and ideally they can employ someone. Primarily we’ve focused that in the sport area, but

there's no reason why that can't work as well in the arts or in the community organisation sector." (WR)

Future policy directions

Auckland Regional Growth Strategy

Much of the future direction of WCC is already established in current policy. Waitakere City, like North Shore City, is a signatory to the Regional Growth Strategy (RGS). However, the principles of the RGS are already apparent in existing policy. One officer said:

"It's not only me that says it but we were there first, and the Auckland Growth Strategy kind of said "yeah that's a good idea let's do that." It took five years, but basically the people who really were the prime intellectual drivers of Waitakere City Council's current direction, both on a political and a staff level, heavily influenced the growth strategy" (WG).

This was supported by an ARC officer who said Waitakere had already adopted the principles of the Growth Strategy. WCC also played an important role in the development of the RGS:

"...Waitakere was a 'shining leader' because they'd already essentially adopted the various principles that flowed through into the Growth Strategy and they were very good at questioning what some of the other

councils wanted to do and the whole question about how much greenfield you have and intensification you can expect to happen at the same time...And they gave us some really strong challenges to make the Regional Land Transport Strategy and the Growth Strategy to meld much more closely together, and that while there were woolly words about land use and transport integration, they weren't convinced that the Transport Strategy was really going to be an effective tool to make the Growth Strategy happen, so they pushed for a lot of additional work in that direction as well to make it happen." (OG)

Regional Land Transport Strategy

An important future direction of the council, which is underway but not yet implemented, is the rail corridor project, which forms part of the Regional Land Transport Strategy. The rail corridor, which runs from downtown Auckland to Waitakere township in the Waitakere ranges, is a commuter rail service that, it is envisaged, will form the centrepiece of public transport services in the city. The strategy will re-orient existing bus services to the train network, which will be upgraded significantly from its present single-track system with relatively infrequent services. Stations along the route will be integrated within the urban villages strategy. By 2020, Waitakere City aims to have 30% of daily work trips based on rail, light rail, and bus feeder services. A key objective of the strategy is to "develop linked systems of bus, rail and water transport in order to reduce reliance on cars and to provide good facilities including park and ride, bus shelter, rail

stations, and wharves in order to support these services.” (Annual & Strategic Plan 2000/01-2009/10, W16/2001).

The first step in re-development of the rail corridor occurred in 2002 with the agreement by the government to purchase the rail corridor from Tranzrail. At the time of writing, planning and negotiations were ongoing between WCC, Auckland City Council, Infrastructure Auckland, the ARC, Auckland Regional Transport Network Ltd, Tranzrail and central government on the next stages of the process. However, it was clear from interviews that the rail corridor project was a fraught process, and the project was not as well advanced as the North Shore busway.

Summary: Waitakere City

Interviews with officials from Waitakere City Council delivered a clear vision for the city that flows through to all aspects of its operations, as well as its dealings with external agencies. The Eco-city strategy – based on sustainable development principles and Agenda 21, integration of council activities, and community engagement – places considerable emphasis on access to community resources and recognises environmental, economic and social benefits of improved accessibility.

Officers were aware of the difficulties presented by the legacy of car-oriented urban planning that typifies much of Waitakere City. Although Waitakere has a lower overall level of community resource access (on the basis of the analysis of CRAI data) than North Shore, improving access to resources is high on the

council's agenda. The city's Urban Villages policy provides the prime focus of improved community resource access. The urban villages will be areas of high population densities, served by comprehensive transport connections, and with a wide range of services, amenities and facilities within easy reach. Part of the Urban Villages policy includes co-location, or clustering of a range of council facilities, including leisure facilities, libraries and Citizens' Advice Bureaux.

A further important feature of the Eco-city strategy, with implications for community resource access, is improvements in levels of connectivity and walkability. These policies seek to create better linkages across the city, thereby placing resources within easy reach, and creating improved opportunities to walk to destinations rather than having to rely on private transport use.

The main focus of council activity in developing urban villages has meant that some areas outside the identified development nodes, such as Kelston or parts of the Waitakere ranges, have a lower priority for further resource provision, and are reliant on the success of community advocacy for improved resource access.

Waitakere City Council, while recognising the limits to the range of services it is able to provide, makes extensive use of local and national networks to advocate and facilitate between community sectors and central government for improved resource provision in the city.

The relatively low rating base for WCC means that funding community resource development will always be limited by the ability of council to raise sufficient revenue and prioritise accordingly. Officers also reported limitations on the council's ability to undertake some initiatives because of restrictions imposed by legislation such as the Resource Management Act and the Local Government Act 1974, as well as some difficulties in relationships with government agencies.

Ongoing difficulties in the development of an integrated public transport system in the region presents a significant obstacle in the fulfilment of improved accessibility patterns in the city.

Chapter 6: Council considerations of health and wellbeing

“Urban planners influence the social, physical, and economic environments and how cities function. They therefore have a key role to play in addressing these problems and securing conditions in cities conducive to health and quality of life.” (Barton and Tsourou 2000)

Introduction

Following the previous chapter which described the policy and planning priorities that underpin community resource access, this chapter focuses specifically on the role of health and wellbeing at each territorial authority. The overarching question addressed by this chapter is *To what extent have considerations of health and wellbeing informed local decision-making, and how have these considerations influenced policies on community resource access?* The discussion will be based on data gathered in key informant interviews and document analysis.

This chapter begins with an examination of the ways in which territorial authorities in New Zealand are enabled to improve health and wellbeing within their districts. The analysis remains focused on the two territorial authorities – North Shore City Council and Waitakere City Council. Reference is also made to interviews with officers from the Waitemata District Health Board, Ministry of Education and

Ministry of Social Development, examining their impressions of how each territorial authority deals with issues relevant to health and wellbeing.

Chapter one discussed the concept of healthy public policy, an approach to public governance that asserts that all public policies should take into account the health interests of the public, making health promoting choices easier, and health damaging choices more difficult (Milio 1988). It was also established that community resource access has potential to promote health and wellbeing, through providing supportive environments for health and through promoting social connections.

This chapter examines how considerations of health and wellbeing are factored into policy development at the two territorial authorities, with particular reference to community resource access. Local government, as designers of local environments, as regulators of many local activities and land use, as providers or funders of community resources, and as advocates or facilitators in the provision of resources by other agencies, has a crucial role to play in the allocation of community resources to populations. Because of the pivotal role of local government in this area, community resource access provides a useful context within which to explore the role of health and wellbeing in each of the two territorial authorities under examination.

New Zealand territorial authorities' role in health

As noted in the introduction to the thesis, at the time this research was conducted (between 2000 and 2002), the role of local government in New Zealand was bound by a principle of *ultra vires*, which prohibits activities that are not specifically sanctioned by statute (Hill 2000).²⁰ Services such as welfare, education, police and public health services are outside the role of territorial authorities (TAs), and are instead either managed by central government (education, social services and police) or are devolved to separately elected or appointed administrative boards (health services). However, even under these apparent restrictions, there is a range of health-related local government functions – both mandatory and discretionary – that territorial authorities can and do deliver.

The first, most obvious health-related role of local government is environmental protection and regulation, a role that dates back to Chadwick's public health reforms in the nineteenth century (Baum 1998; Beaglehole and Bonita 1997; McMichael 1993). Critical statutory roles of New Zealand territorial authorities include provision of sewage and stormwater infrastructure, rubbish collection, control of noxious pests and plants, cremation and burial, civil defence, building permits, food inspection and dog control. These functions, mandated to local government "on behalf of the environment" (Bush 1995), aim to ensure local environments that are free of health damaging pollutants and pests; which protect

²⁰ As noted in chapter five, a new Local Government Act was passed by the New Zealand parliament in 2002, which contained provision for a "power of general competence." This provision is likely to enable territorial authorities more discretion in their activities than allowed under the earlier legislation. The Act is effective from 1 July 2003.

against unsafe building developments and food practices; and which can deliver appropriate responses in emergency situations to reduce human death or injury. These functions are delegated through a variety of statutes, including the Local Government Act 1974 (replaced by the Local Government Act 2002), the Food Act 1981, the Resource Management Act 1991, and the Building Act 1992 (Bush 1995; Hill 2000).

A further role of territorial authorities in health, within the environmental protection and regulation theme, is the regulation of alcohol licenses. Although in New Zealand granting of alcohol licence applications is the responsibility of District Licensing Agencies and the Liquor Licensing Authority, territorial authorities have power to regulate sale of alcohol through their District Plans, by making sale of alcohol a notifiable land use open to public objections (in reality few make use of such opportunities). Territorial authorities are also able to issue by-laws on alcohol consumption within their jurisdiction, such as prohibiting alcohol consumption in specified public places (Hill 2000) – which over the 2002-03 summer, many New Zealand local authorities enthusiastically enacted.

The second health-related role of local government is the delivery of funding and services on behalf of national agencies, which can improve population health outcomes or create healthier local environments. A notable example of this is Sport and Recreation New Zealand's (formerly the Hillary Commission) use of TAs to distribute funds for local leisure activities to local sports clubs and community organisations. Another example is the Safer Cities initiative, funded by the Crime

Prevention Unit within the Ministry of Justice, in which TAs employ a coordinator to work with local police, youth, business and neighbourhood support groups (Hill 2000).

Community development provides a third area of TA responsibility that can impact on health and wellbeing. Under the Local Government Act 1974, councils could “undertake, promote, and encourage the development of such services and facilities as it considers necessary in order to maintain and promote the general well-being of the public and may promote or assist in promoting co-operation in and co-ordination of welfare activities in the district.” As Bush notes, community development can be “all things to all people”:

“It floats in a ‘touchy feely’ atmosphere, with concepts of empowerment, participation, partnership, networks, self-esteem, and collective strength much favoured. Yet it has a pragmatic rationale – community self-determination – and takes very tangible forms such as seeding grants, subsidising salaries, supplying advisors, and making facilities available. On the wider plane it entails, for committed TLAs, tasks of leadership, facilitation and advocacy.” (Bush 1995, p.146)

It is this third area that is most nebulous and ill-defined of all local governments’ roles, and which provided considerable leeway for local activities within the confinements of *ultra vires*. As Bush noted, the New Zealand articulation of *ultra vires* was “hardly suffocating”, at least with regard to community development

(Bush 1995, p.172). A raft of activities that directly or indirectly impact on health and wellbeing gradually evolved into core local government functions, making use of the lack of specificity in the 1974 Local Government Act. For example, local governments' traditional role in providing community recreational and cultural facilities such as parks and libraries expanded into pensioner housing in the 1950s, emergency housing and urban renewal from the 1960s, support to Citizens' Advice Bureaux from the 1970s, and after-school care from the 1990s (Bush 1995; Reid 1999). The new Local Government Act passed in 2002 explicitly defines the promotion of social wellbeing as part of the purpose of local government. This is likely to provide a basis for further expansion of community development activity by local government in the future.

Further areas of community development activity, alluded to by Bush, are advocacy and facilitation. These have come increasingly to the fore in the wake of a central government withdrawal from the provision of services during the 1980s and 1990s. In response to the loss of services in their districts, many local governments took on advocacy roles on behalf of their communities, particularly with regard to provision of local state-funded services, such as hospitals and schools (McDermott and Forgie 1999; Reid 1999). Local authorities have also taken on some innovative monitoring programmes, as a means of evaluating policy impacts, developing better local strategies, and providing measurement tools for articulating local concerns and influencing government policy (Hill 2000; Reid 1999). The monitoring programmes carry an implicit recognition of the role of public policy in shaping

people's lives, and the quality of the local environment as a contributor to wellbeing.

Bush's description of community development (above) points to two contrasting approaches to local government activities. The first, more limited form, is based on providing support to local communities through provision of either funding or infrastructure, within the confines of that which has already been established as a core activity. The second, more strategic view, places territorial authorities as a critical link between communities, central government and business. Such a contrast also points to differing perceptions of the role of local government, from the minimalist "roads, rats and rubbish" orientation, to a more active, inclusive and comprehensive approach to local governance. It is therefore in community development – a discretionary area of local government activity – that key differences emerge between territorial authorities. The perspectives of officers from North Shore City and Waitakere City provide clear examples of contrasting approaches to promoting the health and wellbeing of their populations. It is also apparent that these differing views of health and wellbeing also affect the way that community resources are viewed within the overall programme of each city.

North Shore City

Role of health and wellbeing

Discussions with officers at North Shore City Council (NSCC) indicated that considerations of health were generally restricted to its statutory environmental

health activities, such as in areas of sewage and wastewater treatment. Improving beach water quality is a major priority of the Council, and reflects significant local concerns. Considerable infrastructural investment has gone into works programmes to reduce sewage overflows after rain. A further health-related area of activity is promoting safety, in terms of roading and urban design that reduces the potential for traffic accidents and crime.

Other health-related activities were seen to be outside its sphere of activity, or as it was frequently described, “mandate.” As one respondent described:

“The model that we’ve adopted is very much, here are the mandated areas where we believe Council does have a role and they significantly don’t include things like education or health.” (NK)

Although the concept of health appeared to be a limited NSCC priority, the concept of wellbeing was seen as more central to NSCC activities, and frequently appears in Council documentation as a priority area, particularly with regard to community services.

“...health... doesn’t come up in council’s agenda, it is certainly not one of our mandate areas, but we have got an area called city wellbeing... So I guess we will tackle a lot of those things through urban design, provision of amenity, whatever amenity it might be, whether it be shopping..., whether it be parks and reserves, whether it be libraries.” (NA)

Discussions with NSCC officers and examination of Council documentation, around the issue of community wellbeing, revealed some recognition of health as a potential outcome of council activity. However, as one respondent said, health was “certainly not something that’s been a key driver.” Health outcomes were perceived as arising from council initiatives to encourage walking and cycling, and through the provision of spaces and facilities for recreation activities:

“My perception is that we’re here as a facilitator. We make available the facilities for people to interact socially and become active and self-determining ..., if I want to lose weight I can come to the gym and the Council will provide a facility for me to do so. But Council’s not going to go out there and actively promote Hillary Commission Push Play because it’s the Hillary Commission’s job” (NH)

In the 2002 District Plan (N7/2002), health and safety is included as a component of wellbeing outcomes, although the dominant concern appears to be crime and road safety. The Council’s Strategic Plan includes a goal of community wellbeing, detailing a range of social and health outcomes that are based on facilitating healthy and active lifestyles, safe communities, equality of access and community support, and a cosmopolitan city (see Inset 1, p.315) (Strategic Plan 2001, p.32, N15/2001)

The stress is on actions by individuals and communities that can enhance health and sense of community (see Inset 1 below). In this regard, NSCC appears willing to

facilitate such opportunities, and is committed to increasing opportunities for leisure and recreation (City Blueprint, p.32, N1/2001).

NSCC officers viewed the principal focus of Council activity in promoting community wellbeing as based in the promotion and facilitation of community networks and community support activities. This is reflected in the key objective in the community development and grants area (which includes support to community centres, Citizens' Advice Bureaux and local organisations), to "support projects and services initiated by communities of interest which contribute to the city's wellbeing" (Annual Report 2000/01, p.66, N5/2001).

The Strategic Plan also seeks to align "Council activities, services and policies to community needs", through a range of actions that are frequently based on community resource access, including:

- identifying community needs and agreeing prioritised improvements to meet those needs
- ensuring all services, policies and practices meet those needs
- monitoring quality of life in the city
- supporting arts and cultural groups, facilities, festivals and events
- supporting development of recreational uses
- providing and managing leisure opportunities
- continuing to make information available for educational purposes (Strategic Plan, p.32, N15/2001)

Some specific Council services are also recognised within NSCC documentation as contributors to city wellbeing. Library services, for example, aim to “help increase community knowledge and life skills, create informed attitudes, improve skills and literacy, to enhance the quality of life and standard of living in the city” (Annual Report 2000/01, p60, N5/2001). In the Open Spaces Strategy, parks are recognised as contributors to wellbeing, and that they have the potential to play a significant role in people’s lives:

“there now exists an expectation within the community that the city’s premier parks will provide for a quality experience that goes beyond the mere supply of turf, footpaths and basic play equipment... fundamentally, the city’s public spaces must become the primary community spaces wherein people are enabled to see themselves and their humanity reflected back at them. This can be achieved by encouraging residents to become involved in their local parks, by encouraging creative community expression via artworks and performances, and through the provision of robust vibrant landscapes” (Open Space Strategy 2000).

Inset 1: Community Wellbeing Outcomes

We will strive for

- healthy and active lifestyles
 - the city has a range of things to do with a range of activities and experiences
 - sporting and community facilities, clubs and groups meet different age and interest needs
 - there are opportunities for participating in formal and informal recreation and leisure
- safe communities
 - the city is a safe place to live, free of graffiti and vandalism
 - buildings and public spaces are safe and the city is prepared for civil emergencies
 - fewer deaths and injuries on our roads
- equality of access and community support
 - basic health and social support is available to everyone
 - individual communities work together and have a sense of belonging
 - community facilities and services respond to community needs
 - communities are empowered to do things for themselves
- a cosmopolitan city valuing its identity, people and cultures
 - the special status of Tangata Whenua is recognised in policy and decision making for natural and physical resources
 - people's cultural and demographic differences are recognised and understood, and all people, including new migrants, are welcomed
 - regular events and celebrations, recognising the city's unique identity and its different ethnic and lifestyle groups, and open to all members of the community.

(Strategic Plan 2001, p.19, N15/2001)

Two respondents drew attention to past consideration by NSCC of participation in the Healthy Cities initiative. This however did not result in any ongoing involvement by NSCC in Healthy Cities:

“We actually had someone who came and did a research project on the whole Healthy City thing from overseas, and I think the problem basically was that there were not any really serious or key health issues round which to gather a lot different agencies around and ... find something in common with. A lot of them had issues which they were working on as their own agencies but there was no unifying thing that they could find that they could say, well this is a healthy city group, that we’re going to work on this and we’re going to do something about.” (NI)

Central and local mandates

While NSCC recognised a wide-ranging role for itself in promoting wellbeing, a sharp divide was evident between what was viewed as central government’s sphere of activity, and what was viewed as local government’s sphere, reinforcing the Council’s stress on mandated activities:

“... it’s an ongoing tension between how much central government wants to devolve and where we want to become involved. I mean the health area’s a pretty good one, we don’t really have a lot of specific things in terms of

health services that we do and we see that is pretty much central government driven.” (NI)

Officers recognised that scaling back of central government activity has placed increasing pressures on the community sector. Officers were however equally clear that NSCC would not automatically step in to fill gaps left by central government.

“... central government has devolved a lot of stuff down to the community so it’s a bit of a battle for us to maintain a line... I mean if central government abdicates from looking after a particular sector, do we let that sector flounder in the community...? But Council’s very reluctant to start picking up areas that central government has to drop because they see that pressures should be put on central government to pick it up again.” (NG)

In fact, very few cases had arisen where NSCC had filled gaps left by central government. In some cases these roles had been taken on by Citizens’ Advice Bureaux, which are part funded by NSCC but managed independently.

“... central government has closed a lot of its information services related to Inland Revenue or immigration, the Internal Affairs Department is just not really there, like Births Deaths and Marriages, and Post Offices aren’t there for Justices of the Peace to sign things, or because the postmaster used to do a lot of documenting, and Citizens’ Advice Bureaux have taken

over a lot of information services that central government has previously provided. But central government has offered to provide or does provide training and information on those areas and Citizens' Advice Bureaux have been happy to pick up more areas to work in." (NG)

Collaborations and external relations

Although within council operations, health is of varying importance, it has emerged as a priority area in a collaboration between city councils on monitoring quality of life, an initiative that has the involvement of North Shore City, and also Waitakere City. In the first document to emerge from this collaboration, *Quality of Life in New Zealand's Six Largest Cities* (Auckland City Council et al. 2001), health is given considerable attention – in terms of health-oriented indicators such as infant mortality, birth weights, tuberculosis incidence and general practitioner access. Other health-related indicators include air quality, perceptions of safety, traffic fatalities and child injuries. The issue of monitoring (particularly with regard to community resource access) by territorial authorities will be explored more in chapter seven.

Beyond this endeavour, the Council has focused its attention on what it sees as its mandated areas. The self-imposed limitations of NSCC's role in health issues were corroborated by a Waitemata District Health Board interviewee, who was critical of the limited focus of NSCC activities despite the city's size:

“At North Shore we’ve gone to the same level of having regular meetings, inviting them here, going to talk to them, it’s fair to say that it’s a struggle to get them interested in anything that isn’t to do with money ... I mean it’s hard – you don’t get a feeling they think of the community in the same way as Waitakere do, I’m not quite sure why, but they just don’t. ... it’s more at the political level with their council, I just don’t think they’ve got their heads together that they’re a big city now, the Shore, it’s like it seems to be like a bunch of little suburban streets all cobbled together and they think like that.”

“They’re quite a traditionally focussed city council really, I think they’re trying to sort of narrow what they do because they’re worried about rates and all this blurring between central and local government responsibilities and stuff like that. It’s pervasive really, I mean it’s so endemic in the culture of that city council you can’t blame it on the CEO or the mayor or anyone else, it’s pre-dated any of the leadership and I don’t think anyone’s really been able to quite change it, although to be fair I think people certainly recognise it.” (OB)

A similar view was evident from the interviewee at the Ministry of Social Development, who reported limited contact with the council:

“...certainly the contact that I have had with them is this idea that probably they stick more to the traditional view of what local government does, and

that's where the mandate has been, while they do some community development work it's more supporting community facilities, perhaps some supporting of the community networks and what have you." (OC)

Respondents from both the District Health Board and the Ministry of Social Development noted that although North Shore generally has a socio-economically wealthier population (and which partially explains the policy orientation of the council), there are pockets of deprivation in the city. These include Birkdale, Beach Haven and parts of Northcote.

Ministry of Education officials described a positive relationship with North Shore City, but again one that was limited compared to dealings with Waitakere. Their responses indicate a willingness on the part of North Shore to collaborate in the detail of developing education facilities, but less energy is spent on integrating such developments within other Council activity areas. It was noted however that the scale of socio-economic deprivation in North Shore is considerably lower than other parts of the region, and therefore there may not be the need or the call for the same approach as other councils.

"We have direct contact with a whole raft of council officers from Waitakere, strategic planning people, community planning people, partnership advocacy types in Waitakere. North Shore doesn't have such a strong community facilities focus, so the people we tend to deal with there are your traffic engineers and your concept planners and not as much as we

would in Waitakere... Waitakere in general terms as far as community development and community participation are probably ahead of Manukau City [another city in the Auckland region] which are also extremely good in that sense... So, yes North Shore hasn't ever really had that commitment to that. They do them occasionally. They did them on the Albany Basin and I think they did some Greenhithe ones and they've done some in Long Bay, but it is quite localised. But again it is hard to answer whether that is more ineffective than the other TAs, but you're perhaps dealing with a different community over there. It is more homogenous." (OC)

Waitakere City

Health, wellbeing and the Waitakere Way

In view of the integration of community resource policies within the strategic programme of Waitakere City Council (WCC), it should come as no surprise that considerations of health and wellbeing are central to the Council's general outlook and are similarly integrated within Council policy. Like North Shore City and other territorial authorities, WCC invests heavily in stormwater and sewage infrastructure, and also carries out environmental health functions such as food safety. However, WCC also takes a vigorous role in advocating and facilitating action on issues of health and wellbeing relevant to the city, particularly in the provision of services.

The overall policy outlook of Waitakere is based on its Eco-city Strategy, within which all policies are integrated, and which relies heavily on enhancing wellbeing within the city:

“Eco-city is about... harmonising social, economic and environmental goals. It is about simultaneously striving for social wellbeing, and environmental quality, and economic development” (Greenprint Waitakere 1999, p.14, W5/1999).

“The Eco-city vision is about ensuring quality of life both now and in the years to come. It’s about protecting the environment, promoting businesses and the jobs they provide, and creating a city that is a safe, healthy and enjoyable place for people” (Funding Policy 1998, p.8, W22/1998).

The policy of partnership, through bringing different sections of the community and council together to promote wellbeing in the city, is known as the Waitakere Way (see Inset 2, p.323). The Waitakere Way is one of the key means by which issues of wellbeing are addressed in the city. As one council officer explained:

“Waitakere Way is our partnership process, it follows the principles of the Treaty of Waitangi in that consultation is not what we’re about, we’re actually about working in partnership. Consultation is lip-service to people. So although there may be times when the council must and can only consult

because of its statutory responsibilities, wherever it is possible we try to work in partnership and that's right the way through." (WJ)

The centrality of consultation and partnership within Waitakere is signalled by a senior management role of Partnerships and Advocacy Manager, whose role it is to coordinate and facilitate relationships between the council and external organisations. The overall approach is very much in line with Szreter's concept of "linking" social capital, one that explicitly incorporates community representation and partnership.

Inset 2: The Waitakere Way

There is a strong sense of pride in Waitakere. The 'Waitakere Way' is about working together, and it is important to acknowledge the cross-cultural partnerships that have developed as part of this collaborative approach. Our community is open to new ideas and there is a willingness for our area to be used as a pilot where new ideas for resolving wellbeing issues can be tried out.

A key driver of the "Waitakere way of doing things" has been the historical lack of resources allocated to our City. Although we have not received the services and infrastructure that other cities in the region received, we have developed strong community networks and community-based services as a result. While we seek acknowledgement and recognition for our collective approach to issues, we ask that our strength in providing services on the "smell of an oily rag" does not deprive us of resources in the future...

We support a locality-based approach to resolving wellbeing issues; and it's critical that government agency managers work collaboratively with other providers at the local level. Waitakere City is keen to develop local solutions to local problems, and resources and decision-making need to be decentralised to enable agencies to tailor provision to the unique needs of this community.

(Key messages for the Incoming Government from Waitakere City, Towards Wellbeing In Waitakere, 1999 Update, WI 3/1999)

The Waitakere Way is implemented through three core planks of Council activity.

The first is First Call for Children, which requires all arms of Council to examine how their activities and services impact on the health and wellbeing of children; for Council to act as an advocate for children and young people, and for children and young people to be involved in Council decision-making. The First Call for Children programme has its origins in the 1990 World Summit for Children, which identified a role for local government in providing environmental protection for children across a range of dimensions, including safe communities, pure water supplies, and regular engagement with children and young people (Hill 2001).

One interviewee gave the following example of the programme's implementation at Waitakere:

"Basically, First Call for Children is ... saying children can't represent themselves and yet it is in our interests to make sure that their interests are represented, particularly around issues like safety. So in order to do that we went around the organisations and talked to people and said OK, well

how do you factor in First Call for Children in your work? For example, if you were putting in a stormwater drain how does First Call for Children policy factor in your planning? ... it was an awareness raising exercise within the organisation and we also found out that people do actually think about it. They don't think First Call for Children necessarily, but they do actually think, yes, what are the health and safety issues here that we need to be involved with and do we need to put a cover on the drain or whatever." (WI)

The second plank is safety, which commits Council to build safety into council policies, systems and operations. A Safety Strategy provides the framework for improving levels of safety in the city, through five broad mechanisms:

- providing safe services and facilities;
- meeting and monitoring safety standards;
- working with others to improve safety (such as the Land Transport Safety Authority and the Crime Prevention Unit);
- planning for safety; and
- monitoring progress.

Safe Waitakere is the main delivery mechanism, which is an umbrella grouping of four interagency community safety projects which target injury and crime prevention, road safety and alcohol-related harm. Themes of health and wellbeing also recur in the Safety Strategy (Safety Strategy 2000, W23/2000).

Thirdly, the Waitakere Way is based on a Treaty partnership. The council has established Te Taumata Runanga, which is a formalised group that acts as the council's Treaty partner and guides the Council on local issues and initiatives as they affect Maori community development in the city:

“... about 9 years ago there was a willingness from the mayor and the politicians and particularly the organisation to respond to their obligations and their responsibilities under the Treaty ... they reached an agreement that to work under the current structure of Government, council could entertain the idea of a standing committee, and that standing committee's role to some extent would be determined by the Maori community. ... it was agreed that the committee at that stage would provide advice to council but over time it's not only become an advisory committee in the sense that we know it..., but they have been given the ability to develop policies of particular interest to them, and essentially those policies become council policies... I think that sometimes people get locked into the notion of advisors and see it as a token gesture, but clearly this standing committee has developed some significant policies which council has supported ... We are saying for our city, we have developed a model that works for us, it's based on a working relationship, which we work through programmes that are designed in a pragmatic way to achieve council's outcomes.” (WN)

Based on a similar partnership model, Council supported the establishment of a Pacific Islands Advisory Board in 1998, to provide advice to the council on how to meet the needs and aspirations of Pacific communities in the city, and to serve as a communication link between the council and Pacific communities:

“...when I talk about the Pacific Island Communities, I am talking about the Pacific Island Communities through the Pacific Island Advisory Board, which is an incorporated society that represents the interests of all the Pacific Island people in Waitakere. They... signed this partnership through the memorandum of understanding [in] 1998 when it was officially formalised. To look at how best the Council can work together with Pacific Island communities, how the council can effectively deliver its services in recognising the needs of the Pacific Island peoples and vice versa, as well as how the Pacific Island peoples in Waitakere can effectively participate, not only in the decision making process of council, but within fully participating in all the activities that the council is involved with. This is unique for New Zealand, if I may say that, because if you look at Manukau and North Shore, or even Auckland City, none of those local authorities have been able to establish a similar undertaking and commitment...” (WM)

Wellbeing strategy

Complementing the Waitakere Way, the Wellbeing Strategy provides a further plank in improving social and health outcomes in Waitakere. The strategy was

developed with 20 major service providers in the region to ensure coordination between WCC's goals, and the goals of other organisations. Council has identified three objectives in social wellbeing:

- achieving a better match between local people's needs and central government's funding and services
- empowering local communities to better provide for their own needs
- improving Council's own services in terms of city health, safety and wellbeing (Cllr Penny Hulse address, 1999, W2/1999)

Improving wellbeing of Waitakere residents is a critical underlying aim of council activity and was evident in discussion with WCC officers:

“I think it is actually a very strong focus of this council in terms of the fact that they are very concerned about the people in the city, not just the roads, rats and rubbish.” (WG)

The Wellbeing Strategy documents bring together socio-demographic data on the city, local community initiatives, and key concerns around wellbeing as a focus for central government, local government and the community. Mayor Bob Harvey articulated the rationale for the Wellbeing Strategy in the foreword to the 1998 Strategy Update:

“It’s about building relationships with the community and government agencies and getting a clear picture of what’s going on in our city. It’s about presenting information that can focus funders more closely on Waitakere’s needs. And it’s about providing a window through which policy makers can see where theory and reality meet in terms of people’s daily lives.”

(Towards Wellbeing In Waitakere, 1998, W12/1998)

There is an evolution evident in the documents arising from the Strategy between 1996 and 2001, from identifying issues of concern to the council and community interests – with a particular focus on health, education and housing in the early years – to identifying the roles of central government, local government and the community sector in promoting and enhancing wellbeing across a range of policy areas. By 2000, the policy areas had expanded beyond the initial health, housing and education, to include disability issues, community safety, Maori, young people, Pacific people, care and protection, and employment and economic development.

The concept of wellbeing is also incorporated into activities within Council, so that the implications of Council actions are factored into local decision-making. As one respondent illustrated:

“I think what we’ve tried to do is to make the concept that wellbeing is important to every single action that we do across council, so that when a roading engineer is considering “Do I put in a set of lights here or a roundabout?”, he’s thinking about the people as much as he’s thinking about

the cars. Lights are much better for people. Roundabouts are better for cars. They pump through roughly the same amount of cars. But pedestrian access is facilitated by having a set of lights.” (WG)

Themes of health and wellbeing are evident in a range of WCC's policies. For example, its community assistance policy, which details council's roles in supporting community organisations, includes health and wellbeing within its frame of reference. The key outcomes it seeks from the policy include:

- increasing participation in community activities
- improving access to health, leisure and other services essential to mental and physical wellbeing; and
- improving safety for people in their homes, on the roads, in their local neighbourhood, and in town centres (Community Assistance Policy, 1999, p.3, W19/1998)

Library services are also explicitly recognised as a delivery vehicle for WCC in promoting wellbeing:

“The library service is an integral part of Council's overall strategic direction. It is a genuine public good which the City needs to foster as a key determinant of social and economic wellbeing, and as an important vehicle for helping to achieve the Eco-city vision.” (Library Development Strategy for Waitakere City, 1998, W7/1998)

Advocacy and facilitation

WCC recognised that its own contribution to the city in terms of community resources is limited, and that a wide range of resources, such as education and health services are outside its mandate to provide. However, the Council viewed itself as having an explicit role in advocating for the location of resources within its environs to promote the health and wellbeing of local people. WCC viewed its advocacy role as particularly important from a wellbeing perspective, because of the limited monetary resources of Council, and the (then) restricted mandate of local government to deliver services.

Using its Wellbeing Strategy as a basis for action, WCC has consistently acted as advocate to government on the need for improved health, education, housing and social services to the city. As indicated in Inset 2 (p.323), the Council has welcomed opportunities for piloting central government initiatives, because of the potential for new resources to enhance wellbeing that such pilots can bring to the city, and also the accompanying investment in the local economy. The advocacy role is closely linked with facilitation between different interests in the city, including government agencies, the voluntary sector and community interests on issues of local concern. One officer described a meeting arranged in 1995 between the Council, community leaders, and Child, Youth and Family Services over issues relating to young people in the city:

“So we brought up the Minister who was Peter Gresham at the time, [and] Margaret Bazley [then Director General of Social Welfare]. It wasn’t the Council that presented..., the Council was the facilitator... We had kids present about what some of the issues were for them, we had some of the Maori community present, some of the Pacific Island community... So it’s really giving people the opportunity to present directly to decision makers that has been really key for us and that’s the same in all of the sectors, that’s the kind of approach we’ve taken... And I think because they could see that we were coordinated and we were solutions focused, a lot of stuff happened. We actually, as a result of that work, got more social workers, we got more money for people costs... What we were basically saying is..., all the various sectors involved in young people, are putting such narrow boundaries around what they do that kids are falling through the gaps. We need to come up with a model that stops that happening, we asked for a special pilot project... and we actually got together the best practice project which then turned into the forerunner for Strengthening Families.” (WP)

The official from the Ministry of Social Development affirmed Waitakere’s active role, and spoke of an open and productive relationship:

“Waitakere’s definitely got a very proactive approach, to social issues and to wellbeing in the city. There’s a strong mandate their from council – you’ve got councillors like Penny Hulse, Carolynne Stone who’ve got a long record of advocacy, and being very up-front in terms of the type of issues our

ministry gets involved in, and the fact that Bob Harvey hosted the first of these prime minister's forums, I think is also sort of recognition that Waitakere's always played a very strong role in this area. So you've got a very, very active council there, who strongly advocates to central government for more involvement in policy development, more resources to go to the area, more active decision making. I think also really he pushes too that they are developing local solutions as well... The Strengthening Families model was actually based on the initiative that was taken in Waitakere, some years back, which was in response to concern amongst youth at risk, that local community got together and actually developed this collaborative case management approach, and that was done with leadership from the city council, who then approached the CEs of health, education and welfare, so they've always had a really strong record in, in that area and they've been respected for that." (OC)

Waitakere's role in advocacy and facilitation was a major impetus behind the launch of the Waitakere Health Plan in 2000. As noted in chapter five, compared to other cities in the Auckland region, Waitakere lacks many health services, through primary, secondary and tertiary levels of care. Access to local health services was recognised as an important issue facing the city soon after its establishment. Despite the limited resources of the Council, access to health services became a major focus of council activity over subsequent years:

“...you’ve got to be realistic about what you can actually achieve when we’ve got very few resources, ... you pick some winners and because... there was so much still to be done in health, that was probably the big one. And I think even the conservative councillors still wanted a hospital, or wanted better health services. So it was actually something politically there was a lot of support for.” (WP)

The Waitakere Health Plan seeks to:

- build on the current base for health in the city;
- deliver improvements in the health status of Waitakere people;
- improve access to health services; and
- aim for health status equal to the best in New Zealand.

The Health Plan was developed with the agreement of 16 organisations, encompassing WCC, the Waitemata District Health Board, primary health care providers such as Pasifika Healthcare and Integrated Primary Care Services, and a range of local organisations including Te Taumata Runanga, Hoani Waititi marae, the Pacific Islands Advisory Board, DisAbility Information Waitakere Network, and the West Auckland District Council of Social Services (WADCOSS). In none of the initiatives arising from the Health Plan has WCC taken on the role of health provider; instead its role has been as an advocate and facilitator to bring about improvements to health services in the city.

A key initiative in the Health Plan will be the establishment of a new Waitakere Hospital. As an interviewee from Waitemata Health described, the hospital plans have been developed in close consultation with WCC, and will be consistent with the Eco-city direction:

“Waitakere City Council’s been very closely involved with the development..., they’re seeing it as an eco-hospital. We’ve spent a lot of energy trying to make sure that what we do is sustainable from energy, water, run-off, ... it’s low profile, ... it’s like the antithesis of what’s here [at North Shore Hospital]. This is a classic 1970s UK designed tower block hospital, whereas the one in Waitakere will be a low profile, one or two storied, blend with the environment, hopefully be a lot aesthetically nicer than the thing that was built here.” (OB)

Ensuring ready access to hospital services for the people of Waitakere was a key factor behind the decision by Waitemata Health to build the new hospital:

“So it does cost more, to build it at Waitakere, we figured out it was probably about a million [dollars] a year operating costs, to put what’s there. We have a budget of \$450 million, we decided that the access for those people over there was worth that amount of money because of all the travelling and all the relationships..., so we said to the politicians ‘here’s your choices, basically... it costs the same to build it, it will be slightly dearer to run it over there, and here are the advantages in terms of access

for the local community, relationships with the GPs, the infrastructure development of Waitakere’, and politically they said ‘that seems to make sense to us, we’re prepared to support that decision.’” (OB)

Other initiatives to arise from the Health Plan are

- Emergency Services Equity Initiative, to meet treatment and ambulance transport costs of people who are referred from two Accident and Medical centres, to public hospital Emergency Departments elsewhere in Auckland, until the establishment of the Eco-Hospital;
- Integrated District Family Health Service, to develop larger health centres offering both general practitioners services, community nursing and other community-based services;
- Child Health Coordination Project, to improve links between agencies in the field of child health, including information collection and sharing;
- Waitakere Mental Health Integration Strategy, to improve coordination between different mental health services in the city;
- ‘Available Services’ Community Information Resource, to develop a gathering point for information on local health services and disseminate information on service availability;
- Pacific Island Diabetes Awareness Strategy;
- Asian Health Support Initiative, to promote awareness in Asian communities of health services, develop a network of volunteers and activities, and develop partnerships for Asian-specific health resources or programmes;

- Waitakere Resource Equity Study, to examine the availability of health services in Waitakere compared to other parts of Auckland and New Zealand, as first step towards more equitable provision of health services in the city;
- Waitakere Health Action Zone, to identify an area of particular health need [later identified as Ranui], and to bring together all key players to identify and improve local determinants of health; and
- “Disability in Waitakere – People and Resources Study”, to examine the profile of disabled people in the city, and their experiences of local goods, services and government agencies (Waitakere Health Plan 2000, p.9, WI14/2000).

The interviewee from the Waitemata District Health Board spoke of a close and long-standing relationship with Waitakere:

“The relationship with Waitakere has always been very good, very open, excellent both at the councillor level with obviously Bob Harvey with Penny Hulse, Dorothy Wilson, people like that, and at the officer level... So there’s been excellent relationships at both political and sort of working level. Clearly that pre-dated – it was separate to the whole decision to build a hospital at Waitakere, we’ve always tried to have meetings regularly over there, board meetings, and present and meet the council, the same as we do [at North Shore], and the same as we do at Rodney.” (OB)

Summary

Beyond its statutory roles, North Shore City Council (NSCC) has concentrated on activities in relation to health and wellbeing that it views as its mandate. The Council maintains a strong distinction between activities that it views as its mandate, and activities that it sees as more appropriately the mandate of central government.

Health is recognised as a potential outcome of the services, facilities and amenities that NSCC either funds or manages, and the council has identified a role for itself in making opportunities available for people to undertake social or physical activity that can influence health and wellbeing. Although NSCC recognises a potential health impact of its activities, health does not feature strongly in Council documentation and policies. Health considerations are at times a factor in decision-making, particularly with statutory environmental health matters, but appear less often with discretionary activities such as community resources.

NSCC does however recognise a wide-ranging role for itself in promoting wellbeing, as distinct from health. Its core activities in promoting wellbeing are through funding and support to community networks and community organisations, management of leisure centres and libraries, and use of planning and urban design to facilitate or create urban environments that can enhance quality of life. It is clear that North Shore is generally well-endowed with community resources, whether delivered by NSCC or by other organisations. NSCC undertook in 2001

to align council activities, services and policies to community needs, which has the potential to enhance health and wellbeing within the city.

Waitakere City Council has taken a more proactive, intersectoral and collaborative approach to issues of health and wellbeing, and this is reflected in its priorities for community resource access. The Council delivers services and funding in activity areas that fall within its mandates, and also engages and collaborates extensively with external organisations on issues of health and wellbeing that are outside its areas of direct responsibility. A key factor behind Waitakere's engagement with central government agencies is a belief that the city is lacking many services, particularly health and social services. WCC's advocacy and facilitation roles are clearly directed at improved provision of services and facilities that are outside the delivery capacity of the Council.

Wellbeing is central to Waitakere's Eco-city strategy, and WCC policies are suffused with recognition of the impact that council policies and activities can have on the health and wellbeing of the city's inhabitants. The Waitakere Way and the Wellbeing Strategy are both key means by which the health implications of council activities are taken into account in decision-making, and also provide the basis for collaboration with other sectors, particularly other government agencies and the voluntary sector.

Chapter 7: The potential of CRAI

“One way to think of indicators (and there are many ways) is to consider them as quantities that reveal qualities.” (Cobb and Rixford 1998)

Introduction

This chapter departs from the policy approaches of each council, and returns to the Community Resource Accessibility Index (CRAI). The aim of the chapter is to examine potential applications of CRAI as an indicator to inform local policy and planning, set in the context of general indicator use internationally and in New Zealand. The overriding research question of this chapter is *How can the means of measuring community resource access used in this research complement indicators used by each city?* The discussion begins with an overview of the international context of indicators, and their use in economic, social and environmental analysis. This is followed by an examination of indicator use in New Zealand, and the extent to which indicators of resource access have been developed. Attention is then focused on the monitoring activities of the two city councils, and the use of accessibility indicators, based on key informant interviews and document analysis. The discussion concludes with informants' views on the potential of the CRAI, or adaptations of the CRAI, in service planning and policy development.

The international context of indicator use

The use of indicators as statistical benchmarks to measure social, economic and environmental conditions has been a common tool of reformers and policy-makers since the nineteenth century. Indicators have been used to inform policy and practice across a range of areas, encompassing the economy, health, housing, employment, education and crime (Cobb and Rixford 1998).

In the years following World War II, gross national product, and its successor, gross domestic product (GDP) – basically a measure of the cash transactions that take place in a country in any given year – became the benchmark indicator of national advancement (Suzuki and Dressel 1999). The success of economic indicators such as GDP in informing policy became both a source of dispute and a spur for social scientists in the 1960s and 1970s to develop alternative social indicators for consideration alongside economic indicators. It was felt by many that economic statistics inadequately represented prosperity and wellbeing, and failed to capture emerging developments and issues during times of social change. These considerations resulted in a variety of analyses of social trends within and between countries, to provide alternative interpretations of national and local progress (Cobb and Rixford 1998; Flood 1997). A notable recent development on this theme is the Human Development Index (HDI), published annually by United Nations Development Programme since 1993. The HDI ranks nations by a measure combining such factors as life expectancy, educational attainment and basic purchasing power (Henderson 1994).

Both GDP and HDI are termed single-figure or composite indices, because of the way they reduce a rich array of data to a single indicator. As discussed in chapter three, these types of indicators have been criticised for being based on non-transparent assumptions and using complicated weightings. Instead of composite indices, “scoreboard” indicators, drawing on an array of publicly available data, have been proposed and developed, which proponents argue recognise the complexity of societies and do not attempt to conflate data into a single index (Henderson 1994).

The growing awareness of environmental and sustainability issues inevitably led to development of environmental indicators. Following the Rio Earth Summit of 1992, indicators are now a key component of sustainability agendas internationally. Agenda 21, which emerged from Rio, commits all signatory nations to expand their national accounts by developing a range of indicators “at the local, provincial, national and international levels, indicating the status and trends of the planet's ecosystem, natural resource, pollution and socio-economic variables” (United Nations 1992).

Recognition that situations within nations are at least as important as differences between nations, local-level indicators have been developed in many communities that are based on issues identified by local residents and which are easily understood (Henderson 1996). The UN programmes of Habitat II, Local Agenda 21 and Healthy Cities have provided significant impetus to the development of

indicators in urban areas by requiring all partners – including local government, communities and the private sector – to monitor and evaluate their own performance (Cox et al. 2002; Doyle et al. 1999; Flood 1997). At the core of many indicator programmes is the recognition that the long-term prospects of the economy, environment and society are mutually dependent. These local-level indicators serve a variety of purposes, including:

- monitoring different dimensions of wellbeing;
- raising awareness within communities on local issues;
- capacity building and community engagement, to identify and enhance local skills and encourage civic participation;
- creation of project targets or milestones, to create criteria during a project's design stage for subsequent assessment;
- evaluation of project or policy impact, to measure performance against specified targets; and
- advocacy, to inform decision makers in other agencies or in central government (Cox et al. 2002; Henderson 1996).

Local-level indicators vary between “top-down” approaches such as those set by Healthy Cities programmes (Doyle et al. 1999), or “bottom-up” approaches typified by Sustainable Seattle, which were based on considerable community engagement (Atkisson 1999). Both approaches use scoreboard models, presenting a variety of publicly available and readily interpretable data. Indicators adopted by the Healthy Cities programme include local mortality rates, primary health care

availability, immunisation levels, water quality, surface area of green spaces, number of sports facilities per 100 populations, public transport coverage, crime rates and illiteracy rates (Barton and Tsourou 2000; Doyle et al. 1999). The Sustainable Seattle indicator programme brings together such issues as fuel consumption per capita, voter participation, library and community centre use, and open space availability, as well as issues of local symbolic importance, such as the number of wild salmon returning to spawn each year – an aspect of the ecosystem that is dependent on the quality of the freshwater environment (Atkisson 1999; Carlin and Weinstein 1998). These programmes, whether conceived within health or sustainability paradigms, have some limited dimensions of community resource access in common (such as availability of sports fields, open spaces, public transport and health care), recognising the impact that accessibility can have on both sustainability and health.

Evaluation of indicator programmes suggests choice and application of indicators are crucial to the way they inform policy. Some indicators are of only limited use to decision-makers: without a benchmark that provides an optimal level or desired outcome, they may merely raise “a red flag without necessarily showing which way to go” (Farrell and Hart 1998). Indicators can also be devised as unconnected lists of data, which without accompanying analysis, fail to point to the interaction between social, economic and environmental goals.

It is also important to consider the choice of indicators, and what (and whose) agenda is advanced through such indicators (Cobb and Rixford 1998; Henderson

1994). As is clear, values are intertwined with the development of indicators, and reflect particular concerns and priorities at the time of their development. The development of different indicators is therefore an expression of competing concerns in policy-making. Policies in one area, such as economic management, can have considerable impact in other policy areas, such as the environment or social policy. Creating alternative indicators provides a means of quantifying the ramifications of one policy initiative on other policy sectors.

Indicator use in New Zealand and the role of community resource access

National initiatives

Environmental, economic, health and social indicators are collected at the national level by government agencies, such as the Ministry for the Environment, the Treasury, Ministry of Social Development, and Statistics New Zealand, as well as some Crown Research Institutes and non-government agencies such as the New Zealand Institute of Economic Research. As is evident from the overview below, community resource access rarely features in work undertaken to date in these indicator programmes.

The *Social Report*, published by the Ministry of Social Policy (now known as the Ministry for Social Development) in 2001, details a range of national-level indicators from across the spectrum of the economy, society and environment. Indicators include life expectancy, educational participation and attainment, criminal

victimisation, road casualties, employment, participation in cultural and arts activities, housing affordability, unpaid work outside the home, membership of and involvement in groups, and air and water quality (Ministry of Social Policy 2001). Although community resource access does not directly feature in this report, some of the indicators are outcomes of resource access, such as participation in cultural and arts activities and participation in early childhood education.

A Statistics New Zealand initiative to report on progress towards sustainability, *Monitoring Progress Towards a Sustainable New Zealand*, draws on an array of social, economic and environmental data. The data contained in the report is similar to that contained in the *Social Report*, which highlights commonalities between social and environmental agendas. Despite evidence that indicates community resource access can positively contribute to environmental sustainability (Barton and Tsourou 2000; Chapman and Donovan 1996), no attempt to measure resource access appears in this publication. Instead, like the *Social Report*, the Statistics New Zealand report draws on available data to report on such issues as air and water quality, transport, health and social cohesion (Statistics New Zealand 2002a). This is likely to be because there is insufficient available nationwide data to examine resource access, for the simple reason that there has been no nationally coordinated attempt to collect such data by any agency.

Unlike the intersectoral approaches taken by the Ministry of Social Policy and Statistics New Zealand, the Ministry for the Environment's (MfE) Environmental Performance Indicator Programme takes a narrower approach to monitoring.

MfE's monitoring programme is largely concerned with the quality of the bio-physical environment, consistent with the general focus of the Ministry (Perkins and Thorns 1999). The programme, coordinated by MfE and operated in conjunction with regional councils, seeks to develop and use indicators that can help track changes in the environment, and assist in assessing the state of the environment and the success of environmental policies and laws. The indicators developed to date relate almost exclusively to the bio-physical environment, and bear little relation to the social or built environments. Only in indicators developed for the Marine Environment and Transport do some tentative links with resource access occur, such as with indicators that measure extent of coastline in public ownership, and mode of transport to work (Ministry for the Environment 1999a; Ministry for the Environment 1999c).

Beginning in 1999, some exploratory work was undertaken by MfE to develop indicators of urban amenity. This initial work raised the prospect of built environment indicators such as "physical capacity of entertainment centres", as well as perception-based indicators such as "satisfaction with facilities" and "perceptions of personal safety" (Ministry for the Environment 1999b). However, by 2002, the approach of developing amenity indicators that could be measured across urban areas of New Zealand appeared to have been abandoned in favour of promoting best practice among territorial authorities. Two publications from MfE in 2002 provide guidelines on urban design (Mead and Mentz 2002), and processes for

creating liveable urban environments (Ministry for the Environment 2002).²¹ The latter report includes recommendations on community consultation and development of monitoring programmes to measure the success of strategies. However, no recommendations or processes are established for the development of nationally comparable statistics. One suspects that three years on from their initial discussion, indicators of urban amenity fell into the “too hard basket”, and that developing good practice guidelines was an easier alternative. As at early 2003, no further progress was evident in the development of urban amenity indicators by the Ministry (Ministry for the Environment 2003), nor was there any signal in the government’s *Sustainable Development for New Zealand Programme of Action* (discussed in chapter two) of developing urban amenity indicators.

Local initiatives

At the local level, recognition of the diverse impacts on health and wellbeing prompted many territorial authorities to develop indicator projects specific to their localities. A major limiting factor in these initiatives however is cost. Little money (via ratepayer revenue) is generally available to commission large-scale research. Instead, data is often collected from existing local and national sources, including regular residents’ surveys, as part of ongoing monitoring processes (Goodfellow, pers comm. 2001). Despite these limitations, some innovative monitoring programmes have emerged. These initiatives have had the aims of evaluating policy

²¹ These documents were also mentioned in chapter two, with regard to MfE initiatives to promote better urban design.

impacts, developing better local strategies, and providing measurement tools for articulating local concerns and influencing government policy.

A number of territorial authorities have undertaken comprehensive monitoring initiatives. One such example, Manukau City Council's *Changing Face of Manukau* report, was developed with both service planning and advocacy in mind, to highlight areas where action is required by both local government and central government, "so that policies, strategies, plans and behaviours will change over time, to focus on community well-being and sustainable development of the city" (Manukau City Council 1999, p.5). Another example is Wellington City Council's *Right Here, Right Now* reports, published initially in 1996, and updated in 1997 and 2000 (Wellington City Council 1996). A prime purpose behind the publication of the report was to give residents a view of social, economic and environmental conditions in the city to inform and encourage submissions in the development of the city's long-term strategy. Used in this way, the indicators were used as a tool for encouraging civic participation.

A key example of local monitoring is a collaborative indicator project, initially between North Shore, Waitakere, Auckland, Manukau, Wellington and Christchurch City Councils. The project arose out of a common desire to examine issues within an urban context, looking for issues of particular commonality, and also the interdependence of social, economic and environmental issues in urban settings (Goodfellow, pers comm. 2001). The publication *Quality of Life in New Zealand's Six Largest Cities* reflected a concern to ensure development of

central government policy that is directed at issues of social and economic wellbeing (Auckland City Council et al. 2001). This has continued with the publication of the *Quality of Life in New Zealand's Eight Largest Cities* report in October 2003 (Auckland City Council et al. 2003).²²

As well as encompassing well-established indicators around health, housing, education and employment, the 'Six Cities' project also examined aspects of the urban environment. Many of the indicators developed in this area related directly to different aspects of community resource access, including satisfaction "with the way the city looks and feels", hectares of public open space per 1,000 population, satisfaction with "access to leisure and recreation opportunities", and census data on mode of transport to work. Community resource access also featured in two other areas of the Six Cities report, in terms of rate of general practitioners per 100,000 population and attendance at pre-schools.

The important issue to note here is that the Six Cities initiative, along with other local monitoring initiatives, includes data at the city level on residents' perceptions of their cities (including satisfaction with aspects of each city), as well as population-based access indicators. The inclusion of these measures signals some recognition of the importance of community resources to local policy and planning – perhaps

²² The first Six Cities report included data collected separately by the participating Councils using their residents' surveys. The subsequent 'Eight Cities' initiative, undertaken over 2002-03, and involving a further two cities (Hamilton and Dunedin), uses a single survey interviewing residents from all participating Councils.

not least because many such services, facilities and amenities are a core business of many territorial authorities, and those that are not (such as health services) are often important local concerns. However, a missing dimension is the level of locational access to community resources within each city. Such an absence suggests room for indicators of locational resource access, such as the Community Resource Accessibility Index, to complement existing indicators. This issue will now be explored further, set within the context of monitoring activities undertaken by North Shore City and Waitakere City, based on key informant interviews and analysis of documents from each council.

Monitoring activities at North Shore and Waitakere

North Shore City

Discussions with officers at North Shore City Council (NSCC) indicate that the main purposes of monitoring are to inform Council planning and service development, monitor public awareness and satisfaction with Council activities and services, and provide data with which to fulfil reporting requirements on Council activities.

One of the main monitoring tools is an annual survey of residents. These surveys provide a basis on which Council performance can be assessed, in terms of meeting the previous year's targets and performance over time, and provide input into goal setting for the next year of the Annual Plan (Draft Review of Annual Survey, 2001, N4/2001). The surveys collect data on public perceptions and use of a wide range

of Council services and activities, and were also used to provide data for the Six Cities project (Auckland City Council et al. 2001).

NSCC officers, through both the Six Cities and Eight Cities project, and for other service planning and monitoring activities, also make use of data gathered by national agencies, such as Statistics New Zealand, on demographic, socio-economic and business data. These data are used to monitor different dimensions of the city's progress and performance, and to inform strategy development.

From a perspective of community resource accessibility, NSCC's Annual Survey obtains information from residents about use and satisfaction with a range of Council facilities, including parks, sportsfields, libraries, leisure centres, and beaches, as well as public transport services. Many of the questions asked in the surveys are aligned with Performance Measures in the Council's Annual Plan, and therefore provide a means of assessing if public perceptions, satisfaction and use are meeting Council objectives. Locational accessibility has featured only tangentially in the Annual Surveys, such as looking at availability of bus shelters. As noted earlier, some components of accessibility feature in the Six Cities and Eight Cities projects, which involved North Shore and Waitakere.

Targets relevant to community resource accessibility are set out in the City Blueprint for achievement by 2020, and include:

- strengthening of the city's green and leafy appearance

- enhancement of unattractive urban areas
- protection of cultural and heritage areas and valued suburban neighbourhoods
- a balanced transport system allowing choice of transport modes
- increased numbers of people walking and cycling and increased numbers of people using passenger transport
- increased opportunities for leisure and recreation
- increased viability of existing commercial centres

(City Blueprint p.15, NI/2001)

Although the targets lack detail as to what increases are envisaged or desired leading up to 2020, they signal a shift in planning direction from earlier models, consistent with the overall aims of the City Blueprint and the Council's Strategic Plan. The targets also signal some recognition by NSCC of the role of community resources in building attractive urban environments and enhancing wellbeing. Future monitoring of progress towards these targets will require data that is not only able to draw on people's perceptions of their local environments, but which are also able to directly measure aspects of the built and natural environments.

Some limited monitoring of the quality of urban environments, in terms of accessibility to community resources, is incorporated into the North Shore District Plan Monitoring programme. One of the objectives of the District Plan is to achieve adequate accessibility to community services and facilities. The indicator that was adopted to monitor progress in this area was the extent to which

residents are satisfied or dissatisfied with Council-provided community services and facilities (District Plan Monitoring Report 1997/98, N8/1998). This city-wide indicator is clearly of only limited value as a proxy for accessibility, as city-wide data may hide geographic pockets of dissatisfaction. Overseas research also indicates that satisfaction may be unrelated to either use of resources, or locational access to such resources (Macintyre and Ellaway 2000).

Officers working on the District Plan Monitoring programme recognised some limitations of this indicator, particularly the inapplicability of a city-wide indicator to residents in greenfield areas, and suggested an analysis of locations of facilities in new subdivisions (District Plan Monitoring Report 1997/98, N8/1998). Use of this indicator was however repeated in the 1998/99 Monitoring Report, with a slight increase reported in satisfaction with council facilities (parks, sportsfields, community halls, community houses, leisure centres and libraries). Emerging from this report was a recommendation to undertake an analysis of accessibility of council services and facilities in North Shore (District Plan Monitoring Report 1998/99, N9/1999).

Recognising the limitations of existing data, a more comprehensive project examining locational access to community resources was undertaken by a consultancy company (McDermott Fairgray) for NSCC in 2000-2001. Behind this project was the need for data that could be used to inform service planning and strategic development. In particular, the project was commissioned to inform

development of a leisure services strategy which was intended to identify and address some of the gaps in facility provision in the city.

Both the McDermott Fairgray model and the CRAI take a Census meshblock-based approach to analysing community resource access. However, the McDermott-Fairgray model focuses solely on a limited range of council-provided or supported facilities (libraries, recreation centres, community centres and halls). The McDermott Fairgray model maps the location of each of the four types of facilities across the city, and uses population density in meshblocks across the city as a proxy for demand, to indicate areas where there is a shortage of access to each type of community resource (North Shore City Community Resources Model, 2001, N6/2001). CRAI in contrast examines access to a considerably wider range of community resources (36 in total), which are grouped into six domains. A community resource access indicator is created by summing the six domain scores for each meshblock, to produce a more generalised index of community resource access. Unlike the McDermott Fairgray model, the CRAI does not rely on local population in the creation of the index. Rather the CRAI is solely a measure of locational (distance-based) resource access.

The McDermott-Fairgray report highlighted some areas where specific facilities are lacking in North Shore: these include library facilities in Greenhithe, Beach Haven, Unsworth Heights and Sunnynook/Campbells Bay; recreation centres in Beach Haven and Devonport; and community houses and arts centres in some of the northern areas. These findings use a smaller level of detail than CRAI (in that they

focus on four specific community resources), but the general findings are not inconsistent with CRAI.

In another facet of council activity, parks management, work was undertaken to obtain detailed data on different dimensions of playground access, including quality of playgrounds, gaps in age and provision, gaps in provision for special needs groups, and geographic access. The report noted low provision in the northern areas of East Coast Bays, and recommended that this disparity be addressed. The report also recommended adoption of a three-tiered approach to playground provision, at neighbourhood, district and “destination” levels (these are similar to the levels identified in the Waitakere City Parks Strategy). Each level would reflect the range of playground facilities available. A destination playground facility was not currently available in the city, and possible locations were suggested in Albany, Devonport and Takapuna (North Shore City Playground Study 2001).

At the time of interview, work had also been initiated by transport planners using GIS to map public transport accessibility, in terms of service frequency and proximity, to inform further development of the North Shore Bus Rapid Transit system, detailed in chapter five.

The extent to which NSCC’s monitoring activities informs policy and planning varies between Council departments. One respondent said that some managers tended to use monitoring solely for reporting purposes, while others were more proactive in using data to inform changes in service delivery. However, the

Strategic Plan 2001 includes a commitment to “align, council activities, services and policies to community needs.” Within this commitment, monitoring is acknowledged as an important means of achieving such an alignment, and NSCC plans to “undertake regular monitoring of indicators measuring the quality of life in the city” (Strategic Plan 2001, p.32, NI5/2001).

In general, measuring access to community resources is an active component of the monitoring activities of North Shore City Council. Access has been measured through traditional means of examining use and satisfaction with Council facilities, which are primarily used to assess progress against performance targets and to inform goal setting. Different forms of locational accessibility have also featured as an important dimension of monitoring, principally to inform service planning and strategy development.

Waitakere City

Monitoring at Waitakere City Council, as at North Shore, fulfils roles of service planning and fulfilling reporting requirements, including those required under the Resource Management Act. On top of these functions, monitoring at Waitakere is also used to inform advocacy and facilitation. Other important features of monitoring at Waitakere are the integration of monitoring with the Eco-city vision, and its use in ensuring alignment between council policies and operations.

As noted earlier, the Council's Eco-city vision provides the overall framework within which Council policies and activities are located, and monitoring is no exception to this approach. As one WCC officer described:

“I guess this council is trying to move towards an outcomes focus in our planning and implementation. So we've got the strategic direction, which is about being an Eco-city and the triple bottom line thinking is coming in there now, so that balance between social, environmental and economic. So a lot of this monitoring is basically well how do we know we're getting there and that is the overriding theme behind it, just tracking how we're going towards that goal.” (WI)

Monitoring is also undertaken internally to assess how WCC activities are consistent with Council policies. For example, Council staff have been surveyed on how policies such as First Call for Children (detailed in chapter six) are factored into their operations.

Monitoring is also a key component of advocacy by WCC, drawing attention to local issues. The city's Wellbeing Strategy, reported in chapter six, bases its advocacy on a considerable amount of local data. These have included localised data collected by national agencies, such as Census population data, employment service and social welfare benefits data, and also locally-sourced data such as hospital admissions and foodbank operations (Towards Wellbeing in Waitakere, 1999 Update, WI 3/1999). An example of the application of monitoring to

advocacy can be found in use of hospital admissions data. Lack of access to health services in the City, as noted earlier, is a key concern that has been articulated to policy-makers in central government and at the district health board, through the use of data on hospital admissions and general practitioners per population (The State of Waitakere City 2002, W11/2001).

Along with providing an evidence base for advocacy, monitoring has also provided some impetus for facilitation between government agencies, the Council and community groups. One respondent described the interaction between monitoring, advocacy and facilitation:

“Whenever we’ve been monitoring, doing Wellbeing Reports, we’ve had to ... build relationships with the government sector and with the community sector to find out what the hard data is and what people think about what’s happening. So through those processes we’ve actually built a lot of relationships. ...Council acts as a coordinator, ...we have no major stake in the outcome apart from wanting it to be a good one, but we don’t have the same ownership of say the issues or the problems...With the information that we found out in the monitoring phases we’ve then be able to go to decision makers and we’ve always been listened to because it’s always been granted that’s what the community thinks, it’s had a wider mandate to it. So, to me those three roles, you can’t really separate, you can’t do one without the other.” (WP)

Monitoring is focused around targets in the Waitakere City Greenprint (W5/1999), grouped around the social environment, the natural environment and the economic environment. These are reported in Waitakere's State of the City Report, and also in Annual Plan documentation. As at North Shore, annual surveys collect data on satisfaction and use of community facilities, which are used to inform reporting based on the Annual Plan. These provide some city-level data on the satisfaction and use dimensions of accessibility, but do not provide detailed information on differences in locational access. The 1999 Greenprint sets out a number of targets for 2001 (notably set with a relatively brief five-year timeframe) that are relevant to community resource access:

- achieve a density of 16-20 dwellings and business premises per hectare within a five-minute safe walk (400 metres) of at least one town centre (relevant insofar as some of these businesses may be community resources used in this study, such as supermarkets, dairies, banks and service stations)
- increase the percentage of households in the urban area which are within a five minute safe walk (400m) of a neighbourhood park or community facility
- proportion of people either working from home, or travelling to work by walking, cycling or passenger transport, or as vehicle passengers, increased to 30%
- increase use of information [libraries] and leisure services by 25%
- 100,000 eco-sourced native trees and plants planted in the City (relevant in terms of their contribution to the amenity value of areas)

(Greenprint Waitakere 1999, W5/1999)

By 2002 progress was made in achieving some of these aims. The parks access and eco-sourced native trees targets were achieved. Although the density of dwellings and businesses in town centres was increasing, they had not yet reached target levels. There was an increase in use of aquatic and recreation centres, although as yet only 7% compared to the 25% target. Census figures from 1996 and 2001 show a decline in the proportion of people walking, cycling or using passenger transport. The Council noted that it was working towards improving opportunities for walking, cycling and passenger transport, detailed in chapter five. Data was not available on library service use (Greenprint Targets 1991 to 2002, W27/2002).

A similar but expanded set of indicators – this time over a ten year time period – are contained in the Annual and Strategic Plan 2001, but targets by which progress will be measured are absent. It is notable that these targets, developed after the 1999 Greenprint, are generally less ambitious than those contained in the Greenprint, and tend to flag the direction in which the Council wishes to head, rather than provide a measurable target for achievement.

Ongoing monitoring by Council evaluates progress against the indicators. With regard to community resource access, the indicators for 2010 include:

- increased density of houses and businesses within a 10 minute safe walk of main town centres
- fewer cars per resident in Waitakere City than in the Auckland region

- a greater proportion of households in urban areas are within a 10 minute safe walk (800m) of a neighbourhood park
- more morning peak hour journeys into Auckland are by bus or train
- increases in the number of people working from home, or travelling to work by walking, cycling, passenger transport, or as vehicle passengers
- residents are satisfied with the level of service of public transport – particularly frequency, safety and accessibility
- increase in the proportion of the local workforce that is employed within Waitakere City
- residents believe that Waitakere is a great place to live
- a fairer share of resources are coming into the city in areas where the Council is advocating for improved social services
- 120,000 eco-sourced native trees and plants are planted in the city every two years

The State of the City report (WI 1/2001) gives attention to some indicators that reflect community resource access. These data are drawn from a variety of sources, including Statistics New Zealand Census data, resident surveys and internal Council monitoring. The data generally relate more to the use dimension of access rather than locational access, and include:

- satisfaction with leisure facilities and extent to which leisure facilities and activities met their needs

- location of arts and cultural facilities (noting the lack of large facilities in the City)
- satisfaction with Waitakere as a place to live (improving over the period 1992-2000)
- availability of health services
- motor vehicle kilometres travelled per resident (increasing)
- passenger transport use (relatively low in Waitakere compared with the rest of the Auckland region)
- perceptions of accessibility and affordability of public transport.

(The State of Waitakere City 2001, W11/2001)

Although progress is being made in some of the above indicators (limited to those where comparable data was available), the transport data suggests Waitakere City still faces considerable challenges in achieving its goal of creating a city form that minimises private vehicle use.

A lack of data on locational resource access led Waitakere City to commission McDermott Fairgray consultants to prepare a community resource model, similar to that developed for North Shore. The intention behind commissioning the research was to pinpoint areas of demand for particular community facilities to inform development of a leisure strategy. The report on this project indicates a general shortage of facilities in the Ranui/Massey area, while New Lynn lacks indoor recreation space, and Kelston lacks smaller meeting space areas. Again, these

findings are not inconsistent with CRAI, but go to a finer level of detail, in that they are pitched at a particular subset of community resources.

Locational access has also been explored in terms of levels of walkability in town centres. Council officers have identified the range of facilities that can be accessed from each of the town centres featuring in the Council's Urban Villages strategy. Additionally, through the development of a database of development, officers intend to examine the density of development in the city, in terms of the number of buildings, and the mix of building types. As one officer explained, the purpose behind these exercises is based on the strategic direction of the city:

“It really is about intensification, creating vibrant societies and making better use and improving access to community facilities.” (WH)

What is clear from the monitoring initiatives at Waitakere, and from the policy environment of the council discussed in earlier chapters, is that community resource access features as an integral part of the strategic direction of the city, spanning the social, environmental and economic dimensions of the Eco-city vision. As at North Shore, there is a clear differentiation between monitoring accessibility in terms of use and satisfaction, which is used principally for informing reporting requirements – and measuring locational accessibility, which informs area-based service planning and strategy development. Monitoring resource accessibility at Waitakere – whether conceived as use or location – also provides a platform for

advocacy to external agencies, which again is a key component of the Council's approach to improving health and wellbeing.

Utility of CRAI for Councils

Interviewees at both Waitakere and North Shore City Councils were presented with copies of the Community Resource Accessibility maps, detailed in chapter four, and were given a brief explanation of the Community Resource Accessibility Index (CRAI) methodology. As a face validation exercise, respondents were asked a range of questions about the presentation of community resource distribution in each of the maps. Interviewees were also asked to comment on the utility of such an indicator to policy and planning within the Council. Because of the similarity of responses from interviewees at each council, their replies have been analysed together rather than separately.

In general, respondents from both Councils considered that the distribution of community resources, as indicated in the maps, reflected where there were concentrations or shortages of community resources. NSCC respondents pointed to the concentrations of resources in the southern areas of the city, and the relative paucity in the north:

“It is almost exactly – one of the last things I said yesterday was drawing a line through the middle of Milford probably across to Glenfield and the bulk of those facilities are focused on the lower part of that peninsula, so the

areas like Takapuna, Belmont, and parts of Devonport, Birkenhead, Beach Haven, and Glenfield are very well serviced and catered for. The line above them has very few. Looking at the East Coast Bays area I can only see really one very high density area and that is the Browns Bay village concept, ... and the bulk of that Albany Bays area is yellow, which is fascinating. It is what I had expected, but it is amazing how it jumps out at you when it is that graphic.” (NL)

Similarly, WCC respondents were also generally in agreement with the representation of community resource distribution, and noted the clustering of resources around town centres:

“Yes, it is pretty on the ball there. You can see that the majority of our facilities are based around our town centres, where there has always been a drive for the provision of facilities and that’s the link into the old walkable townships.” (WE)

“It certainly reflects the intensity and type of urban development and urban neighbourhoods... But it also is probably a reflection of the demographics and the socio-economic lifestyle, so people who actually choose to live out in the rural areas, they know that because of the lower density of population, it wouldn’t support that level of facility.” (WH)

When asked about the potential usefulness of the CRAI, a range of uses were proposed. A common response was to assist in service and strategic planning, particularly to identify gaps in services. As one North Shore officer suggested:

“I think the most use is actually feeding into ... our strategic planning process in terms of how we move forward, say with Blueprint²³ or developing say a leisure strategy or working on open space strategies and so on, and then it actually provides quite a useful input into that.” (NF)

Echoing the service planning theme, a Waitakere respondent spoke of the importance of an analysis of locational accessibility to resources to inform planning for walkability:

“I think your emphasis on locational access is essential. Obviously having money to participate if something has a user charge and so forth is important, but those types of things, and even access in terms of people with disabilities, those sorts of things can be fixed later. If you get the location wrong at the beginning, and this goes back to the urban design thing, you’re stuffed, you’re forever dealing with second-best or often far worse.” (WA)

²³ North Shore City Blueprint 2001, discussed in chapter five.

Because the CRAI is based on access to a variety of services and facilities, a Waitakere respondent suggested it would be a useful contribution to integrated approaches to service planning:

“I guess one of the things that is quite useful about it is that it does pull together a whole range of things and that when we’re thinking about improving the overall amenity and accessibility of community resources to people, we should really be looking at the whole picture and it does tend to be that parks people think about parks and libraries people think about libraries and you don’t necessarily all come together that often and it has the advantage of [doing] that.” (WB)

A Waitakere respondent argued that the CRAI also has applications in regional planning, to inform the Regional Growth Strategy:

“I think the big project I did last year, or I worked very closely with other staff and people here, was the sector agreement, which is managing growth issues, cross-boundary with Rodney and North Shore. So we talked about things like transport and water and parks and all the rest of it, but it was like where we really realised that city boundaries mean absolutely nothing at all is in cultural and social facilities, as well as in employment and education and so forth. So I think the index of amenity, I think the next question you’re going to get is that Rodney is going to say we want one, too, and so is

Auckland, because for me what is interesting is I look at this, and I think so what is over here in Auckland.” (WG)

Other respondents highlighted its use as a communication tool, and providing a tool for internal advocacy to policy-makers within Council, particularly to inform issues of equity in resource access:

“I think where it becomes useful is by making it spatial, you can actually see areas that are significantly worse than other areas and that changes the way I think decision makers will think of some of the resource allocation decisions. Because if you look at it non-spatially then you start saying well should we be putting money in say a community facility when we’ve got a big waste water problem and we need to be sorting that out and that’s a higher priority, but if you actually look at the community facilities information spatially then you suddenly become aware of an equity issue in different parts of the City not having the facilities of another part of the City. It’s difficult to get a handle on that until you actually see a map in front of you and then that communicates, and you clearly see the winners and losers and that immediately raises an equity issue about is that fair, is that right or should we be doing something about it.” (NF)

“Well I think I could find it quite useful, I mean if I had a big one of those, being able to say to the Council, wow look at this, it’s all this huge area of unfulfilled need here.” (NB)

A Waitakere respondent also pointed to use in advocacy outside of council:

“Well it is great to just see it visually I think and it confirms ... just the way the city has developed as to which areas are resource rich and which ones are resource poor. It highlights or it should highlight for us when we’re doing our planning what areas we need to focus on in terms of either putting in our own community facilities or ... advocacy to other agencies for them to put in community resources. So it’s always helpful to be able to see it on a map.” (WI)

Mapping data such as CRAI was put forward as a useful tool for community engagement, by communicating the distribution of resources spatially:

“When you actually put it in a way that it's pictorially based and you can actually see geographic needs and that kind of equates to a picture that you've got in your head about what's in that area, it has a kind of like a double whammy effect... if you can actually go to a map, we could hook in a twelve-year old who could say that's where my house is and you could hook in a 65-year old because that's where I go to buy my bread or whatever else. It's something that's actually very physically able to actually engage people. Maps are really useful in that regard. (WP)

Specifically to North Shore, the CRAI maps were also raised as a potential means for responding to, or circumventing ward-level parochialism. One North Shore respondent suggested CRAI's use in communicating issues of resource access to councillors in the wake of the Millennium pool decision (which, as mentioned in chapter five, concerned a public backlash against Council support to a pool development at an elite sporting facility):

“I think that would show straight away which are the areas that have been well serviced and those that haven't and the lack of facilities in the newer areas. Just, for example, there was ... the debacle about getting the Millennium Centre and the pool in the northern ward and how they thought it was a terrible waste when the city already had so many other pools, for example... They were not willing to purchase some land on which to put a pool and I think there is still an unwillingness there ..., so this would present it in a pictorial form. It would be quite significant.” (NL)

It was suggested that the CRAI maps would help in providing an overview of city issues:

“I think it would probably help the people who would like the city to be run as one. It would help people to start seeing this is the area which we govern, not just these little old boroughs.” (NL)

Despite its utility, respondents also saw some limitations in the CRAI. Some interviewees from both cities noted the lack of representation of quality or differentiation between types of facilities with different uses, and that such limitations need to be borne in mind in any analysis.

“It’s all very well to say that we’ve got playgrounds throughout the City and we’ve got a community centre here..., what is the quality of that centre, what is the nature of the educational programmes being run in it, how’s the resourcing, is the surrounding community able to resource that centre, are the people aware of the need for kids to go to kindergarten, you know all those other indicators of poverty. So just because there’s a playground in the neighbourhood and a community centre, doesn’t mean that is well resourced or is offering any sort of service to that community.” (NE)

“It is good as an overall picture, but I guess to be a more useful bit of information it would be good to break it down a little bit more into some of these domains if possible... especially for the likes of social and cultural facilities. They are quite diverse and the people actually using them are quite diverse, as well. So even though it might say, it hasn’t met that area there or there is a large amount of facilities in that area, it might not actually be a large cross-section of them, it might be focused purely on churches or something like that.” (WE)

On a similar theme, one respondent pointed to differentiation between some local and regional sporting facilities that are obscured by the CRAI. Such limitations arise from the type of analysis that is being undertaken – the CRAI focuses on general levels of access to resources, and less so on the quality dimension – and this was recognised by one respondent, who noted the complexity of the task:

“I think we just need to be careful in a sense that it’s trying to produce generalised mapped results and that process of generalisation is going to hide a lot of subtleties in the issues and I think that’s sort of inevitable..., subtleties whether it’s in frequency of the bus system or the topography of an area and how that affects accessibility. But I think it’s probably too complex to try and take those things into account to build them into the system but it provides useful results, you just need to be aware of those sorts of factors when interpreting them.” (NF)

Comments from both North Shore and Waitakere, directed to the Public Transport and Communications Domain, suggested that for planners the combination of public transport with public telephone access was problematic. If CRAI were to be adapted specifically as a tool for service planning and strategy development, then a separation of such resources would be worthwhile. However, it should be noted that the CRAI was constructed with a different initial purpose in mind, which was to provide contextual area level data for linking to a survey of the health and wellbeing of caregivers of young children (respondents were informed of this).

Another comment on the Public Transport domain noted the limitation of the public transport data, which was based on the number of routes passing through bus, train and ferry stops, rather than directly measuring frequency. As noted in chapter three, the available data sources prevented an analysis of public transport service frequency.

From a methodological perspective, three respondents commented on the resources having been ranked according to preferences expressed by caregivers of young children:

“Well I think the limitations are who was in the focus group. If you’d done it with a bunch of graffiti kids you might have got a completely different picture, skateboard parks. If you’d done it with elderly people you would have got a different picture again. So it is... perfectly valid and very useful, but we will have to be aware that there are those sort of things.” (WG)

“One thing at the back of my mind was how different groups attribute value to different resources, different amenities. Like people living out in the rural areas probably do not feel themselves as deprived because of the choice element. But it is a different purpose, so... the methodology depends on what is the purpose of the measurement.” (WI)

A related issue was raised by one respondent specifically from a Maori perspective, noting that the facilities included in the map did not differentiate between those for the general population, and those that catered to Maori:

“As I'm seeing this map I can actually see kohanga reo and kura and I know where they are located and they're not necessarily identified on here. And sometimes ... if you didn't know the city, you wouldn't know the nature of why that is, why that concentration or that colour is like that. And to non-Maori that's fine but to Maori, they would be... looking for that information so there's another layer of map that goes on top of that.” (VN)

In general, the comments from North Shore and Waitakere City Council officers indicated that despite the limitations noted above, the CRAI – or an adaptation of the CRAI – would provide a useful tool for service planning and strategy development. Their responses also indicate potential uses for community engagement and advocacy, both within the councils and to external organisations, and ways in which the CRAI could be enhanced in the future.

Summary

Use of indicators to inform policy and planning has been marked by a shift in the latter half of the twentieth century from a stress on economic indicators, to a recognition of the importance of social and environmental indicators. At the same time, there has also been a shift from reliance on single composite indicators – that

attempt to conflate a wide range of issues into a single indicator – to “scoreboards” that show progress across a wide range of different areas. There is also greater recognition that values are intertwined in the development of indicators, reflecting choices of what is considered important. Indicators should therefore be questioned for the paradigm within which they are developed.

In New Zealand, indicators have been deployed by both central and local government to monitor progress in achieving social, economic and environmental goals, and to inform strategy development. At the local level, indicators are also important tools for advocacy and engagement, and have been used as vehicles for collaboration between territorial authorities.

Monitoring activities at North Shore City Council tend to be independently undertaken or commissioned by different groups within the Council, with the exception of the Annual Survey which informs operations across Council.

Accessibility monitoring has tended to focus on city-wide levels of use or satisfaction with resources. Locational access is a relatively recent venture at the Council, and has been utilised to inform service planning and strategy development. In a recent development, monitoring quality of life has been built into a council commitment to align services, activities and policies to community needs.

At Waitakere City, monitoring activities are aligned with the goals of the Eco-city strategy, and examine progress towards desired outcomes in the social, environmental and economic spheres. Monitoring is also seen as a key component

of advocacy and facilitation activities of the Council. Monitoring is a vehicle used to draw attention to external organisations of issues as they affect Waitakere, particularly access to services, and is also used as a platform for collaboration with local organisations.

Officers at both councils saw potential applications of the CRAI, or adaptations of the CRAI, to complement existing data sources for uses in service planning, advocacy within council on geographic areas of inequity in resource access, and advocacy outside council for service delivery by external organisations, including government agencies. Officers saw the visualisation of spatial data (through use of maps depicting the distribution of CRAI scores) as a useful tool for planning and policy-making, by identifying areas of need.

Limitations of CRAI that were identified centred on the particular population group that its weightings were based on, and its lack of detail on some complexities of resource access (such as quality of particular facilities or details of facilities within domains comprising the CRAI). Overall however, officers from both councils considered that the CRAI had considerable potential to inform policy and planning.

Chapter 8: Commonalities and contrasts

“The simple needs of automobiles are more easily understood than the complex needs of cities, and a growing number of planners and designers have come to believe that if they can only solve the problems of traffic, they will thereby have solved the major problem of cities. Cities have much more intricate economic and social concerns than automobile traffic.”

(Jacobs 1961)

Introduction

This chapter focuses on the research question *What are the commonalities and contrasts between the models of urban design and planning adopted by each city; and how have the approaches of each city impacted on priorities for community resources and health and wellbeing?* Informed by the data gathered in the key informant interviews and document analysis, the research will examine local planning and policy priorities in each city to identify commonalities and contrasts with established models of urban design and planning, which were discussed in chapter two. The chapter will then examine commonalities and contrasts between each city with specific reference to community resource policies and priorities, and the differing levels of community resource access in each city. This will be followed by a critical appraisal of the role of health and wellbeing as a goal of policy in each city, set within their different planning approaches.

Commonalities with international models of urban design and planning

North Shore City and Waitakere City share a common inheritance of urban design models, and there are also similarities in the urban forms that the two city councils are promoting. However, despite the similarities in approaches to urban design, there are substantial differences between the planning models that characterise each city. As explained in chapter two, urban design traditions focus on the physical form of a city, while planning is chiefly concerned with land use and the allocation of resources.

Looking first at the urban design models, each city is cast substantially in the mould of Automobile Cities. From the 1960s, both cities (or their local government administrative predecessors) embraced models of urban planning that stressed suburban development and the separation of residential, business, social and recreational activities. This was an approach shared by many cities worldwide in post-war urban planning, and all are now grappling with their unforeseen outcomes, including problems with transport systems, encroachment of urban areas on rural areas, and the dominance of private cars (Barton 1998; Hall 1996; Saville-Smith 1999; Urban Task Force 1999).

Aside from the Automobile Cities model, there is also an element (if unintentional) in both cities of Howard's Garden City model (Hall 1996; Howard 1904), in the sense of their early origins as a series of self-contained semi-rural settlements, with

their links to the “mother city”, central Auckland. Waitakere City’s predecessors in Henderson, New Lynn and Glen Eden were connected by rail to central Auckland (by virtue of the main trunk line running through their centres). North Shore’s predecessors in Devonport, Takapuna and East Coast Bays relied on ferry and circuitous road linkages, before gaining a direct link to the centre following the construction of the Auckland Harbour Bridge in the 1950s. In the urban form, there are also commonalities with the Garden Cities model in older parts of the North Shore, with low-density housing on large sections with gardens and access to public parks. There is, however, no evidence to suggest that the once-rural or seaside villages were planned with the Garden Cities model in mind. As Miller (1998) notes, momentum to establish Garden Cities in New Zealand occurred only fleetingly in the early twentieth century.

There are also similarities in the two cities’ urban design responses to the problems of Automobile Cities – although Waitakere’s programme clearly predates that of North Shore’s. The cities’ current design agendas are consistent with the Auckland Regional Growth Strategy (Auckland Regional Growth Forum 1999b), and similar efforts internationally, based on ideas of New Urbanism and Smart Growth. These models emphasise development of more compact cities, based around more intensified urban use, clustering services and facilities closer together in mixed-use centres, enhancing connectivity between centres, and greater prioritisation of cycling, walking and public transport use (Badcock 2002; Calthorpe 1994; Congress for the New Urbanism 1998; Duany and Plater-Zyberk 1994; Lloyd-Jones 1998; Smart Growth Network 2002).

Officers at Waitakere City Council spoke of parallels between their development model and those of Smart Growth and New Urbanism – particularly the variety of building typologies, mixed use developments, and a strong emphasis on the public realm. These themes are also evident in the approaches promoted by North Shore in the City Blueprint, which stresses access and connections between “places and people, activities, employment, shops and community facilities”, promoting greater connectivity and permeability, and a variety of housing types in the city (City Blueprint, p. 20, NI/2001). Although parallels with New Urbanism were evident in each council’s design approaches, officers at each council appeared cautious in attaching labels to the design agendas. Rather than re-creating the New Urbanism in New Zealand, officers appeared more concerned with developing an urban form appropriate to Auckland conditions.

Turning now to the planning models that characterise each city, it is clear that Waitakere City’s planning approaches are substantially aligned with Sustainable Cities. Waitakere City’s outlook for the future is based on Agenda 21 (which the council has formally adopted), and many of the principles underpinning Agenda 21 at the state level are evident in Waitakere’s planning approaches at the city level.

These include:

- the city’s focus on wellbeing, consistent with Agenda 21’s aims of eradicating poverty;

- Waitakere’s focus on sustainable development, consistent with Agenda 21’s objective to reduce and eliminate unsustainable patterns of production;
- Waitakere’s partnership approach to engagement with local organisations, in line with the principle of “participation of all citizens at the relevant level”; and
- the active involvement of local Maori through Taumata Runanga as a Treaty partner, consistent with Agenda 21’s principle of “involvement of indigenous people and their communities and other local communities in environmental management and development” (United Nations 1992).

Further alignment of Waitakere City’s objectives with those of Agenda 21 at the city level (as opposed to the state level above) can be found in the programme’s promotion of sustainable human settlement development (chapter seven of Agenda 21). Waitakere City’s Greenprint, with its stress on integrating social, economic and environmental goals, echoes Agenda 21’s objective to “improve the social, economic and environmental quality of human settlements.” Waitakere’s planning approaches are also consistent with Agenda 21 aims of improving urban environments through “participation of local communities in the identification of public services needs, the provision of urban infrastructure, the enhancement of public amenities and the protection and/or rehabilitation of older buildings, historic precincts and other cultural artefacts” (United Nations 1992), which have direct relevance to community resource access. A further goal of Agenda 21, to improve the level of infrastructure and service provision in poorer urban areas, is consistent with Waitakere’s advocacy for improved service delivery in the city – although in

its own planning Waitakere generally tends to focus resource development on the town centres in its Urban Villages Strategy, rather than poorer areas, as the chief priority.

The extent to which Waitakere City is meeting its Eco-city goals varies. Progress has been made in some areas, particularly in the Council's engagement with different communities of interest, its success in bringing central government initiatives to the city, and the improving levels of service, amenity and facility provision. The latter feature was not discernible from Community Resource Accessibility Index data (which related only to a single point in time), but interviews with Council officers indicated some expansion of community and leisure facilities in the city, particularly in the town centres. In other facets of the Eco-city strategy, there were clearly some obstacles to the strategy's fulfilment. A key deficiency is in the transport arena, where the city continues to suffer from poor provision of public transport and where private transport use currently appears to be increasing rather than declining.

Not surprisingly, given the alignment between Agenda 21 and Healthy Cities, Waitakere City has much in common with the principles of Healthy Cities, particularly the provision of clean, safe environments; public participation in government; promotion of historical and cultural heritage; accessible health services; and a sustainable ecosystem.

There are also elements of the Just Cities planning paradigm in Waitakere City's planning. In particular, Waitakere's advocacy and leadership on issues of wellbeing have much in common with the Just Cities approach of casting planners and policy-makers as advocates and catalysts for building cities and allocating resources on the basis of alleviating or removing disparities between communities (Fainstein 2000; Friedmann 1996; Kiernan 1983). This is typified by the development of the Waitakere Health Plan, with its aims of redressing inequities in health service access in the city, compared to other cities in the region. As a number of interviewees made clear, Waitakere sees an important role for itself as a promoter of local interests, particularly in the wellbeing area, and as a catalyst for action by central government on issues outside its jurisdiction as a territorial authority.

Moving attention from Waitakere City to North Shore City, the most apt descriptor for this council's approach is the Communicative Planning model. This model emphasises the role of planners as facilitators and intermediaries between competing interests to reach resolutions on plans, strategies and initiatives (Baum 1996; Fainstein 2000; Kiernan 1983). Such a consensus-building approach is evident in the development of North Shore's strategies for future development, reflected in the Strategic Plan, the City Blueprint and the District Plan, where councillors and council officers have had to navigate the often conflicting demands of infrastructure and roading development, public transport development, housing development, protection of the city's natural heritage, and the demands of the Regional Growth Strategy for containment of the city's expansion, while maintaining controls on spending that councillors and many sections of the public demand.

Communicative Planning has been criticised for the limited results that negotiated solutions can achieve, particularly for marginalised and weak constituencies (Fainstein 2000). However, in North Shore's case, the city council has succeeded in manoeuvring between competing interests and a conservative electorate to deliver or support a considerable array of community resources – one that whether by chance or design tends to benefit areas of high deprivation. These range from community houses and arts facilities in the late 1980s and early 1990s, through to larger scale developments such as North Harbour stadium in the mid-1990s. These have all contributed to the comparatively high levels of resource access. The forthcoming Bus Rapid Transit development is likely to expand public transport options in the city, enhancing resource access for many, particularly those with limited mobility options. It should also be noted that in recent city planning, NSCC has made a commitment to “align council activities, services and policies to community needs” (Strategic Plan 2001, N15/2001). This has the potential to move local planning beyond simply reaching agreement between competing interests, and to actively seek more equitable outcomes within the city.

North Shore City, while not explicitly embracing either Agenda 21 or Healthy Cities, nevertheless has some commonalities with Agenda 21's objectives in its recent planning developments, particularly the City Blueprint and its aims of clean and safe environments; promoting liveable environments, protection of historic areas and the enhancement of public amenities. Because of the more recent

adoption of new design and planning agendas at North Shore City compared to Waitakere City, it is difficult to critically evaluate progress in their implementation.

Contrasts in urban design, planning and community resource priorities

The general approaches of North Shore City Council and Waitakere City Council to governance are reflected in their respective policy and planning priorities for community resource access and development. Interviews with officers at each council, and analysis of council documentation, indicate the major differences between North Shore and Waitakere are in relation to:

- the timing of their respective urban design agendas;
- the level of integration of local strategies with community resource operations;
- the amount of funding available at each council for community resource development;
- the scale and means of engagement with local communities in community resource development; and
- the extent of engagement with external organisations in community resource development.

Timing of strategies

Both North Shore City and Waitakere City have signalled a change of direction from car-oriented planning and separation of zoning functions, to a more mixed-use urban form, built mainly around existing urban centres, that enables more people to live within walking distance of services, amenities and facilities.

The similarities are primarily due to each council's commitments to the Regional Growth Strategy (RGS), which aims to promote a more compact urban form to contain expansion of settlements within Greater Auckland's urban limits.

However, a key difference is timing. Waitakere has foreshadowed initiatives in the Auckland region promoting a more compact urban form with a mixture of uses – which informed the development of the RGS – while North Shore has only recently taken on such an agenda, in response to the RGS. As the interviews with officers made clear, North Shore City's urban form, prior to the adoption of the RGS, had developed in a piecemeal fashion, without a strategic view of how development would interact with the liveability and natural environment of the city. The development of the RGS provided a catalyst for North Shore to examine how as a city it would deal with the population growth of the region, and the environmental and social impacts of growth.

As a result, North Shore is philosophically a city in transition, moving from an isolated and car-oriented outlook to becoming a partner in regional strategies, and taking on planning perspectives that are based on a more compact and connected urban form. This change in direction was put into effect through the city's Strategic

Plan and City Blueprint, issued in 2001. In contrast to the more recent direction adopted by North Shore, Waitakere has had its philosophy clearly established since the implementation of the Eco-city strategy in 1991. Perhaps as a result of the differences between the two councils in the timing of their strategies, the extent to which ideas underpinning the urban programmes (such as connectivity and walkability) had permeated across council operations was considerably more evident in interviews at Waitakere than at North Shore.

The similarities between the two cities in current philosophy are matched by few apparent differences in terms of the detail of policy on community resource access. Both cities offer the prospect of expanded access to many community resources, and both have embraced a more compact urban form (although each city has nevertheless continued with some greenfield developments, albeit with design philosophies that depart from previous models). Again, the timing of these policies is an important difference. As noted above, where Waitakere's planning for its Greenprint predated and helped inform the development of the Regional Growth Strategy, North Shore's Blueprint was prepared to help guide the council's response to the RGS. The difference is apparent when examining Waitakere's Greenprint (W5/1999), and North Shore's City Blueprint (N1/2001). The Greenprint, published in its final form in February 1999, but adopted in draft in 1994, details Waitakere's plans for a more compact urban form with mixed uses, a stronger local economy that is less reliant on Auckland City, enhanced urban environment and amenity, and improved public transport options. North Shore's City Blueprint similarly strives for enhanced urban amenity, expansion of leisure

opportunities, increased employment within the city, improvements to passenger transport, and improved walking and cycling opportunities, but was launched substantially later, in 2001.

Integration of strategies

A second marker of difference is the level of integration of each city's strategies within local operations. Waitakere's Eco-city strategy brings together environmental protection, social wellbeing and economic development, and provides a base from which all policies, including policies on community resource access, are integrated. From the interviews with officers at Waitakere, it was evident that the integration between council policies was matched by integration between policy and operations. Examples of the integration between policy and operations in local planning included:

- the First Call for Children policy, in which the interests of children and young people are taken into account in all activities;
- support to Taumata Runanga, as a Treaty partner to guide council on local issues and initiatives as they affect Maori; and
- use of charettes in Urban Village developments, which bring together different arms of the council (such as policy, parks and roading), together with local business and community interests.

Interviews with officers at North Shore indicated its policy frameworks have tended to be less coordinated in the past, although officers reported a greater degree of coordination between council operations at the time of interview (early 2002). Although wellbeing is a recognised goal of council policy, there was not the same degree of integration of wellbeing strategies across council operations at North Shore, compared to Waitakere. A strong sense of competition for funding between council operations was evident in interviews in North Shore, particularly in relation to large-scale infrastructural activities such as sewage and roading, against which community resource funding was consistently less valued. This was particularly apparent in management of open spaces, where one officer spoke of the erosion of open space in the city by roading and sewage developments – an issue recognised in North Shore’s Open Space Strategy. However, the commitment in North Shore’s Strategic Plan (NI5/2001) to align council policies and operations with community needs signals the intention of a greater level of integration between council activities in the future.

Funding for community resource development

A major difference between the two councils is the level of funding available to each council for community resource development, at either the neighbourhood scale, such as community hall funding, or at the city scale, such as stadium development. In this regard, the wealthier profile of North Shore City provides it with a crucial advantage. As detailed in chapter five, North Shore had a substantially higher revenue base, from a larger resident population and business

sector (based on 2000/01 figures). Not only did North Shore have a higher absolute level of income, but it also had a higher level of income per capita (\$898 per head of population in North Shore, compared to \$763 in Waitakere). Furthermore, North Shore spent more per head of population, as well as a greater proportion of its overall revenue, on community resources (\$238 per capita, where comparable expenditure could be ascertained) than does Waitakere (\$154). The higher levels of funding available to North Shore create greater opportunities for community resource development. This may explain some of that city's greater wealth in community resource access, as indicated by the Community Resource Accessibility Index (CRAI).

Although these figures are based on a single year (2000/01), and may vary from year to year, a similar situation is likely to have occurred over the past decade. This is because North Shore business sector has been consistently larger than Waitakere's, and North Shore has consistently had a larger and wealthier population than Waitakere. In previous years, North Shore has had funds for considerable infrastructural investment, such as North Harbour Stadium and the Bruce Mason Centre – large-scale facilities that Waitakere lacks.

It is also clear that North Shore City has historically had higher levels of investment by central government and other external organisations, providing generally greater availability of health, public transport and commercial services compared to Waitakere. This may in part be because of the higher population of the city, and also because of the city's location along the major highway leading northwards out

of the Auckland region, which is likely to be more conducive to attracting investment.

Engagement with local communities

A difference of scale was evident in the consultation and partnership activities of each council. However, it is important not to take this too far, to the extent of labelling one council responsive and the other indifferent to the needs of its residents. While Waitakere has a reputation in planning and policy circles for a strong grounding in consultation and partnership, North Shore has also undertaken significant consultative exercises, such as in public transport planning and in the development of the City Blueprint. The differences that have occurred tended to be in priorities and scale of support to local interests.

Waitakere has worked actively in the establishment and ongoing support of local organisations such as the Taumata Runanga and the Pacific Islands Advisory Board, and social service organisations such as the West Auckland District Council of Social Services, all of which critically inform policy development in the city. These consultative mechanisms are a central feature of the Waitakere Way, which stresses collaboration between the city council, local organisations, and central government in a variety of initiatives. The centrality of this approach is signalled by a senior management role of Partnerships and Advocacy Manager, whose role it is to coordinate and facilitate relationships between the council and external organisations. There appears to be a culture in Waitakere City of consultation and

partnership that is more noticeable than in North Shore. Waitakere also differs from North Shore in its willingness to take consultation a step further into partnerships between local organisations and central government agencies, as evidenced by the Waitakere Health Plan. Waitakere's approach is consistent with the concept of "linking" social capital (as discussed in chapter one), through forging active engagement between social groups and the local structures of power.

North Shore has established formal funding relationships with Age Concern and with local organisations to manage community coordinators and also community, sports and arts facilities, but their input into policy development in the city is less obvious. The city council lacks an equivalent to Waitakere's partnership-based input into policy – its relationships tend to be centred on funding or planning for local activities or resources, rather than shared development of local policies.

North Shore's approach in this area suggests one that is supportive of facilitating "bridging" forms of social capital, as discussed in chapter one, by providing the funding and infrastructure to support community activities to occur. The "linking" forms of social capital are less evident, although as noted above, are clearly not absent.

North Shore also tends to operate more of an arm's-length relationship between community coordinators and community organisations than Waitakere, preferring to have these organisations take direction directly from their communities. In some instances, Waitakere has established contractual relationships with local

organisations to manage small-scale community facilities, but the larger-scale facilities such as community centres are managed directly by the Council.

Officers at both city councils were aware of the limitations of community organisations' capacity to manage local facilities, such as time pressures, the skills required, and the demands of employment and safety legislation, all of which can impact on the ability to deliver services to communities.

Engagement with external organisations

A further important difference between North Shore and Waitakere is the degree of engagement with outside agencies. North Shore has a strong focus on its mandated areas of operations, and engagement with external agencies is generally limited to these areas. Prime examples are in the transport arena, where Council interacts with the Auckland Regional Council (ARC) and other transport organisations, and in education where planning for development of new schools requires some coordination between local planners and the Ministry of Education. In other areas, particularly health and social policy, North Shore City Council sees itself as having a very limited role. Waitakere City in contrast uses its Wellbeing Strategy and the Waitakere Way as a platform for engagement on a variety of issues of local concern, taking an advocacy and facilitative role in areas where it does not operate as a direct provider. These are in addition to the types of engagement undertaken by North Shore.

It may be the case that different approaches of the two councils are likely to stem in part from the differing levels of community resource provision within each city. Health services provide a useful example. A strong theme running through Waitakere's engagement with central government is the belief that it lacks many services compared to other cities, particularly health services, and also some social services. Certainly compared to other cities in the Auckland region, Waitakere is the only city without a comprehensive hospital with emergency services, and the Waitakere Health Plan recognises low provision of primary care services. As was evident in analysis of CRAI data, the Waitakere urban area has lower overall levels of community resource access than North Shore City. The comprehensive role that the city council takes in advocacy is clearly in part a reaction to the lack of many services in the city. Such services are outside the delivery capacity of Waitakere City Council, and so Waitakere has by necessity used advocacy and facilitation to achieve better provision of services in the city. North Shore City on the other hand has relatively high levels of access to community resources in general, and to health services in particular. It could therefore be argued that North Shore City has less need to advocate for its citizens than Waitakere City with regard to availability of community resources.

Approaches to health and wellbeing

Health is a particular marker of difference between the two councils, with distinctive approaches by each council to its role and activities. The approach

taken by each city reflects its council's differing view on the role of local government, and the planning model that each follows.

Beyond its statutory roles, North Shore City Council has allocated itself a relatively limited mandate in the field of health and wellbeing. Its core activities in promoting wellbeing are through funding and support to community networks and community organisations, management of leisure centres and libraries, and use of planning and urban design to facilitate or create urban environments that can enhance quality of life. In the provision of community resources such as leisure centres and libraries, and support for community centres and community organisations, North Shore has made available a substantial number of potentially health promoting facilities to its residents. As the analysis of CRAI data makes clear, the city is generally well-endowed with community resources, certainly in comparison with Waitakere.

Health is recognised by North Shore as a potential outcome of the services, facilities and amenities that the council either funds or manages, and the council has identified a role for itself in making opportunities available for people to undertake social or physical activity that can influence health and wellbeing. However beyond these mandates, health does not feature strongly in Council documentation and policies. Compared with Waitakere City Council, North Shore City Council's policies and activities do not give the impression that health considerations have underpinned decision-making in a major way. Health considerations are at times a factor – particularly with statutory environmental health activities, but less so with discretionary activities such as community resources. The limited recognition of

health as a local issue is consistent with the “mandated” role that the council has assigned itself – one that generally leaves issues outside of its responsibility to those agencies that have the mandate to make decisions and take action. This is evidenced by the limited relations of the city council with the Waitemata District Health Board.

A common theme of interviews within and outside North Shore City Council was a perception that it failed to see itself as a city. Its relatively narrow outlook on health and wellbeing may owe something to the ward or suburb-level parochialism identified by a number of interviewees. The parochialism has prevented community resource development in some areas of the city, and it is possible that it may also restrict enthusiasm or capacity for collaboration with outside agencies in areas that the council sees as outside its interests.

Waitakere City presents a very different approach to health and wellbeing. The Sustainable Cities model provides much of the grounding for its approach to health and wellbeing. Wellbeing is central to Waitakere’s Eco-city strategy, and council documentation is suffused with recognition of the impact that council policies and activities can have on the health and wellbeing of the city’s inhabitants. The Waitakere Way and the Wellbeing Strategy are both key vehicles by which the health implications of council activities are taken into account in decision-making, and also provide the basis for collaboration with other sectors, particularly other government agencies and the voluntary sector.

From this analysis of the role of health and wellbeing in each city, it is clear that Waitakere City has more in common with concepts of healthy public policy than North Shore City. Milio describes healthy public policy as “multisectoral in scope” and “collaborative in strategy” (Milio 1988, p.264). The approach of Waitakere resonates strongly with Milio’s thinking on healthy public policy as both multisectoral and collaborative. Waitakere’s approach parallels healthy public policy development (as discussed in chapter one), in the way the council has taken on issues of health and wellbeing through:

- commitment from the political leadership;
- identification of responsible agencies;
- collaboration with agencies and organisations within and outside of government in such issues as health services, and support to children and young people; and
- integration of health and wellbeing into its own policy development and operations.

Waitakere City Council has taken a generally proactive, intersectoral and collaborative approach to issues of health and wellbeing, and this is reflected in its priorities for community resource access. The council delivers services and funding in activity areas that fall within its mandates, and also engages and collaborates extensively with external organisations on issues of health and wellbeing that are outside its areas of direct responsibility.

There are however some commonalities in approaches to health and wellbeing. Both Waitakere and North Shore are aware of the legacies of inappropriate planning and urban design, and both are seeking to create environments that deliver greater connectivity and walkability, with strong relevance to community resource access. Although walkability and connectivity are built on environmental principles, their health implications, in terms of opportunities for physical and social activity are also recognised within the strategies of each council. Waitakere's adoption of these approaches dates back to the early 1990s. Although North Shore City's recognition of the inappropriateness of past planning practices is more recent, its Strategic Plan 2001, City Blueprint 2001 and District Plan (made operational in 2002) all give greater emphasis to more varied urban forms and enhanced levels of community resource access, while also recognising the opportunities for improved health that these may provide.

A paradox in community resource access

The analysis thus far indicates a more active, integrated and inclusive approach taken by Waitakere City Council to its community resource policies, compared to its counterparts in North Shore. Intuitively, one would expect that Waitakere's more longstanding and integrated approach to planning and urban design, and the centrality of health and wellbeing to its strategies, should produce higher overall levels of resource access in Waitakere than North Shore. Yet the CRAI analyses indicate the opposite, that there were higher overall levels of community resource access in North Shore than Waitakere.

This paradox has arisen in this research as a result of examining community resources that have developed over a considerable period of time, alongside policies that are generally relatively recent developments. The CRAI data provided only a single point-in-time analysis of the distribution of community resource access, whereas the built environments of both cities are a result of over a century of development. Incremental changes to urban landscapes, as a result of local policies, are likely to take some time to show an impact on overall distributions of resource access. The impact of policy development cannot therefore be easily ascertained from a single wave of CRAI data. The decade since the adoption of Agenda 21 as an underpinning philosophy in Waitakere, appears to have been marked by improvements in resource access for parts of the city, improvements that the single point-in-time analysis of CRAI is unable to show, but which was revealed by the qualitative analysis. Similarly, there have been major developments over the last decade at North Shore City Council, depending on the policy of each council, which have led to developments in community services as well as regional facilities.

It is also important to recognise that this research is not pointing to a simple cause (i.e. policy) and effect (community resources) relationship. Although local policies can affect the distribution of community resources, policies may also develop as a response to perceived inequities in community resource access. As was clear from key informant interviews, a driver of Waitakere's advocacy and partnerships to improve access to resources, particularly health services, is a perception of

relatively poor levels of resource access. North Shore on the other hand is relatively well-resourced compared to Waitakere, and has less need to lobby for improved provision.

As discussed earlier, despite a more limited outlook on the role of local government, North Shore has appreciably more funds available through rating revenue to allocate to community resources, and over the years has used these funds to considerable effect.

Summary

Table 11 on the following page synthesises the similarities and differences between the two cities, which have been explored in this chapter.

As the table below clearly indicates, the two cities share common legacies of urban design models, and they have similar approaches in their models for future urban form, with substantial recognition of the role of community resource access. The differences between the two cities substantially lie in contrasting views of the role of local government. Despite the adoption of similar urban design models at each council, North Shore's outlook remains more focused on the traditional roles of local government, while Waitakere sees for itself a more enabling and facilitative role of local government.

Table 11: Commonalities and contrasts between North Shore City and Waitakere City

	North Shore City	Waitakere City
Urban form legacies	Automobile Cities models; Separation of residential, business and recreational activity; Some mixed-use areas in historic centres	Like North Shore, dominance of Automobile Cities model and functional zoning in post-war history
Current urban design models	Emphasis on compact urban form and mixed-use developments; Improved community resource access, including expansion of public transport	Similar to North Shore's models, emphasising compact urban form and mixed-use development, but within a framework of environmental sustainability; Improved community resource access
Dominant planning approaches	Communicative planning: facilitation and negotiation between local interests	Sustainable Cities and Agenda 21 models, through Eco-City strategy
Timing of strategies	Developed in response to Auckland Regional Growth Strategy	Predated and informed the development of the Auckland Regional Growth Strategy
Integration of strategies	Indications of growing integration of council operations, but competition between arms of council evident	Integration of environmental, social and economic goals within policy and operations
Funding for community resource development	Wealthier and more populous city than Waitakere, with higher revenue base for community resource development	Fewer resources with which to fund community resource development than North Shore
Engagement with local communities	Significant consultation on strategic initiatives, and formalised funding for local community organisations; Arm's-length relationship between community interests and council	Strong emphasis on both consultation and partnership with local organisations; Establishment of local fora to provide policy advice to Council
Engagement with external organisations	Limitation of engagement to core local government-mandated areas of activity	Extensive use of advocacy, facilitation, and partnerships with external organisations, particularly central government
Approaches to health and wellbeing	Recognition of promotion of wellbeing as a role of council through established activities, such as community resource provision; Limited recognition of role in health, beyond statutory environmental health activity	Integration of both health and wellbeing in Council strategies and activities; Advocacy on health service access; Formalised partnership with District Health Board
Equity considerations in community resource allocation	Policy to ensure "equality of access", by providing opportunities to access resources across the city. Resource allocation not focused on areas higher in socio-economic deprivation	Focus of community resource development on priority "urban village" areas. Some limited prioritisation of resources to more socio-economically deprived areas.

Chapter 9: Conclusions

“The environment in which we live our lives is not a cafeteria containing an endless variety of passively arrayed settings and experiences. It is an active, dictatorial force that adds experiences or subtracts them according to the way it has been shaped.” (Oldenburg 1997)

Introduction

This final chapter draws together the findings from the previous chapters of this thesis, by answering each of the eight questions that prefaced the chapters. Based on these findings, this chapter then turns to the final question of *What are the implications of the findings of this study?*

The conclusions of this study centre on:

- implications for the health and wellbeing of local residents, on the basis of community resource accessibility patterns and each council's policy outlooks;
- the potential for public policies to influence community resource access;
- the potential for considerations of health and wellbeing to inform policy in New Zealand territorial authorities;
- implications of urban form and urban strategies for health promoters;

- the potential utility of CRAI to inform policy and planning, together with possible improvements or modifications that could be made to such an index in future research; and
- current limitations of the research, and possible future research directions.

Overview of research findings

I. The role of community resources in health and wellbeing

What is the evidence from the research literature that access to community resources influences health and wellbeing?

In the opening chapter, the evidence on the health benefits of community resource access was reviewed. Despite a limited literature in this area, two key mechanisms have been identified through which community resource access can potentially have a positive influence on health and wellbeing. These are first by providing access to services, amenities and facilities that are health promoting or provide supportive environments for health – such as access to health services (Arblaster et al. 1996; Barton and Tsourou 2000), supermarkets and grocers for healthy foods (Leather 1996), and through creating opportunities for physical activity (Booth et al. 2000; Giles-Corti and Donovan 2002; Parks et al. 2003). The second mechanism, based on evidence that social connections can contribute to health and wellbeing, is in the provision of venues that facilitate social participation (Baum 1999a; Baum 1999b; Cattell 2001; Coles et al. 2002; Oldenburg 1997; Warin et al. 2000).

Community resources provide a *contextual* dimension of wealth or deprivation: one that complements *compositional* dimensions based on socio-economic wealth; and *collective* dimensions, based on the extent of personal or community-level social connections (Macintyre 1997). Exploring community resource access allows a more comprehensive analysis of the experience of deprivation, and is consistent with Townsend's definition of deprivation as a lack of access to material goods, facilities and amenities, and/or a lack of access to the customs, activities and relationships of an ordinary social life (Townsend 1987).

Community resource access is potentially modifiable by public policy. As the international literature makes clear, there are many examples where local governments in Europe, Australia and the Americas have utilised community resource allocation as a tool to enhance health (Barton and Tsourou 2000; Craig 1995; Gehl and Gemzøe 2000; Weston and Putland 1995).

2. Traditions in urban design and planning, and the role of community resource access

What are the main approaches underpinning urban design and planning internationally and in New Zealand, and how does community resource access feature in these approaches?

A wide range of urban design models have guided urban development in Western societies, led initially by Garden Cities (Howard 1904) and Radiant Cities models

(Le Corbusier 1933). However, it is the Automobile Cities model (Hall 1996) that is the most recognisable in the New Zealand context. This model has created urban environments in New Zealand that are characterised by low density developments, a relatively large geographical spread, separation of residential, recreational, commercial and social activities, and increasing dependence on private transport (Saville-Smith 1999). The dominance of car-oriented urban design approaches has been challenged by the emergence of design models such as Smart Growth, Compact Cities and New Urbanism (de Roo and Miller 2000; Katz 1994; Smart Growth Network 2002). These alternative models stress compact urban form, and the importance of integration, connectivity and walkability. These ideas have found some receptive audiences among New Zealand planners and designers, and have substantially informed the development of the Auckland Regional Growth Strategy. Questions have been raised, however, as to whether compact urban forms will in practice deliver the enhancements to wellbeing that their proponents advocate (Fainstein 2000; Talen 1999; Troy 1996).

Rational policy-making models have heavily influenced planning decisions in New Zealand and internationally, but have been challenged by models such as Communicative Planning (Baum 1996; Kiernan 1983; Lane 2001), Sustainable Cities (United Nations 1992), Just Cities (Fainstein 2000) and Healthy Cities (Barton and Tsourou 2000; Baum 1998). These alternative models recognise that the diversity of interests in the community require representation and consideration in local planning. The latter three models also incorporate explicit goals of urban planning: environmental sustainability, equity, and improvements in health status respectively.

Community resource access is fundamentally influenced by the dominant urban design and planning models. Models that stress functional zoning and private transport are likely to alienate community resources from residential environments. Community resource access is likely to be enhanced by mixed-use models.

3. Methodology

How can access to community resources be measured, and how can the policy context for community resource allocation of each council be identified?

Multiple research methods were utilised in this thesis. Geographic information systems were used to develop a Community Resource Accessibility Index (CRAI), to identify areas high or low in levels of community resource access. The CRAI is a spatially-based index that provides an indication of relative deprivation that encompasses the resources of the local landscape, to complement indicators based on socio-economic resources. This form of data collection responds to calls for development of measures that can identify the quality of the local environment, separate to features of their populations (Gleeson and Randolph 2002; Kearns et al. 2000; Sooman and Macintyre 1995). Multiple regression was employed to identify associations between CRAI distributions, and socio-economic and demographic population distributions.

Key informant interviews and document analysis formed the qualitative dimension of this research, with the aim of examining the policy and planning contexts of the two territorial authorities. The interviews were conducted with officers at the two territorial authorities and four external organisations, with which the two territorial authorities have differing levels of engagement. Official council documentation was examined to validate and add depth to key informant interview data.

The use of multiple methods in this research, drawing together the quantitative analyses of CRAI data, with qualitative analyses of interview and document data, provided a useful exploration of patterns and determinants of community resource access in each city. The complementary methods added a depth of information that using a single approach could not have provided. Inclusion of the CRAI data alongside the analysis of council policies and planning allows identification of areas in the city that may have been neglected by policies and planning, and where attention may be required in the future – information that could not have been obtained solely from the qualitative approach.

4. Community resource access and the socio-economic landscape

What is the distribution of community resource access in North Shore City and Waitakere City, and how does the distribution correspond to demographic, economic and social patterns?

North Shore City, with higher socio-economic wealth than Waitakere also had greater wealth in community resources than the Waitakere urban area. This extended across most domains of community resource access, as well as for the overall CRAI scores. Such a finding is consistent with some international studies of community resource access (Sooman and Macintyre 1995; Williams and Collins 2001).

However, within each city, areas of higher deprivation also had higher levels of resource access, indicating some degree of territorial justice in community resource distributions. Although a general pattern was evident of higher deprivation being associated with high community resource access within each city, there were some meshblocks of high deprivation with relatively low levels of community resource accessibility.

A spatial dimension to community resource access was also evident in each city, which could not be solely explained by associations between CRAI scores, and socio-economic and demographic data.

5. Community resource planning priorities

What policies and paradigms have driven decisions regarding community resource allocation in the two cities?

North Shore City Council provides or funds a substantial range of community resources within its administrative boundaries, ranging from small-scale community houses to large-scale venues such as recreation facilities, libraries and sports complexes. The council also supports a wide range of local organisations, separately from community facilities. The city is also relatively well-provided in community resources delivered by other organisations, such as public transport and health services. In the provision and management of community resources, North Shore City Council has in general taken an approach of managing certain resources directly, and devolving management of other community resources to external community organisations or trusts. These include community centres and arts centres, as well as a large-scale theatre and a sports stadium.

The city's urban form varies between areas that were historic seaside settlements, with a wide range of community resources established around them, and areas that were settled quickly after the construction of the Auckland Harbour Bridge, and bear the hallmarks of the Automobile Cities model, with relatively few community resources available. Council policy is now directed towards rectifying many of the deficiencies of post-war models based on functional zoning and reliance on the car. These efforts, consistent with Smart Growth and Compact Cities models, plan for a mixed-use and compact urban form with a wide array of community resources available. The new approach to planning and urban design is substantially due to the city's commitment to the Auckland Regional Growth Strategy, a region-wide initiative. North Shore's commitment to the strategy offers the prospect of further enhancements to community resource access, based around existing centres of

development. Officers interviewed in this research raised problems of local parochialism and lack of a city view, and resistance by developers, as potential barriers to improved community resource access in the future.

Waitakere City, like North Shore City, supports a wide range of community resources, although the council is aware that it lacks many of the large-scale facilities that other cities in the region possess. The city has also inherited an urban form that is substantially based on the Automobile Cities model. However, interviews with officials from Waitakere City Council delivered a clear vision for the city that flows through to all aspects of its operations, including its engagement with external organisations. The Eco-city strategy, based on Agenda 21, integration of council activities, and community engagement emphasises community resource access and recognises environmental, social and economic benefits of improved accessibility. Waitakere, like North Shore, is a partner in the Auckland Regional Growth Strategy, but Waitakere substantially informed the development of the Growth Strategy on the basis of its experience in developing the Eco-city strategy.

Although Waitakere has a lower overall level of community resource access (based on CRAI data) than North Shore, improving accessibility is a priority of council. A key instrument for improved accessibility is the Urban Villages policy. The Urban Villages are areas that will have higher population densities, served by comprehensive transport connections, and with a wide range of accessible services, amenities and facilities. A further feature of the Eco-city strategy is improved walkability, assisted by locating community resources within walking distance.

However, the main focus of council activity in developing urban villages has meant that some areas outside the identified development nodes are lower priority for further resource provision, and are reliant more on local advocacy for improvements in resource access. Waitakere is also limited in its ability to expand community resource access by the relatively low rating base of the city, and (at the time of research) by limited options for levying contributions from developers for community infrastructure. Ongoing delays in public transport development are a significant barrier to improved community resource access.

6. Council considerations of health and wellbeing

To what extent have considerations of health and wellbeing informed local decision-making, and how have these considerations influenced policies on community resource access?

Considerations of health and wellbeing are key markers of difference between the two councils. Diverging outlooks were evident, between traditional views of local government, and outlooks that stress a more enabling and facilitative role of local government. Beyond its statutory roles in environmental health, North Shore City has concentrated on activities in relation to health and wellbeing that it considers as within its core mandate. North Shore City recognises the potential health outcomes of community resource access, and supports community resources such as parks, recreation centres and community centres. On the other hand, the city council distances itself from involvement in health issues that it considers outside

its mandate, particularly services that are provided by government agencies, including health services. North Shore does however recognise a role in promoting wellbeing, particularly through its support for community resources and community networks.

Waitakere's approach to health and wellbeing is generally more proactive, intersectoral and collaborative than that of North Shore's, and this is reflected in its activities with regard to community resource access. Waitakere delivers services and funding in activity areas that it sees as within its mandate, but also engages extensively with external organisations locally, and with central government, on issues that are outside its areas of direct responsibility. This has been particularly directed to issues relating to health services within the city, but has also encompassed issues of wellbeing, such as central government housing policy and support for at-risk youth and families. Wellbeing is clearly central to the Eco-city strategy. The Waitakere Way (a partnership process established by the council) and the Wellbeing Strategy are both central instruments through which the health implications of council activities are taken into account.

7. The potential of CRAI

How can the means of measuring community resource access used in this research complement indicators used by each city?

North Shore City Council primarily used indicators to inform operations across council. However, at the time of the research, North Shore had collaborated in a significant monitoring project examining quality of life in New Zealand cities, along with Waitakere City (Auckland City Council et al. 2001). Waitakere had engaged in extensive indicator development over the past decade, to inform ongoing progress in local strategies, as well to assist with advocacy activities, particularly around different forms of community resource access.

North Shore and Waitakere have examined resource accessibility as part of their monitoring strategies, primarily through studies of use, satisfaction and number of resources within the cities. Both cities, at the time of research, had commissioned a research consultancy to undertake an analysis of access to specific community resources, to inform local service planning.

In general, officers from both councils considered that the CRAI had useful applicability in policy and planning. Officers saw potential applications of the CRAI, or adaptations of the CRAI, to:

- complement existing data sources for service planning;
- inform advocacy within council on inequitable allocation of community resources; and
- inform advocacy outside of council for service delivery by external organisations, including government agencies.

8. Commonalities and contrasts

What are the commonalities and contrasts between the models of urban design and planning adopted by each city; and how have the approaches of each city impacted on priorities for community resources and health and wellbeing?

Both North Shore and Waitakere Cities share a common legacy of the Automobile Cities model, with an historic assumption that access to private transport would remove all barriers to resource access. Recognition of the problems associated with the Automobile Cities model, and corresponding problems related to functional zoning, has led each council (from 1999 in collaboration with other territorial authorities and the Auckland Regional Council) to adopt new models of urban development. The current planning models of the two cities have similar features, emphasising:

- enhanced urban amenity;
- greater range of community resources within urban centres;
- a choice of housing types;
- increased employment within each city;
- expansion of leisure opportunities;
- improvements to passenger transport; and
- enhanced walking and cycling opportunities.

The main differences between the strategies of the two territorial authorities are:

- timing of urban design and planning strategies;
- planning models adopted by each council;
- level of integration of strategies;
- level of funding for community resource development;
- scale of engagement with local communities;
- level of community resource provision by external organisations; and
- role of health and wellbeing within strategies of each city.

Implications of research findings

Having summarised the key findings from the eight research questions, the wider implications of the findings are now examined, for health and wellbeing; for central and local government public policy; for health promoters; for the utility and limitations of the CRAI; and finally for its theoretical implications.

Implications for health and wellbeing

Differences in community resource access between cities

The generalised disadvantage of the more socio-economically deprived Waitakere City compared to North Shore City suggests that structural inequalities in wealth become predictive of community resource access at the jurisdictional or administrative level (in this case, the city level), where the ability to support

resource development becomes apparent through the different levels of funding available.

Because of Waitakere City's generalised disadvantage in community resource access, it is likely that Waitakere residents will in general travel further to reach community resources, or will simply not receive the benefits of community resources, to the same degree as North Shore residents. Based on evidence from the international literature, this could have direct ramifications for health and wellbeing, through the relative lack of availability of health promoting resources, or venues for social participation. There could also be indirect health consequences if greater travel distances to reach resources resulted in increased use of motorised transport, with its attendant risks, and which could also increase levels of air pollutants in the city – already an issue of concern in the Auckland region (Fisher et al. 2002).

It is noteworthy that this generalised difference in resource access also included disparities in access to health services. In light of research evidence indicating access to health services can contribute to reductions in health inequalities (Arblaster et al. 1996), Waitakere's deficit in health services could also contribute to any differences in the health profile of the two cities. However, in the future, this is likely to be offset by improvements to health services currently taking place in the city.

It was not the purpose of this research to measure the potential health impacts of community resource access, but this discussion raises issues for consideration in local planning and policy. These conclusions about the possible impact on health also assume that there is a constant positive relationship between community resource access and health outcomes. There may in fact be a threshold beyond which levels of community resource access will have little impact on health – and therefore at that stage, Waitakere’s relative lack of community resources may not significantly impact on health and wellbeing.

Distribution of community resource access within cities

The finding that more deprived areas within each city tended to have greater access to community resources indicates some potential for community resource access to act as a redistributive mechanism, by reducing cost and mobility barriers to their use. Consistent with overseas research evidence, the spatial allocation of resources within each of these cities, rather than reinforcing inequalities, can serve to help overcome inequalities and redistribute incomes (Badcock 1984).

However, it was not clear from interviews with council officers that the more socio-economically deprived areas were targeted for community resource development – at least not on the basis of their deprivation. As detailed in chapter five, there were some exceptions, most notably in setting priorities for parks development in Waitakere, where poorer areas were often favoured. Generally however, the areas prioritised for location and development of resources, in both

cities, was on the basis of their status as existing urban centres, and which were selected as development nodes in each city's development strategies.

The convergence of high deprivation and high accessibility appears to be a fortunate conjunction of local policies based on development around existing urban centres and socio-economic population distributions. In Waitakere, existing town centres are the focus of the Urban Villages policy. These areas tend to be more socio-economically deprived, but are also areas where there are existing social, commercial and/or transport infrastructures from historic patterns of settlement. Around these areas further resources are to be developed and residential development is encouraged. In North Shore, the more socio-economically deprived areas of the city also tend to be high in resource access, and tend to be in well-established areas with existing infrastructures that are central to plans for a more compact urban form.

It is therefore likely from this analysis of the distribution of community resources, alongside the analysis of interview data, that there is a spatial constraint operating within each city (as suggested in chapter four) – that the urban structure, by limiting the potential for development of alternative sites, may inhibit inequitable location decisions from occurring, consistent with McLafferty (1982). Under the policies of each council, by concentrating resource development in existing urban centres, it is likely that the existing distributions of resources to populations will be maintained, at least in the short term (depending on population movements) –

thereby maintaining a general pattern of high accessibility in areas of high deprivation.

Pockets of inequity

It is also important to recognise that although a general pattern was evident of more deprived areas within each city having greater levels of community resource access, there remained some socio-economically deprived areas with low levels of community resource access, which were labelled pockets of inequity. These areas also feature population groups that may have particular unmet needs for community resources, with higher proportions of older people, families with children and Maori.

Although officers within each council recognised the lower levels of community resource access in these areas, many of these areas were outside the geographic areas prioritised for development at the time this research was undertaken. Because of the lower priority these areas have within council policies, there is a greater onus on local residents to lobby for provision of local services. It is in these areas that the policies adopted by both councils, of focusing development on existing urban centres, could result in deepening social inequalities. As a consequence, the lower levels of community resource accessibility may have ramifications for the health and wellbeing of local residents, through reduced access to health promoting services and opportunities for social participation.

There was no suggestion, at either Waitakere or North Shore, of any attempted discrimination in council policies or activities to favour wealthier areas in the distribution of community resources. There is, however, scope for both territorial authorities to examine resource allocation in these pockets of inequity to determine if there are particular gaps in community resource provision, which if filled (be it by council activities or in collaboration with other organisations), have the potential to enhance the health and wellbeing of people living in these areas. This is a particularly important issue in Waitakere, where there were considerably more pockets of inequity than North Shore.

Changing models of urban form

It is apparent in this study that each of the two territorial authorities is moving towards mixed-use planning models, which is likely to bring enhanced community resource access to greater concentrations of populations. Based on the international literature, the potential benefits of this policy direction could include:

- enhanced opportunities for physical activity, through the creation of environments that support walkability;
- diversity of uses to foster a vibrant community life;
- reduced levels of environmental pollution from vehicle emissions; and
- access to essential and/or health promoting services and facilities (Barton and Tsourou 2000; Coles et al. 2002; Jacobs 1961; Leather 1996; Warin et al. 2000).

However, as indicated above, the impact on inequalities in health will depend on the extent to which the poorest sectors of the population continue to receive the benefits of enhanced community resource access.

Implications for public policy

Role of community resource access as a potential instrument of local policies

The experiences of both councils examined in this research indicate that community resource provision is a potential vehicle for the implementation of wider strategies. At each council, community resource provision was an important sphere of activity that both reflected and contributed to the wider strategies of each council. Community resources were important components of local policies at each territorial authority, particularly strategies for urban development. Both North Shore City and Waitakere City incorporated improvements in community resource access in the development of strategies consistent with the goals of the Auckland Regional Growth Strategy for a more compact urban form combining residential, social, recreational and business uses.

The potential of local public policy to influence patterns of community resource access

Consistent with discussions of the role of local government in New Zealand (Bush 1995; Hill 2000), the two cities provide clear examples of how local public policies can influence patterns of community resource access, through:

- funding and provision of services, facilities and amenities that are the core roles of local government, such as community centres, parks and libraries;
- regulation of and consents for land use for activities delivered by external organisations, including the commercial and voluntary sector;
- collaboration in planning for services and facilities delivered by external organisations, including the private sector and central government, such as public transport and schools; and
- design of urban environments.

Although a spatial constraint is evident, the historical development of community resources in each city indicates that there clearly remains the ability for local policies to provide or promote enhanced access to community resources.

Integration and convergence of council activities

The two territorial authorities had different means of ensuring communities had access to resources within the councils' mandates, and each approach was grounded in the social and political climate of each city. North Shore's approach of allocating funding to local organisations to manage facilities and deliver services provides, from the council's perspective, a means by which local communities are given the opportunity to provide services that are consistent with local needs. The approach also allows the council, despite a largely conservative electorate, to support a wide variety of local resources by devolving functions and creating accountability mechanisms to monitor service delivery. Waitakere City, in contrast, directly owns and manages many large-scale community facilities, but

engages extensively with the local community in council activities. These differing approaches demonstrate that different models can be developed to ensure community resource access across cities.

However, as the interviews with Waitakere officers clearly indicated, the Waitakere approach was located within a more integrated framework of council activity. Based on this investigation of community resource access, the model adopted by Waitakere indicates that environmental, economic and social goals can converge in local planning, rather than compete with each other. A factor that appears important to integration of policies is the identification of an underlying goal of city planning (in Waitakere's case, that of a sustainable and equitable city), within which policies are coordinated. There are always likely to be winners and losers in the allocation of resources, but the identification of an overriding goal of council activity provides a frame of reference on which to base negotiation. The implication is that the Sustainable Cities or the Just Cities planning approaches (Fainstein 2000), are more likely to produce convergence of local activities, than approaches such as Communicative Planning (Baum 1996; Fainstein 2000), which are based on negotiation between competing interests.

Role of advocacy and facilitation to improve community resource access

This research also reveals considerable potential for advocacy and facilitation with external organisations, particularly with central government, as tools for enhancing community resource provision. With some success, Waitakere City has been able to lobby central government for improved resource provision, particularly in health

and social services, and is likely to deliver improved community resource access in the future (although improvements in public transport have been beset with delays). Similarly, North Shore City's relationship with central government and the Auckland Regional Council on one issue in particular – public transport – has contributed to the development of the Bus Rapid Transit system. These developments highlight the potential of advocacy and facilitation by territorial authorities, to achieve improvements in resource provision in policy areas that are outside their traditional mandates.

Role for central government

If the observed pattern of generalised differences in community resource access between the two cities occurs more widely, to the extent that wealthier cities generally tend to have better aggregate levels of community resource access than poorer cities, there is an issue of equity or territorial justice that central government could have a role to address.

Because of the limited revenue-raising opportunities available to territorial authorities with more socio-economically deprived populations (or with smaller population bases to fund development), there are likely to be corresponding constraints on the ability of these poorer cities to provide the community resources that are the traditional role of local government. It may therefore be appropriate for central government to consider means of supplementing revenue of poorer territorial authorities to ensure a more equitable distribution of resources. One such means already implemented under the new Local Government Act 2002

is an expansion of local authorities' ability to levy developer contributions. This however applies only to new areas for development, and will not affect established residential areas.

A related issue is that although advocacy to central government for services that are outside the scope of local government is a potentially useful tool, advocacy has its limits. In particular, there is a danger that the local authority that "advocates loudest" will receive the greatest share of central government assistance. There is therefore a responsibility for central government to ensure an equitable distribution of the benefits of its funding and services, and that its policy responses to advocacy in one area are not to the detriment of other areas.

Potential for healthy public policy development by territorial authorities

This research indicates potential for healthy public policy to be a feature of local policy-making. Waitakere's approach to health and wellbeing has much in common with Milio's view of healthy public policy, one that is multisectoral in scope and collaborative in strategy (Milio 1988). Health is an issue that has been grasped firmly by the political leadership, where the key agencies have been identified, where collaboration between sectors has been undertaken, and where health and wellbeing were incorporated into many council policies. The city provides a clear example of how health issues can inform local decision-making and council activities, even where cities are not participants in the Healthy Cities-type programmes.

Despite North Shore's general advantage in community resource access, including health services, there remains potential for North Shore to take on issues of health and wellbeing and to adopt healthy public policy approaches, particularly through engagement with external organisations. North Shore, although generally wealthy and well-endowed with community resources, still has areas of high socio-economic deprivation and areas that are lacking in community resources. Advocacy and engagement on issues of health and wellbeing could therefore be to the benefit of many city residents.

This research also raises some implications for healthy public policy theory. These are discussed later in this chapter, in the section titled 'Theoretical implications' (p.437)

New frontiers of local government activity

The contrasting approaches of the two city councils reveal a gulf between traditional views of a limited role for local government, and alternative views that take a more active and advocatory role. As discussed in the Introduction to this thesis, the passage of the new Local Government Act in 2002 considerably shifted the role of local government, from a set of specified activities, to promoting "the social, economic, environmental, and cultural well-being of communities, in the present and in the future" (s.10, Local Government Act 2002).

This widened purpose of local government is supported by requirements for consultation on community outcomes, and reporting on progress by local

authorities toward their achievement. The legislation also conferred a broad power, which has been widely referred to as a “power of general competence” on territorial authorities to “carry on or undertake any activity or business, do any act, or enter into any transaction” (s.12(2), Local Government Act 2002). This allows territorial authorities to undertake anything that a company can do, thereby permitting a wider range of activities than under the previous legislation (within limits set by other provisions of the legislation and other Acts, but which are nevertheless more enabling and less prescriptive than the 1974 Act).

Under these legislative changes, the traditional view of local government is likely to be increasingly challenged, and new opportunities for local activity are likely to emerge. These new directions established by the legislation challenge local authorities to seek guidance on their roles and activities, not so much from what parliament permits, but to a greater degree from what their communities identify as important. In this sense, the mandated role of local government may in the future be driven by what communities consider will contribute to the wellbeing of the city, district or region. If, over time, territorial authorities expand their activities into new fields, the concept of “mandated” roles (as espoused by North Shore) may become antiquated or possibly unfeasible. This is because the removal of many statutory barriers to local government activity, together with a wide-ranging purpose of local government, may make it more difficult for territorial authorities to claim a restricted scope of operation.

With particular relevance to community resource access, the new legislation expands the ability of territorial authorities to levy contributions on residential and commercial developers to fund community infrastructure, such as libraries, community centres and recreation centres (Local Government and Environment Select Committee 2002). This offers the prospect of community resource access being factored into the planning and development of new residential areas, and funded by the developers, rather than requiring councils to draw exclusively on their own funds. This policy initiative has considerable potential to improve levels of community resource access within cities, with potential benefits for health and wellbeing, although as noted above, it applies only to new areas being developed.

As discussed in the introduction, the role and functions of local government are highly contested in New Zealand policy debates. Business interests largely opposed the expanded role of local government in the new legislation, fearing new activities would impose greater costs on the commercial sector (Business New Zealand 2002). A change of government could see a curtailment of the newly-granted powers of discretion and revenue-raising now enjoyed by local government.

Although this research was conducted at a time when the two territorial authorities were operating under the former legislation, the experience of Waitakere City Council highlights the potential for New Zealand territorial authorities to take an active role in issues of health and wellbeing, through engagement with central government, and through coordination of their respective activities and resource development.

Implications for health promoters

The starting point of this research is that the urban form, through the design of areas in which people live, socialise, exercise and work, has considerable potential to influence health and wellbeing. It is also clear that the model of urban design that is adopted has long-term implications for access to community resources within cities.

The main emphasis in this thesis has been on the role of territorial authorities in promoting health and wellbeing through their own activities in relation to community resources. However, influencing the level of community resource access should not be left just to local government officers. Community resource access also has relevance to those working in public health research, policy and practice. Health promoters have the potential to:

- become more aware of urban design models and their impact on the health and wellbeing of urban populations;
- become involved in formal city and regional processes of community planning;
- engage directly with urban planners on local health issues; and
- examine the availability of community resources in health planning and identify potential solutions.

There are many opportunities for public health researchers and practitioners to engage with local government and seek to have input into the strategies for urban development, for the purposes of enhancing population health and reducing health inequalities. In New Zealand this can be via established processes, such as District Plans, Strategic Plans, and Long Term Council-Community Plans (established under the local government legislative reforms discussed earlier). The latter initiative provides a significant opportunity for stakeholders to become involved in new processes for community outcomes planning. Direct engagement with planners can also occur through advocacy and collaborative initiatives, of which the Waitakere Health Plan is a useful example.

A further potential avenue for identifying health implications of urban form, as a platform for engagement with local government, is through the health needs assessment processes that district health boards (DHBs) periodically undertake in the development of their own strategic plans. Health needs assessments can provide a means for DHBs to identify areas lacking community resources, which could thereby provide directions for DHBs to act, either through funding or provision of health services, (such as primary healthcare), or through facilitation and advocacy to territorial authorities or regional councils for other community services.

A related potential area of engagement for health promoters is in the development of local indicator sets, to inform the activities of the health sector, and to place health issues on the agenda of local government. Through such monitoring

activities, data on community resource access and health status can be gathered alongside social and economic data, to provide a more comprehensive information platform on which to develop strategies.

Utility of the CRAI

Informing policies and strategies

This research highlights the utility of indicators of community resource access to inform local and national strategies. It was clear from discussions with council officers that there is considerable potential for the Community Resource Accessibility Index – or modified versions of the CRAI – to inform local planning and policy. Potential applications of the CRAI include complementing existing data sources to inform service planning, and as an advocacy tool to organisations outside councils, to highlight areas lacking services that are not delivered by the councils themselves, such as health and education services.

As well as informing local policy-making, the development of the CRAI shows that a replicable methodology can be developed that has potential to be applied consistently within national social and environmental monitoring programmes. Despite the apparent unwillingness of the Ministry for the Environment to develop indicators of urban amenity (as discussed in chapter seven), the development of the CRAI shows that measurement of one aspect of urban amenity – community resource access – is possible, although is potentially costly. In this research, CRAI data was collected at the Census meshblock level, but was able to be aggregated to

higher levels, such as the city level. This is a methodology that is replicable across other urban areas of New Zealand, and is dependent only on availability of comparable, spatially-referenced data.

Spatial data visualisation

The research indicates that using maps to spatially represent data provides a powerful tool for communication. Council officers who were shown CRAI maps were enthusiastic about the use of data in this way, for the potential to communicate spatial equity issues in a manner that conventional representation of data cannot. Officers suggested that the spatial visualisation of data such as CRAI could provide an information and advocacy tool to highlight geographic areas of inequity in resource access, and could therefore be a powerful tool for policy-making. More generally, these findings indicate that spatial data representation is a potentially fruitful means for health promoters to communicate issues of health and wellbeing to urban planners and policy-makers, as a means of bringing about health promoting changes in urban environments.

Limitations of the CRAI

As a research tool, the CRAI is not without its limitations (discussed in more detail in chapter three). The foremost limitation (drawn to the attention of all interviewees and commented on by some, but not all) was its focus on a single population group, in this case, caregivers of young children. Because the weightings used in the development of the CRAI were based on the preferences identified by

caregivers, the applicability of the CRAI to other population groups is not known. If developed for other population groups, the selection of services, amenities and facilities, and their rankings, all of which influence the CRAI scores, could differ from those of caregivers.

However, it is clear that the areas signified by the CRAI as being of high resource access tend to be clustered around historically high activity centres. Furthermore, in the course of interviews, council officers were shown maps depicting the distribution of CRAI scores, and these interviewees gave face validation to the CRAI distributions in each city. These findings suggest that the CRAI is a valid general indicator of which areas are high or low in access to resources. It is also important to note that this is a unique indicator that has not been developed in previous New Zealand research. Despite its limitations, and until such time as a more generic instrument is developed, the CRAI is the only available data source of this type that can be analysed alongside population patterns.

Another limitation of the CRAI, also noted by council interviewees, was the lack of detail given to the quality of community resources; and the scale of some facilities, which may vary between local, district or regional scales, such as leisure facilities versus sports stadia. As noted earlier in this research, the CRAI is mainly an indicator of the number and location, rather than the quality, of services, amenities and facilities available at the meshblock level. With only a few services and facilities (public transport, parks and libraries) was it possible to incorporate a limited quality dimension. The quality of the facilities available to residents in different

areas of the two cities could vary significantly. However in the development of the CRAI, there were limitations in the level of detail that was readily available from different data sources, particularly council data holdings. This necessarily meant that some detail had to be sacrificed in order to produce a workable index, without incurring prohibitive research costs in evaluating the quality of a variety of community resources across two cities.

Theoretical implications

This thesis is grounded in applied social science research, and as such, is mainly directed to informing local public policy and health promotion practice. However, there are a number of theoretical implications, particularly in relation to the social capital debate, to theories of government versus governance (regime theory), and to the theoretical basis of healthy public policy.

Social capital

Chapter one noted the distinction in the social capital debate between bonding, bridging and linking social capital (Putnam 2000; Szreter 2002). Both city councils were willing to provide the infrastructure of community resources to support social capital formation. However, the approaches of the two councils to community resource development are distinctive for the different applications of social capital that they exemplify.

North Shore City's approach of maintaining an arm's-length relationship between council as funder, and local organisations as providers of services, indicates support for bridging forms of social capital. This approach ensures that infrastructure and funding support are available, but places responsibility on local communities to build momentum and support for community activities, as well as to develop linkages between different groups.

Waitakere City's underlying approach of partnership with community groups is more indicative of linking social capital. This is evidenced through its holistic approach to city governance, the formal development of local partnerships, and the emphasis on community consultation and representation in local decision-making.

This research has therefore provided case studies of how different concepts of social capital, framed within community resource development, can be operationalised by local government. The provision of community resources alone, while supportive of social capital formation, is not predictive of the type of social capital that may develop, and depends crucially on the roles adopted by local policy-makers in building relations with their communities.

Regime theory

Chapter two briefly discussed the emergence of regime theory, particularly the transition from government to governance, as a means of framing local decision-making (Hall and Hubbard 1996). Both councils in this study exemplified

this transition, through the formation of coalitions or partnerships to achieve solutions to local issues.

Applying community resource development as the analytical lens was particularly useful in this regard. At each council, a significant range of community resource developments were either achieved or were underway as a result of alliances with local interests from both the private and voluntary sections, and with central government. These ranged from the construction of schools in new urban areas to the development of major public transport infrastructure. In each case, it was the absence or shortfall of community resources that provided the motivating factor for establishing coalitions.

These coalitions brought about improvements in community resource provision, which would not have been achievable within the strict confines of the services that each council delivers. This research is also notable for highlighting the multi-dimensionality of local coalitions (Brown 1999), particularly in Waitakere City, drawing together a variety of sectors.

Healthy public policy

As discussed above, this research is supportive of healthy public policy approaches within local policy-making. However, the research findings also signal a challenge to advocates of healthy public policy. An overriding goal of healthy public policy (as articulated by Milio (1988) and discussed in chapter one), is that all public policies should take into account the health interests of the public. It was apparent that

officers at both councils had similar goals to health promoters – of developing urban areas that were more pedestrian and cycle-friendly; that were free of environmental pollutants; and where local communities were able to develop strong linkages to sustain social stability. Although these endpoints were similar, the starting points, in terms of the underlying ethos that framed council activities, were not always based on a health perspective. This was not confined to North Shore City: Waitakere City was guided by its Eco-City philosophy, one that was based on principles of environmental sustainability rather than explicitly on health.

The fact that council officers were not always framing their activities within a health outlook does not necessarily mean their approach was deficient. Indeed, if the goal of taking the health interests of *all* public policies was interpreted literally, this could place significant costs on local and central government, and may in fact divert funding from community resource development. In most instances, health is not the underlying goal of local government in New Zealand, but it can be recognised as one among a number of outcomes of local government activity. The qualitative difference between the two councils in healthy public policy was the strategic engagement with health-related organisations, which followed recognition of the contribution of local government activity to population health.

The challenge therefore to promoters of healthy public policy is to appreciate where healthy public policy is being practised, even where health is not explicitly an underlying goal of local public policy. Healthy public policy can be expressed through the range of interests that are considered, through the collaborative

mechanisms that are established, and through the extent to which the goals of particular policies, projects or initiatives can have health benefits.

Rather than seek to entrench health as the basis of decision-making, or to establish a health promotion function in territorial authorities, health promoters could focus their efforts on how their own skills and capacities can work synergistically with activities by local government in order to enhance health. To do so would require strategic consideration of where health promoters can most effectively contribute to healthy public policy development within local government, rather than seek input across all functions of local government.

Future research directions

Confirming the impact of community resource access on health and wellbeing

This research adds one building block to research on urban planning and health. However, this research was not directed at establishing the impact of community resource access on the health and wellbeing of people living in these localities, and as is clear, the potential impacts can only be suggested. For example, although the research has highlighted areas of high deprivation, which have contrasting levels of community resource access, this research has not examined the differential impact of resource access on the people of these communities. At the time of writing, this line of enquiry is being explored by the Centre for Social and Health Outcomes

Research and Evaluation (SHORE) at Massey University, drawing on data from qualitative and quantitative surveys of caregivers of young children in each city.

A further useful research direction is to identify the differential impact of different types of community resources on health and wellbeing, in addition to examining the impact of a wide range of community resources, as indicated by the CRAI.

Identification of which types of resources are most likely to improve population health and wellbeing is an essential step in prioritising the limited funding of central and local government towards the most effective interventions.

Quality of community resource access

As noted above, the CRAI is mainly a measure of the number and location of community resources within reach of each meshblock in the two cities, and incorporating a quality dimension was only possible to a limited degree. The quality of services, amenities and facilities may vary considerably with different impacts on catchment populations. Future research could examine in more detail the quality of resources available within areas of contrasting socio-economic profiles, and the experiences of people living in these areas.

Disaggregating CRAI components

As a composite indicator, the CRAI points to areas of each city that have high or low concentrations of a wide range of community resources. This study has not considered in detail the distribution of CRAI components by each of their domains,

nor has it distinguished between public, private and voluntary sector resources. Further research could examine associations between these different components of the CRAI, and economic and social data for each city. Such an approach could reveal different associations between community resource distributions and social and economic data, thereby posing new challenges for local public policy.

Alignment of policies with residents' experiences and perceptions

The qualitative phase of the research provided only a partial view of community resource provision, based on the perceptions of council officers. Another relevant future research direction is to examine the extent to which local policies and planning on community resources are aligned with experiences of community resources by the residents themselves. For example, to what extent is Waitakere City Council's strategy for improved walkability and connectivity impacting on people's mobility patterns, perceptions of resource access and use of community facilities? Or, how do the approaches of each council in the funding and management of community facilities affect the forms and experience of use of these facilities by local residents?

Impacts of urban design models

This research, although noting the centrality of promoting a more compact city form to current planning initiatives, did not attempt to investigate if compact urban forms are themselves beneficial to health and wellbeing. As discussed in chapter two, this is an issue of some contention. Opinion is split between those who argue

a more compact urban form will enhance linkages between different activities and enhance quality of life (see for example Smart Growth Network 2002), and those who argue lower density urban forms are highly valued by those who live in them, and require only modifications to enhance quality of life and ensure a sustainable future (Troy 1996). It is beyond the scope of this research to assess which of these two arguments has the most merit. A useful future research direction, however, would be to evaluate the impacts of different urban forms on the health and wellbeing of their residents.

Conclusions

Using multiple methods, this study has traversed disciplines encompassing public health, spatial equity, planning and urban design, as well as touching on a number of others, including theories of governance and resource allocation. The conclusions of this research therefore reflect this cross disciplinary approach.

From the perspective of the distribution of community resources, this study found that inequalities in wealth may be predictive of urban community resource access at the jurisdictional or administrative level (in the case of this research, at the city level), where the ability to support resource development due to the relative wealth of the area becomes apparent. However, within cities, inequalities in wealth can be mitigated by location of community resources close to socio-economically deprived populations, who are likely to benefit from the reduced mobility costs, and the general health benefits, of community resource availability.

Policies and planning at central and local government levels are important determinants of the location of community resources in urban areas, as well as the general form of urban environments. Although strongly influenced by policy directions of territorial authorities, the allocation of community resources has considerable potential to assist with the implementation of local strategies for urban development.

The activities and direction of one of the territorial authorities studied in this research indicates potential for integration and convergence of social, economic and environmental policies, within the ambit of their activities, so as to enhance health and wellbeing. Furthermore, New Zealand territorial authorities have potential to make use of advocacy and facilitation to enhance provision of resources in policy areas outside of their direct responsibility, and in so doing extend their scope of activity from the prescribed roles of government to their broader horizons of governance.

This study has also shown that New Zealand territorial authorities have potential to incorporate issues of health and wellbeing in their local agendas, and that these are consistent with their legislated capacities. New local government legislation presents new opportunities for local government activity in New Zealand, further broadening their scope of activity. This new legislative environment offers opportunities for territorial authorities to improve community resource access.

Moving attention from local government to public health, it is clear that the application of models of urban form warrants attention by health promoters. Although local government and health promotion have separate structures and functions, there is much overlap between the two fields. Collaboration between the two disciplines, through identifying shared interests, developing common goals and coordinating resources may offer potentially fruitful avenues to enhance health and wellbeing of local populations. Furthermore, public health researchers and practitioners could engage with local government and become involved in development of urban strategies as a means of promoting health and wellbeing.

Finally, indicators of community resource access can be powerful tools for informing local and national strategies, and deserve some attention in development of monitoring frameworks.

Community resource access is potentially an important way to improve health and wellbeing. Access to resources can be influenced by local authorities, and also by health promoters advocating and collaborating with them to improve access in urban areas, particularly to socio-economically deprived populations.

In the New Zealand context, there is considerable scope for territorial authorities to undertake activities to enhance the health and wellbeing of their residents, through direct delivery of community resources, and through collaboration with external agencies in the development and location of community resources that are outside the direct responsibilities of territorial authorities. The passage of local

government legislation in late 2002 is likely to blur the boundaries between territorial authorities' responsibilities, and those of other organisations, and expand the range of possibilities for local activity to enhance community resource access, and health and wellbeing.

This thesis is grounded in the public health research arena, and it is fitting that it concludes with a public health perspective. This research not only challenges local planners and policy-makers to actively engage on local health issues, but also challenges health promoters to consider the urban design models and legacies that contribute to the health and wellbeing of populations. Equipped with the knowledge and tools of public health research and evaluation, and building on public health's strong tradition in community engagement, health promoters can potentially make a constructive contribution to local planning and policy development. The findings of this research point to many opportunities for health promoters to advocate and engage in local policy and planning processes to bring about improved health outcomes.

Appendices

Appendix I: Sample interview schedule

Interview I

Introductory questions

Participant's role in the organisation, and background in this field of work

Amenity/facility/service planning

Council policies on establishment and location of local community resources

Priorities in terms of types of community resources and areas within city

Planning for unmet need (including which areas)

Consultation on local amenities (such as with community and other local organisations)

Processes for establishing a community resource – internal/external

Strengths of current arrangements, weaknesses of past approaches, and current issues

Evaluation of processes and community resources

Barriers to development of community resources

Indicator development and use

Monitoring by council

Purposes or use of monitoring data

Identification of key social indicators

Strengths, problems and limitations of indicators

Use of accessibility as an indicator

Transport planning

Role of council in public transport planning and delivery

Main goals of public transport planning

Key target population groups and localities

Planning for unmet need

Barriers to public transport development

General urban design

Urban design principles underpinning policy

Changes over past decade in design ethos

Historical factors of [city] influencing urban design

Impact of Regional Growth Strategy

Role of planner in implementing strategy

Intentions and reality

Factors that characterise [city] – including general approach/philosophy to resource access

Role of accessibility and health

Role of accessibility to amenities in council planning and policy

Accessibility within social policy

Accessibility within economic policy

Other aspects of accessibility (other than locational) that council takes into account

Model of health in city planning and policy

Conclusion: Any other issues wish to discuss?

Interview 2

Introduction

Check if there are any issues that the participant has had thoughts on since the last meeting

Amenity map discussion

The map presented here is a representation of accessibility to local amenities in [city]. [Outline provided of method by which accessibility was determined].

Comment on council perceptions of how amenity accessibility is distributed across the city

Possible reasons for why some areas have higher levels of amenity accessibility than others

Implications that map suggests regarding impact of policy in city

Useful information presented by the data

Suggestions by participant on ways in which data could be used or applied, and limitations of maps

Appendix 2: Sample participant information sheet

HEALTH PROMOTING ASPECTS OF THE URBAN ENVIRONMENT

INFORMATION SHEET FOR KEY INFORMANTS

I am a researcher at the Alcohol & Public Health Research Unit, based at the University of Auckland. I am carrying out a study on access to community resources, and the way that local policies and processes influence patterns of access.

My research is funded partly by a Health Research Council Training Fellowship, and will inform my PhD thesis. It also contributes to a separate Health Research Council funded project examining the local area influences on the health and wellbeing of caregivers of young children, based in North Shore City and Waitakere City. The main objective of the research is to examine the local policies and processes that determine access to community resources, focusing on North Shore City and Waitakere City. The term “community resources” is used here to describe the facilities or services within an area that may be beneficial to health and wellbeing, such as parks, libraries, community centres, shops and public transport.

I wish to speak to people who are involved in the funding and development of local amenities such as those mentioned above, and also those involved in monitoring different aspects of the quality of life in Waitakere City and North Shore City.

You are invited to take part in this research.

If you agree to participate in the study, you will be asked to meet with me for up to two interviews, each of which will take about one hour. This interview will occur at a time and place convenient to you. With your agreement the interviews will be audio-taped. The interviews will ask you about your role in your organisation, about funding and development of local amenities, and about monitoring procedures within the organisation, including social monitoring and monitoring of local amenities.

At any stage of the interview, you are free to withdraw, and you are able to withdraw information up to 4 weeks from the time of the interview. You will also have the right to examine and amend the interview transcript, and to indicate any part of the transcript that you do not wish to be used. Confidentiality of the information you provide will be maintained to the greatest degree possible. Although every effort will be made for information to be non-attributable, it is possible that in some instances the information you provide may indicate your identity, given your expertise within this area. Any quotes used to illustrate specific points will not be linked to specific individuals. Information gathered in these interviews will be retained for possible future research use beyond this project. A

summary of the results will be supplied to you if you request one. Should you wish to know more about the research, you are welcome to contact me (details below).

Could you please sign the consent form? If you have any questions, please contact either myself, or the Director of the Alcohol & Public Health Research Unit, Professor Sally Casswell. Thank you for your help in this study.

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University of Auckland, Private Bag 92019, Auckland
Tel 09-3737-599 ext 8463

Professor Sally Casswell
Director, Alcohol & Public Health Research Unit
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Tel 09-3737-524

For any queries regarding ethical concerns please contact
The University of Auckland Human Subjects Ethics Committee
The University of Auckland, Research Office – Office of the Vice Chancellor
Private Bag 92019, Auckland
Tel 09-3737-599 ext 7830

Approved by the University of Auckland Human Subjects Ethics Committee, on 12 September 2001 for a period of three years from approval date.

Reference: 2001/252

Appendix 3: Local government documents and publications

Auckland Regional Council/Auckland Regional Growth Forum

- A1/1999 A Vision for Managing Growth in the Auckland Region. Auckland Regional Growth Strategy: 2050. 1999.
- A2/2001 Annual Plan 2001/02 – Strategic Plan 2001-11 – Long Term Financial Strategy 2001-11 – Funding Policy 2001-04 (one document)
- A3/1999 Auckland Regional Land Transport Strategy: A Strategy for Managing the Region's Transport System. 1999.
- A4/1999 Social Infrastructure: Impacts of Urban Growth
- A5/2003 Auckland Regional Land Transport Strategy 2003

North Shore City Council

- N1/2001 City Blueprint: Setting out a 20-year strategy – managing growth and change. September 2001.
- N2/2001 Community Services and Parks Committee Information Package. 13 September 2001
- N3/2001 Community Facilities Evaluation Plan. March 2001.
- N4/2001 Draft Review of Annual Survey 2001.
- N5/2001 North Shore City Annual Report 2000/2001.
- N6/2001 North Shore City Community Resources Model. Prepared by McDermott Fairgray Group, March 2001.
- N7/2002 North Shore City District Plan 2002
- N8/1998 North Shore City District Plan Monitoring Report 1997/98
- N9/1999 North Shore City District Plan Monitoring Report 1998/99

- N10/2001 North Shore City Playground Study 2001.
- N11/2000 North Shore Libraries Annual Report 1999/2000.
- N12/2000 North Shore City Open Space Strategy 2000
- N13/2001 Project FaB Action Plan: Implementation Update Report. December 2001.
- N14/2001 Project FaB (ferries and buses): Building a model for community consultation. 2001
- N15/2001 Strategic Plan: Setting the Future Direction. June 2001.
- N16/2001 Ten Years Ahead 2001-2011: 2001/02 Annual Plan, Long Term Financial Strategy and Funding Policy.

Waitakere City Council

- W1/2002 21 Greenprint Targets and other key indicators of performance: Waitakere City 1991 to 2002
- W2/1999 Cllr Penny Hulse, Local Community Input into Health. Address to the 13th IPA Conference, March 1999
- W3/2002 Draft Statement of Service Performance for the year ended 30 June 2002
- W4/2000 Eco Hospital for Waitakere. 2000
- W5/1999 Greenprint Waitakere. 1999.
- W6/1997 Inner Outer Differential Rating System report. 1997.
- W7/1998 Library Development Strategy for Waitakere City. 1998.
- W8/1998 Memorandum of Understanding between the Pacific Island Advisory Board of Waitakere City and the Waitakere City Council. September 1998.
- W9/2000 Our Future Today: Annual & Strategic Plan 2000/01 – 2009/10.

- W10/2000 Pacific Islands Advisory Board. Strategic Work Programme 2000-03.
- W11/2001 The State of Waitakere City 2001.
- W12/1998 Towards Wellbeing in Waitakere. 1998.
- W13/1999 Towards Wellbeing in Waitakere. 1999 Update.
- W14/2000 Waitakere Health Plan: Towards 2010.
- W15/2000 Waitakere City Community Facilities Plan 2000
- W16/2001 Waitakere City Council Annual & Strategic Plan 2000/01-2009/10
- W17/2001 Waitakere City Council Annual Budget 2000/01.
- W18/2001 Waitakere City Council Annual Report 2001/02.
- W19/1998 Waitakere City Council Community Assistance Policy. 1998.
- W20/1999 Waitakere City Council Community Assistance Policy. 1999
- W21/1995 Waitakere City Council District Plan 1995 (as amended December 1998).
- W22/1998 Waitakere City Council Funding Policy. 1998.
- W23/2000 Waitakere City Council Safety Strategy July 2000.
- W24/1999 Waitakere City Parks Strategy. April 1999.
- W25/2000 Waitakere City Wellbeing Strategy 2000-01.
- W26/2001 What does First Call for Children mean for Waitakere City? 2001
- W27/2002 Waitakere City Council Greenprint Targets 1991 to 2002

Appendix 4: Suburb map of study area



Glossary

ARC	Auckland Regional Council
Awhina	Name given to a community house in North Shore (literally means “help” in Maori)
CRAI	Community Resource Accessibility Index
dairy	New Zealand term for a corner store
DHB	District Health Board
kohanga reo	Pre-school facilities where Maori is the main spoken language (literally means “language nest” in Maori)
kura	school
kura kaupapa Maori	Schools where Maori is the main spoken language
Local Government Act 1974	Key legislation for local government activity in New Zealand at time this research was undertaken
Local Government Act 2002	Legislation that significantly expanded the potential activities of local government, enacted near conclusion of this research
marae	A communal meeting place for Maori of an area
NSCC	North Shore City Council
Plunket	A dominant provider of well child and family health services in New Zealand
Resource Management Act 1991	Major environmental legislation which affects much local government activity
RGS	Auckland Regional Growth Strategy
Structure Plans	Council-sponsored integrated plans for development
Treaty of Waitangi	Treaty between Crown and Maori, signed in 1840
WCC	Waitakere City Council

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