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NEIGHBOURHOOD ENVIRONMENTS THAT SUPPORT FAMILIES

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A number of researchers contributed to the research. Daniel Exeter, Adrian Field and Elizabeth Robinson were involved in the development of the Community Resource Accessibility Index (CRAI). Victoria Jensen, Fuafiva Faalau and Melani Anae were involved in the collection, analysis and interpretation of the Samoan component of the interview-based study. Kelly Gibson, Megan Tunks and Liane Penney interviewed and/or analysed data gathered from Māori caregivers, and Karen Witten interviewed and analysed the data from Pākehā caregivers. The telephone survey of caregivers was undertaken by the SHORE and Whariki computer-assisted telephone interview (CATI) staff, with support from Margaret Woolgrove and Rachael Lane. Elizabeth Robinson and Karen Witten were involved in the analysis of the survey data. The principal investigators were Helen Moewaka Barnes, Tim McCreanor, Robin Kearns and Karen Witten.

This report is based primarily on the analysis of in-depth interviews undertaken with 128 caregivers/parents of young children, living in six Auckland neighbourhoods: Te Atatu Peninsula, Massey, Titirangi/Woodlands Park, Glendhu, Beach Haven/Birkdale and Mairangi/Murrays Bay. The willingness of these parents to talk about their lives and their experiences of living in their neighbourhood was greatly appreciated by the research team.

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EXECUTIVE SUMMARY

BACKGROUND

The report highlights results from a research project entitled *The Place of Caregiving: Community environments, participation, health and wellbeing*. The project, undertaken in Waitakere City and North Shore City in the Auckland region, explored the relationship between characteristics of the natural and built environments of selected neighbourhoods, and the daily experiences of parents living and raising young children in these neighbourhoods. Study findings that relate to the attributes of urban neighbourhoods that support families are presented.

The rationale for the study emanated from emerging literature in the neighbourhoods and health field, which suggests that variation in health outcomes between areas can be explained by differences between the characteristics of places, as well as differences in the characteristics of the people who live in those places. Neighbourhood variation in access to services and amenities has been identified as one of a number of possible pathways through which neighbourhoods influence health-related social practices.

METHODOLOGY

There were three research components:

- > Access to amenities and services identified by parents as important to their daily lives (eg supermarkets, doctors, pre-schools, kōhanga reo¹, aoga amata², schools, libraries, parks, playgrounds, public transport) was measured and mapped using geographic information systems (GIS). A meshblock level Community Resources Accessibility Index (CRAI) was developed that can be used to map differing levels of service and amenity access across urban neighbourhoods.
- > In-depth interviews were undertaken with 128 parents of young children (up to 10 years of age) living in Auckland neighbourhoods that were diverse, socio-economically and in terms of service and amenity access. The participants (Māori³, Pākehā and Samoan parents) were interviewed, in their homes, about their experiences of neighbourhood social and physical environments, access to and use of services and amenities, community and social participation, community belonging, and other aspects of daily life that had impacts on the wellbeing of parents. Key informants, who worked with parents and children in the six study localities, were interviewed about the neighbourhood and community characteristics important to the wellbeing of local families.
- > A telephone-based survey was undertaken with 877 parents/caregivers of young children living in known meshblocks in Waitakere and North Shore Cities. The telephone interviews covered similar topics to the in-depth interviews described above, as well as self-rated health and quality of life. Respondents also rated the importance of access to the 36 types of community services and amenities mapped in the CRAI, and their satisfaction with access to these community resources.

KEY FINDINGS

Community resource access varies widely between neighbourhoods. Access is generally highest in areas close to suburban town centres and along major access routes, and lowest on the urban fringes. Pockets of poor service and amenity access exist across both cities. The CRAI is a useful tool for identifying localities that have good or poor access to services and amenities.

The level of community resource access was higher in the North Shore, the generally more affluent of the two cities. Thirty-six percent of meshblocks in the city had accessibility scores in the highest two septiles on the CRAI, whereas this was true for only 19 percent of meshblocks in the less affluent Waitakere City. However, it is notable that within both cities, community resource access increased with increasing levels of deprivation.

Natural and built characteristics of neighbourhoods that were valued by parents and/or supported parenting included:

- > local streets and shops that were primarily used by local people

1 Kōhanga reo is a Māori language pre-school that caters for children from birth until school age.

2 Aoga amata is a Samoan language pre-school that caters for children from birth until school age.

3 The 'Pākehā' module in the in-depth interview component of the study included several new settler participants of European and Asian descent.

- > cul-de-sacs that provided spaces for children to play and a common site for neighbourly greetings and exchanges
- > access to open outdoor spaces, particularly natural landscapes such as bush, beaches and wetlands
- > a centrally positioned shopping/service hub or 'village' that catered to most household needs
- > access to a core set of resources, the most important of which were: a general practitioner, pre-school, primary and intermediate school, supermarket, pharmacy, A&E clinic, hospital, library and parks
- > public spaces that served as community meeting places (eg parks, primary schools, a shopping village, cafés).
- > co-location of child-related facilities that offered convenience in scheduling and transport to daily destinations for parents of children of different ages. Co-location also increased the foot traffic around child-centred institutions, and the opportunities for parents to have serendipitous meetings with other local parents
- > local places that were experienced as pleasant and safe environments for walking
- > distinct and visible neighbourhood/suburb boundaries that enhanced a neighbourhood's identity and parents' understanding of and identification with an area
- > a residential locality that was not bisected by main roads. Main roads were a common safety concern, particularly where they formed a barrier to walking between home and destinations such as school, shops and the homes of friends.

Social characteristics of neighbourhoods that were valued by parents and/or supported parenting included:

- > neighbourliness – feeling that people kept an eye out for each other, and shared local information and informal greetings
- > stability and familiarity – seeing familiar people in public places within the neighbourhoods (eg children, families, shopkeepers, older residents). A perception of high residential turnover and change reduced participants' sense of neighbourhood familiarity
- > knowledge of local action (current or historical) to preserve or enhance the local social or physical environment
- > safe community meeting places in which parents and children recognised and met up with other local parents and children. Pre-school and primary school gates and 'village' shops were particularly significant local meeting places
- > community events held in local venues (eg Santa parades, school events, market days, music in parks, sports days)
- > a network of known parents who could be called upon for support, and with whom reciprocal childcare arrangements could be made. For Samoan parents such networks were often built through church contacts, whereas for Māori and Pākehā parents local institutions, particularly schools and pre-schools, were the sites around which peer networks developed
- > regularly seeing people of the same ethnicity in local places such as schools, pre-school, shops, parks and sports clubs
- > local schools that were perceived by parents to be good schools, were crucial to parents' satisfaction with their neighbourhood
- > participation and strong local identification could offset and challenge a negative locality reputation held by outsiders
- > the presence of a local café was a significant positive marker of social change and a neighbourhood's transition.

A common trajectory for establishing neighbourhood-based parenting support networks was evident, but it was also apparent that not all parents successfully negotiated entry to neighbourhood networks. Many of the participants who took part in the in-depth interviews, and almost all Samoan participants, had chosen to live close to family members. For these individuals, parenting support primarily came from family living nearby. All parents, but particularly those without family in the area, valued knowing and being able to call on other local parents for support. However, gaining entry to parental peer networks was not always straightforward. Publicly funded child-focused organisations and institutions played a key role in providing opportunities for parents to meet and form networks, but common barriers to entry were identified for particular groups of parents. Parents who experienced themselves, or their children, as different in some way to other parents in the area (eg due to age, disability, ethnicity, marital status etc) often encountered barriers to access and participation in parent networks.

A window of opportunity to enter peer networks is offered to many parents by well child agencies soon after the birth of a child, but it is often a narrow and easily missed window. For those parents who miss this common entry point, it is often not until their children commence pre-school or school that a second opportunity to access this highly valued form of parental support is available to them. The policies and practices of organisations that facilitate or limit parents' opportunities for accessing peer networks are discussed, as well as variations in the networks sought and accessed by Samoan, Māori, Pākehā and new settler participants.

1.0 INTRODUCTION

This report highlights findings from a research project entitled *The Place of Caregiving: Community environments, participation, health and wellbeing*. The project explored the relationship between characteristics of the natural and built environments of selected neighbourhoods, and the daily experiences of parents living and raising young children in these neighbourhoods. The research was undertaken in Waitakere City and North Shore City in the Auckland region.

Where people live is seldom an accidental choice. Rather, it is shaped by factors such as socio-economic circumstances, employment opportunities, family history and life-stage. People's health varies by place of residence in New Zealand and elsewhere (Ministry of Health 2004). Internationally, the growing literature on the relationship between neighbourhoods and health suggests that the characteristics of places matter, as well as the characteristics of people, in determining health and wellbeing (Macintyre, Maciver and Sooman 1993; Diez-Roux et al 1997; Yen and Kaplan 1999; Pickett and Pearl 2001; Kawachi and Berkman 2003). The mechanisms through which this occurs are still unclear but a number of pathways have been investigated, including variations between neighbourhoods in social capital (Baum and Palmer 2002); features of the built urban environment (Ellaway, Macintyre and Bonnefoy 2005); sense of belonging to neighbourhood (Young, Russell and Powers 2004); access to food stores (Cummins and Macintyre 2002); residential segregation (Collins and Williams 1999); and access to services and amenities (Altschuler, Somkin and Adler 2004). *The Place of Caregiving* was designed to investigate the relationship between neighbourhood service and amenity access, and the health-related social practices of parents.

The research comprised the following three distinct components:

1. Mapping neighbourhood access to community services and amenities

Geographic information systems (GIS) were used to measure and map locational access to 36 different types of amenities and services identified by parents as important to their daily lives (eg supermarkets, doctors, pre-schools, kōhanga reo⁴, aoga amata⁵, schools, libraries, parks, playgrounds and public transport). A Community Resources Accessibility Index (CRAI) was developed in the initial phase of the research, and was subsequently used to calculate and map relative locational access to these community resources at meshblock⁶ level in Waitakere and North Shore Cities.

2. In-depth interviews with parents living in diverse localities

Māori, Pākehā⁷ and Samoan parents of young children (up to 10 years of age) were interviewed in their homes about their experiences of neighbourhood social and physical environments, access to and use of services and amenities, community and social participation, community belonging, and other aspects of daily life that had impacts on the wellbeing of parents. The 128 parents interviewed lived in six Auckland localities that were diverse in terms of their socio-economic and community resource characteristics. The localities were: Te Atatu Peninsula, Massey and Titirangi/Woodlands Park in Waitakere City, and Glendhu, Beach Haven/Birkdale and Mairangi/Murrays Bay in North Shore City. Key informants, individuals who worked with parents and children in the same study localities, were also interviewed about the neighbourhood and community characteristics that they considered were important to the wellbeing of local families.

3. A telephone survey of parents

A quantitative telephone-based survey was undertaken of 877 parents/caregivers of young children, aged from birth to 10 years, living in known meshblocks in Waitakere and North Shore cities. The telephone interviews covered similar topics to the in-depth interviews described above. In addition, respondents were asked to rate the importance of access to the 36 types of community services and amenities mapped in the CRAI, and their satisfaction with access to these community resources. Data were also collected on self-rated health and quality of life. Meshblock level CRAI and NZ Deprivation Index scores were used, along with survey data to model neighbourhood and individual level determinants of outcomes such as parents' social participation, community belonging, health and quality of life.

4 Kōhanga reo is a Māori language pre-school that caters for children from birth until school age.

5 Aoga amata is a Samoan language pre-school that caters for children from birth until school age.

6 Meshblocks are the smallest unit of dissemination of census data in New Zealand. The average number of people per meshblock in the study area was 137.

7 The 'Pakeha' module in the in-depth interview component of the study included several new settler participants of European and Asian descent.

Ethical approval for research components 2 and 3 was obtained from the University of Auckland Ethics Committee and the Massey University Human Ethics Committee.

This report is structured as follows: a brief introduction; a description of the research methodology; three sections that report on study findings; and a discussion section. The first section reporting on study findings describes the variation in community resource accessibility across Waitakere and North Shore cities. The second section describes the characteristics of study neighbourhoods that made them more and less desirable as caregiving locations for parents, and the third section describes parents' experiences of peer networks, the common entry points and the barriers to entry.

The study findings relate to parents' experiences of neighbourhood – but what is a neighbourhood? Like 'community', neighbourhood is a concept that tends to be understood intuitively but, as noted by a number of writers, defies easy definition (Smith 1976; Fischer 1977; Brower 1996). There are attributes that are commonly associated with concepts of neighbourhood. These include 'neighbourhood' representing a local area that has physical boundaries, social networks, a concentrated use of area facilities, and/or a special emotional and symbolic connotation for inhabitants (Keller 1968). Kearns and Parkinson (2001) use a distance-time measure; describing neighbourhood as the areas within a five-10-minute walk from a person's home. Brower (1996) observes that running through many discrepant definitions of neighbourhood are the notions of a neighbourhood being a finite, imageable and manageable area.

In *The Place of Caregiving*, the concept of neighbourhood has been used in several ways. In the CRAI and social survey components of the research a meshblock was used as a proxy for neighbourhood, as it enabled the survey responses of participants to be linked to the location of their homes. Across the study area, of the urban regions of Waitakere and North Shore cities, there was an average of 137 individuals living in the adjacent streets of a meshblock. However, reporting on the qualitative component of the research – interviews with parents in their homes – the term 'neighbourhood' has been used loosely to describe the geographic area in the vicinity of participants' homes, and these vary in scale from something akin to a meshblock, through to an entire suburb. This reflects the different ways the term was used by participants. Participants also used 'community' to describe their home area but unlike 'neighbourhood', 'community' was also used to talk about non-geographic communities of interest. The term 'locality' has been used to describe the geographically defined study areas in which in-depth interviews with parents were conducted.

The terms 'parent' and 'caregiver' are used interchangeably in the text. In the initial stages of the research the term 'caregiver' was used to leave open the possibility that the primary caregivers interviewed might be grandparents, aunts, friends or other relatives as well as mothers and fathers. This was true in a very small number of cases but by far the majority of caregivers were parents, and most were mothers.

2.0 METHODOLOGY

2.1 MAPPING NEIGHBOURHOOD ACCESS TO COMMUNITY RESOURCE ACCESS

The Community Resource Accessibility Index (CRAI) is a meshblock level indicator of access to services, facilities and amenities. The development of the CRAI provides a means by which the quality of local environments, in terms of the availability of community resources, can be measured, mapped and analysed.

As a component of *The Place of Caregiving*, the CRAI was developed to reflect the particular service and amenity needs and interests of parents of young children living in diverse Auckland neighbourhoods. The range of community services and facilities that were incorporated in the CRAI, and the weightings given to specific resources during the construction of the index, were made with this population group in mind. Focus groups were held with parents of young children to identify the range of services and amenities that were important to them in their role as caregivers. The services and amenities identified by the parents became the community resources on which the CRAI was based. Several items were added after interviews were undertaken with key informants whose professional role involved working with parents of young children.

Thirty-six types of services and amenities (referred to as subdomains) were selected for inclusion in the CRAI. They were grouped into the following 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, Plunket, pharmacies and hospitals)
6. Social and cultural facilities (including community centres, marae, churches and Citizens Advice Bureaux).

Table 1 lists the services and amenities included in the CRAI.

Services and amenities needed to be open-entry, non-specialist services to be included. It was also essential that comparable data were available in both cities. The final dataset included over 4,200 services, facilities and amenities across Waitakere and North Shore cities.

The CRAI measures relative locational accessibility to community resources. It is a meshblock level index that uses the meshblock centroid (the nominal centre of the meshblock) as a proxy for people's homes. The index is relative, in that access to services and amenities from a meshblock is compared with other meshblocks from across the two cities, to create an accessibility indicator. No objective or optimal measure of accessibility is applied. The index measures locational accessibility, in that it is based on distance to services and amenities and does not take account of the effectiveness, use or user's satisfaction with the services and amenities.

The distance that people are willing to travel differs according to the type of facility. For example, people are more likely to accept travelling further to reach a district or regional hospital service than a neighbourhood park or primary school. With this in mind, resource accessibility was calculated independently for each subdomain, at distances of 500, 750, 1,000, 1,500, 2,000, 3,000 and 5,000 metres from the meshblock centroid. For the purpose of constructing the index, an accessible distance was defined as the distance whereby 50 percent of the meshblocks in the combined cities under study had access to at least one service or amenity in a subdomain. Distances were calculated using network analysis, so that access could be determined on the basis of distance via walkways and roads, to take account of barriers between points, such as tidal inlets or motorways. In other words, distances were measured by the route taken 'by push chair' rather than 'as the crow flies'.

Quality scores were also assigned to three subdomains. Amenities within two subdomains (parks and public transport) were categorised as being of low, medium or high quality. With respect to parks the quality rating depended on the range of facilities available, such as walkways, playgrounds, barbeque facilities and sports courts. Public transport quality ratings were a function of the number of bus routes passing through stops within specified distances of meshblock centroids. Libraries were assigned a

quality score of one (low) or two (high) for mobile and base libraries respectively, on the basis of the extended range of services available at base libraries.

Table 1: CRAI Domain and Subdomain Data

	Type	Quality	Distance in metres	Choice	Rank
Domain 1: Sport and Recreational Amenities/Facilities					
1.01	Parks	Low	750	Count	1
		Med	750		1
		High	2,000		1
1.02	Sports & leisure facilities		1,000	Count	2
1.03	Beaches		5,000	Count	2
1.04	Libraries	Mobile (Low)	1,500	Count	3
		Base (High)	3,000	Count	3
1.05	Arts & crafts		1,500	Count	4
1.06	Scouts/Guides /Brigades etc		1,500	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		1,000	Y/N	2
Domain 3: Shopping Facilities					
3.01	Supermarket		2,000	Y/N	1
3.02	Dairy		1,000	Y/N	2
3.03	Fruit & veg		2,000	Y/N	2
3.04	Service station		1,500	Y/N	2
3.05	Bank		1,500	Y/N	2
3.06	Café		1,500	Y/N	3
3.07	Thrift/op shop		2,000	Y/N	3
3.08	Mall		5,000	Y/N	3
Domain 4: Educational Facilities					
4.01	Kindy/daycare/ kōhanga/aoga amata etc		750	Count	1
4.02	Primary school/ kura kaupapa		1,000	Count	1
4.03	Intermediate/ full primary		2,000	Count	2
4.04	Secondary		2,000	Count	3
4.05	Training institutions (non-degree)		5,000	Count	4
4.06	Training institutions (degree)		5,000	Count	4
Domain 5: Health Facilities					
5.01	GPs/Māori primary care		1,000	Y/N	1
5.02	Pharmacies		1,500	Y/N	1
5.03	Accident & Emergency clinics		5,000	Y/N	2
5.04	Plunket (& Māori well child services)		1,500	Y/N	3
5.05	Midwives		1,500	Y/N	3
5.06	Hospital		5,000	Y/N	4
5.07	Mobile ear clinics		5,000	Y/N	3

Domain 6: Social & Cultural Facilities

6.01	Churches	1,000	Y/N	1
6.02	Marae	5,000	Y/N	1
6.03	Community centres	3,000	Y/N	1
6.04	Community houses	3,000	Y/N	1
6.05	Community halls	2,000	Y/N	1
6.06	CABs & other social services	3,000	Y/N	1
6.07	Dept Work & Income offices	3,000	Y/N	1

Each subdomain was assigned its median accessible distance, and a ranking based on the importance placed on access to the resource by caregivers of young children (see Table 1).⁸ Subdomains were also assigned a choice dimension, indicating whether caregivers felt it was important to have a range of each type of facility to choose from (eg educational or recreational facilities), or whether it was simply important for each type of facility to be present (eg a dairy or WINZ office). Where a range of facilities was identified for a subdomain, all facilities within the median distance of a meshblock centroid were counted.

It is important to note that the CRAI only included services and amenities where a physical location could be assigned and an address geocoded. Therefore, organisations such as crafts guilds or sports clubs that did not operate from a purpose-built facility were not included in the CRAI. However, the community centre or sports centre that provided the venue for these activities was included.

In its completed form, the index has a range of meshblock-level scores ranging from zero to 26.8 (maximum meshblock access across all domains). In addition to listing the services and amenities included in the CRAI, Table 1 details the median distances that were applied for each subdomain, whether the subdomains were treated as a total count (Count) or if a simple presence/absence (Y/N) was applied, and the rankings that applied to each subdomain.

For a more in-depth description of the development of CRAI see Witten, Exeter and Field (2003). A step-by-step manual is also available from the Centre for Social & Health Outcomes Research & Evaluation, Massey University.

2.2 IN-DEPTH INTERVIEWS WITH PARENTS LIVING IN DIVERSE LOCALITIES

In this component of the study, parents of young children living in six different localities were interviewed about: their perceptions and experiences of their local neighbourhood; access to and use of services and amenities; community and social participation; community belonging; and other aspects of daily life. Key informants, that is, people who worked locally in positions that involved contact with parents and children⁹, were interviewed in the same localities. The key informant interviews provided additional understanding of the community contexts and the range of locality-based services for families in each locality.

The localities were selected for their diversity in terms of access to community resources, and the socio-economic characteristics of residents. The New Zealand Deprivation Index (Salmond and Crampton 2002) was used to select socio-economically diverse localities, and the CRAI to select localities with varying levels of access to services and amenities. Figure 1 shows the locations of the six study areas in Waitakere and North Shore cities, and the level of service and amenity access in and around the study areas.

In three localities – Beach Haven/Birkdale, Te Atatu Peninsula and Massey – Māori, Samoan and Pākehā caregivers were interviewed. In the remaining three localities only Pākehā caregivers were interviewed.¹⁰ Table 2 provides a summary of the characteristics on which locality selection was based and the ethnicity of participants in each area. Appendix 1 provides a more detailed comparison of the

8 Initial weightings were based on the viewpoints of parents who participated in the focus groups that identified the community resources for inclusion in the CRAI. The weightings were subsequently validated by data collected in the telephone survey (research component 3).

9 Key informants included Plunket nurses and other well child service providers, community centre and community house co-ordinators, teachers at kindergartens, kōhanga reo, aoga amata, primary school principals and church leaders.

10 Pākehā interviews in the additional localities were undertaken as part of Karen Witten's doctoral research.

socio-demographic characteristics of the study localities based on 2001 Census data.

Table 2: Summary of Locality Characteristics

Locality	Deprivation	CRAI	Participants (n)
Beach Haven/Birkdale	Mid/High	Mid/High	Māori (10) Samoan (10) Pākehā (11)
Glendhu	Mid	Low/Mid	Pākehā (11)
Mairangi/Murrays Bay	Low	High	Pākehā (12)
Te Atatu Peninsula	Mid/High	Mid	Māori (10) Samoan (10) Pākehā (12)
Massey	Mid/High	Mid	Māori (10) Samoan (10) Pākehā (11)
Titirangi/Woodlands Park	Low	Low	Pākehā (11)

Semi-structured interviews were conducted with 128 caregiver participants. Participants were identified by key informants, who informed potential participants of the study and invited them to participate. The contact details of interested individuals were forwarded to the research team. Additional participants were identified through snowball sampling from initial contacts. Key informant interviews were held in the workplace, and interviews with parents were undertaken in the parents' homes.

Parents' perceptions and experiences of neighbourhood were constituted as they talked about their daily lives, on topics and in ways that were meaningful to them. Interviews were audiotaped and transcribed verbatim. Interviews with Pākehā and Māori participants were conducted in English. The interviews with Samoan participants were undertaken in English, Samoan or both English and Samoan. Interviews and parts of interviews undertaken in Samoan were transcribed and translated into English. Nvivo software was used to manage the interview database.

Analyses were undertaken using a systematic inductive process, initially in each locality and then independently for each ethnic group (Potter and Wetherell 1987). The analysis of data was oriented to the discursive resources that participants drew upon to relate their experiences of living within their home locality as parents of young children (Aitken 1997). This approach enabled thematic and discursive analyses of how social relations and practices were constructed in various localities and of the ways in which the material and socio-economic characteristics of place were incorporated into these accounts.

Researchers of the same ethnicity as the participants conducted and analysed the interview data. Multiple, disciplined readings of transcript data were used to develop a comprehensive description of the ways in which discursive resources – language, ideas, images – were used to establish and defend various positions on the topic. The goal of analysis was to draw out the common features of parents' insights, as well as the variations deriving from particular perspectives, in order to illuminate the experience of neighbourhood and parenting from each cultural perspective. Text excerpts were sorted into theme files by the researchers, and through discussion and consultation with other team members, a coding frame was ratified and thematic descriptions developed. As they differed between the ethnic groups, nuances of meaning were subject to reflective discussion by the research team. An audit trail from interview to theme files has been retained as part of the research records.

The findings included in the report from this component of the study are primarily based on analyses of the interviews with parents. Quotes are used throughout the text. The use of pseudonyms and the masking of details have preserved anonymity where necessary. The ethnicity of participants is indicated by (M) Māori, (S) Samoan and (P) Pākehā after the pseudonym, and a locality name accompanies each quote. Five new settlers were included in the 'Pākehā' sample. They had immigrated from Russia, Sweden, Britain, China and Switzerland.

2.3 TELEPHONE SURVEY OF PARENTS

In 2002, 877 primary caregivers of children aged from birth to 10 years were interviewed as part of *The Place of Caregiving* project. Interviews were conducted using a computer assisted telephone interview (CATI) system.

The survey asked respondents to rate the importance they placed on access to the 36 community resources included in the CRAI, and their satisfaction with access to these services and amenities. The survey also asked respondents about their organisational membership, civic, social and community participation, perceptions of social and physical characteristics of the neighbourhood in which they lived, neighbourhood contact and community belonging. Health, life satisfaction and quality of life variables were also included as outcome variables.

Two hundred and ten meshblocks were randomly selected in Waitakere and North Shore cities in the Auckland region. These meshblocks were selected proportional to the number of households with children aged 10 years and under (based on Census 2001 data). Four respondents were randomly selected from each meshblock. Two methodologies were needed to achieve a random sample of eligible respondents. Firstly, by identifying all the street addresses in the 210 meshblocks and, through the use of published listings, it was possible to address-match telephone numbers to addresses. Approximately two-thirds of all addresses could be matched to a telephone number. These respondents were called and interviewed over the telephone (CATI).

However, to achieve a representative sample of caregivers of young children, it was essential to identify the third of households for whom telephone address-matching was not possible (as the investigators had no way of knowing how this population differed from those living in households that could be telephone address-matched). A methodology was developed that involved door knocking from a random start point within a meshblock, to identify eligible households for whom address-matching had not been possible. Where a household was found not to have been addressed-matched, and eligibility was established, respondent(s) were interviewed (via cell phone (CACI); a call was made back to the CATI laboratory). This enabled an identical methodology to be used for data collection for all survey participants. Most meshblocks required one or two respondents to be identified through door knocking.

The meshblock location of each respondent's home was used so that CRAI data could be linked to respondent data.

2.3.1 Sample size

Four interviews were to be undertaken in each meshblock. This number was selected to provide an estimate of within-meshblock variance, while limiting the design effect of a clustered sample. The number of meshblocks selected (210) was determined by the sample size needed to have adequate statistical power to investigate predictors of outcomes of interest, in a multi-level model.

2.3.2 Response rate

CATI and CACI interviewers made a minimum of 10 call-backs at different times of day and different days of the week, to establish whether a household was eligible for inclusion in the study. Once the primary caregiver in an eligible household had been recruited to the study, an interview took place immediately or a suitable interview time was negotiated. The survey achieved a 68 percent response rate.

2.3.3 Analysis

Various approaches were used to analyse the survey data: average rankings by ethnic and deprivation groups were calculated, for the importance that respondents placed on access to specific services and amenities and their satisfaction with access; Chi square was used to analyse the organisational affiliations associated with community belonging, and multi-level analyses using SAS mixed procedures to investigate individual and neighbourhood level predictors of social participation and self-rated health. Data were analysed by four ethnic categories, Māori, Pākehā, Pacific (comprising participants from all Pacific ethnic groups) and Asian (comprising participants from all Asian ethnic groups).

Data from the social survey, on the importance that parents placed on access to specific community resources, were used to validate the weightings placed on access to the specific services and amenities included in the construction of the CRAI.

3.0 RESEARCH FINDINGS

3.1 NEIGHBOURHOOD COMMUNITY RESOURCE ACCESS

The Community Resource Accessibility Index (CRAI) provides a tool for measuring and mapping locational access to a range of community services and amenities. It can be used to identify neighbourhoods that are well endowed with community resources, and those that are poorly resourced.

Two maps have been reproduced in the report to illustrate the utility of the CRAI. Figure 1 shows the overall community resource access at meshblock level for the 2,532 urban meshblocks in Waitakere and North Shore cities, based on the 2001 Census. The yellow areas indicate meshblocks of low accessibility, the green areas show mid-range accessibility and the purple areas have high community resource accessibility. In other words, the meshblocks with a high CRAI score (purple) are richly resourced with services and amenities that are important to the daily lives of parents of young children, and the yellow areas are poorly resourced.

Although the CRAI has been developed for use as a composite index, it can also be used to map access to specific domains and subdomains. Figure 2 illustrates meshblock level access to all education facilities combined, from pre-schools to tertiary institutions.

As would be expected, community resource access scores are highest in areas close to central business districts and along major arterial transport routes, and are lowest on the city fringes. There is, however, considerable variation within the two cities in relation to levels of accessibility.

Within Waitakere City, areas of high resource access cluster along the railway line in the New Lynn, Henderson and Glen Eden areas, with some pockets of moderate access in Te Atatu Peninsula and the northern end of Massey (near the Westgate shopping area). Areas of low access are generally in the peri-urban areas on the fringes of the Waitakere Ranges. However, some urban areas of low access are also evident, such as in parts of Massey, Henderson South and Kelston.

Within North Shore City, 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 and Devonport. As with Waitakere City, areas of low access tend to be in the peri-urban 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.

The CRAI was developed as a research tool, however it has utility as a planning tool for community resource provision by local and central government. Planning for the provision of services and amenities tends to be undertaken by various government and local government agencies, without reference to the activities of other agencies. As a consequence, some neighbourhoods can have poor access to a range of services and amenities, while others may be richly resourced in many domains. Inequitable access to a range of community resources is not always apparent without spatial mapping.

Figure 1
Community Resource and Study Localities:
Waitakere and North Shore cities

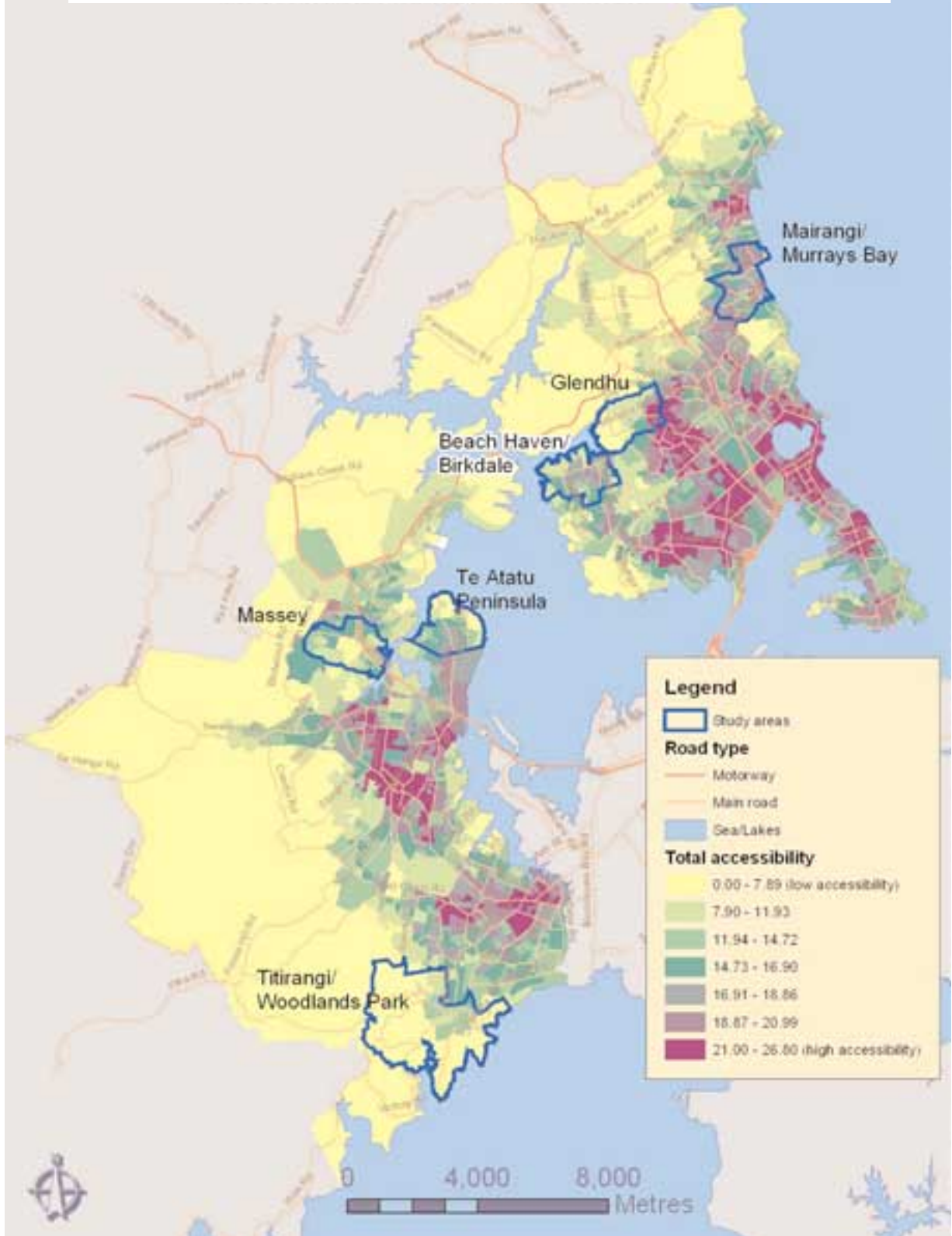
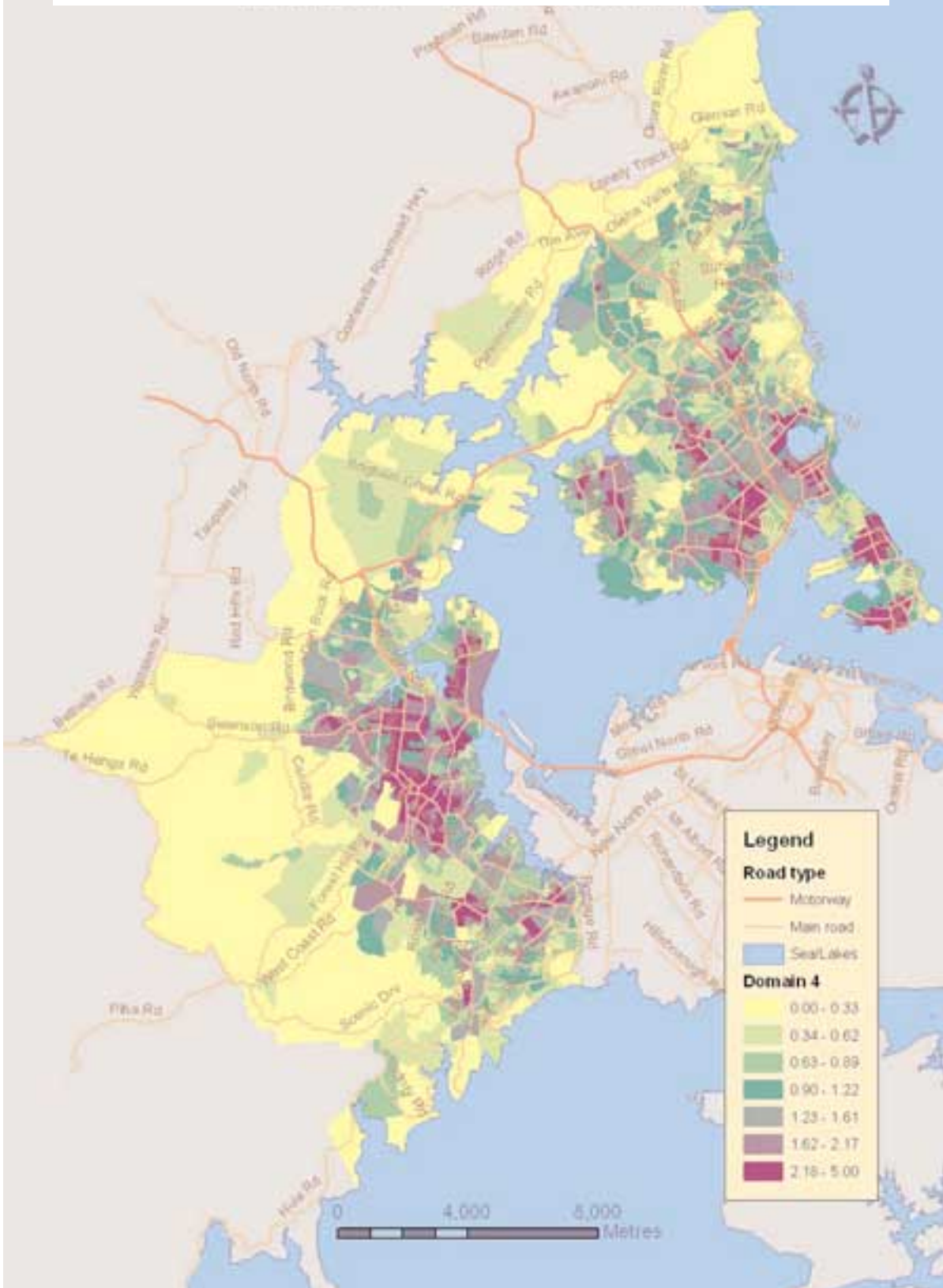


Figure 2
Domain 4 – Education Facilities



3.1.1 Deprivation and Community Resource Access

Analyses of the association between meshblock CRAI scores and deprivation (NZ Dep) were compared for Waitakere and North Shore cities. The overall level of community resource access was higher in the North Shore, the city in which the residents are generally more affluent. Thirty-six percent of meshblocks in the city had accessibility scores in the highest two septiles on the CRAI, whereas this was true for only 19 percent of meshblocks in the less affluent Waitakere City. However, it is notable that within both cities, community resource access increased with increasing levels of deprivation. Meshblocks with higher decile rankings (ie relatively more deprived) on the New Zealand Index of Deprivation (Salmond and Crampton 2002) were more likely to have higher community resource access (Field, Witten, Robinson and Pledger 2004).

A detailed account of analyses undertaken on the relationship between meshblock level CRAI scores, NZ Dep2001, and meshblock variables for population density, median age, ethnicity, families with children and residential turnover is available in Field et al (2004). For an account of the relationship between local government policy and amenity provision see Field (2004).

3.2 NEIGHBOURHOOD EXPERIENCES OF MAORI, SAMOAN AND PĀKEHĀ CAREGIVERS

This section describes the neighbourhood experiences of parents living in six diverse Auckland neighbourhoods. The findings are primarily drawn from the analysis of in-depth interviews with Māori, Samoan and Pākehā caregivers (research component 2). Where the information presented is sourced from key informants interviews or the telephone survey of caregivers (research component 3), this is indicated.

In all the study localities, parents identified valued locality features and facilities. No locality was portrayed as a 'bad' place to live, but it was clear that some localities provided more 'good' neighbourhood features, and a more supportive and nurturing environment for caregiving than others. It was common for specific neighbourhood services and facilities such as schools, parks and bus services, to be depicted as 'good' and 'bad', but the neighbourhood or community was never described as 'bad' in its entirety. Localities themselves were more likely to be described as 'good' or 'not so good'. In this section, the natural, built and social environments of neighbourhoods that parents experienced as 'good' and 'not so good' will be discussed. Similarities and differences in the ways neighbourhood characteristics were experienced by parents of different ethnic groups will be noted.

The study findings are structured under a number of section headings. The initial series of headings relate to place characteristics of neighbourhood physical environments, followed by those that relate to place characteristics of the social environments. The distinction made between aspects of neighbourhood physical and social environments is somewhat artificial, given the recursivity between the two as they impacted on parents' daily lives.

3.2.1 'Good' Place Attributes of the Physical Environment

Parents valued living in localities where local streets and amenities were primarily used by local people. Hence features of the natural or built environment that limited outsiders passing through a neighbourhood were favoured, as they helped to keep local places for local people. For example, Te Atatu Peninsula and Beach Haven/Birkdale were described as destination and cul-de-sac suburbs. Their physical layouts, with one and two entry-exit roads respectively, were seen as protecting the localities from strangers, and as retaining the areas' special attributes for residents.

It is sort of cut off from the rest of the North Shore because it is at the end of the line. You don't have people coming through. I think if you come here you come for a reason, or you've got family here.

Sonya (M) Beach Haven/Birkdale

So it is nice that people are just coming in because they know someone there or they live there. I think it makes it safer. We don't have much crime.

Donna (P) Te Atatu Peninsula

In Te Atatu Peninsula the one road in and out was seen to protect the area from crime, but this was not the case for Beach Haven/Birkdale where talk of the locality's reputation for crime was common. Yet value was still accorded to local places used by local people.

...people look down on it [Beach Haven/Birkdale] a lot, as the Bronx of the North Shore. It is not until you live here that you get to appreciate what is actually in the area, the good things ... Shepherd's Park especially and also the wharf and the beach area down there. I don't even think people realise why Beach Haven is called Beach Haven ... they're our treasures and people outside the area don't use them at all, or don't even know about them.

Debbie (P) Beach Haven/Birkdale

The relationship between main access roads and residential streets and neighbourhoods was talked about in all study areas. The Mairangi/Murrays Bay and Glendhu study locations were not cul-de-sac suburbs, but entering the areas involved turning off main roads and entering local streets. To have a main road, or roads, cutting through the residential areas that parents considered to be part of their home territory was a very negative locality attribute. This was the situation in Massey and Titirangi/Woodlands Park. The roads were a safety concern and a barrier to walking between home and school, home and shop, home and friends.

A 'good' place also had open spaces. Natural environments such as bush, streams and beaches were frequently associated with wellbeing. They were appreciated in different ways: as a vista; a place of recreation or contemplation; and as relatively untouched places in the urban landscape.

We've got the moana (sea) here ... Beach Haven wharf, Island Bay wharf, a new wharf has been put down there in the last year... The ngahere (forest) of Kauri Park, there's not many places with ngahere tuturu (real forest) ... totara and kauri trees up there.

Te Arihi (M) Beach Haven/Birkdale

A view of the bush or the sea, as parents entered their home streets, was often talked about as signifying peacefulness, a place of escape from more troubling aspects of life, and a counterpoint to the bustle and pressure of the city. As well as being associated with a feeling of wellbeing for parents, the open spaces in neighbourhoods were often social environments, as indicated in the following quote.

When the children were young it was definitely a sanity saver, to be able to go down to the beach and sit and they could scream and yell and it didn't matter because who was it who wrote *Toddler Taming* said that screams bounce much less off clouds than they do off walls. So, yes, that was really good to be able to go and just have time out and just sit back and you're still watching them but you can rest while you're doing that. They used to enjoy it a lot. After school on a hot day, just go down the beach and quite often it used to be a socialising thing because a few of the Mums from school would go down and so you would be watching each other and the kids playing together, so it was really a community thing.

Greta (P) Mairangi/Murrays Bay

Parks were also important public spaces.

3.2.2 Cul-de-sacs

Cul-de-sacs have been associated with higher rates of crime and reduced street connectivity (Buck, Hakim and Rengert 1993; Chih-Feng 2000). The latter feature increases the distances residents need to travel to reach destinations, which in turn increases car dependency. However, for parents in the study, cul-de-sacs and dead-end streets were frequently mentioned, and valued, for providing a communal neighbourhood outdoor space for children to play in within sight of the intermittent but watchful eye of adults in the surrounding houses. The following comments are typical of parents' responses to living in a cul-de-sac.

I mean we are so blessed to have this place and its cul-de-sac and we have area for our children to play around the house. So it is quite safe for the children to play out there, because you can hear and see a car coming down the street.

Malia (S) Massey

In this area there are a lot of little cul-de-sacs, and I think that is the best place in urban New Zealand to bring up kids, in a cul-de-sac.
Nichollette (M) Massey

Parents in neighbouring households came into contact with each other as they interacted with children in the 'lollipop' streets. Traffic was the major safety concern of parents in all localities; however the drivers entering cul-de-sacs were seen to be local and alert to children playing.

...yeah well like I said because we're a no exit street ... a cul-de-sac ... no one ever comes down here that doesn't belong or have a reason to you know what I mean ... and we see each other every day whether it's on our way in or out of the house or doing something outside. We're always in each other's faces so we know each other very well ... everyone looks out for everyone and that gives a sense of security and safety that I can always call on them if I'm scared or whatever.
Fale (S) Te Atatu Peninsula

3.2.3 The Shopping and Service Hub

Three of the localities (Te Atatu Peninsula, Beach Haven/Birkdale and Mairangi/Murrays Bay) have a centrally positioned cluster of shops, community services and amenities, and in two of the remaining localities a similar complex is situated on the edge of the study area on the main road into the locality (Titirangi/Woodlands Park, Glendhu). Often referred to as the 'village' or described as 'like a village' the convenience of the shopping hub was highly valued. A number of daily chores and purchases could be completed by walking to multiple shops and services on a common site, and for this reason the hub contributed to a locality being experienced as a 'good' place to live.

In the sixth locality, Massey, several service areas lay just beyond the locality on the periphery of adjacent suburbs. Meeting household needs required visiting more than one site and having a motor vehicle. Daily life was more complicated in this area, and the lack of a hub was also equated with a lack of heart.

My doctor is actually in Lincoln Road, so that is not too far. I do find it a hassle sometimes when I've got to go with the baby as well as a two-year-old, especially with traffic and stuff, if I've got to go to the bank and the supermarket and they are all in different places.
Zena (P) Massey

The central service hub was talked about as a significant place for meeting and greeting other local people. In the localities with a central hub, the hubs were often depicted as pleasantly familiar places where parents would be known or at least recognised as a local resident. In these localities, shops and facilities were used predominantly by local residents. For example:

I know the people around me... I see the same faces throughout the week when I'm up at the shops or things like that or out on the road ... just knowing everybody and everything is pretty routine you know. I like that...
Teresa (S) Te Atatu Peninsula

Mairangi Bay it is like a real village feel. You get to know the shop people and just walking around, especially with kids, they all chat to you and we do lots of walking. You get to know all the oldies around the village and they all stop and talk to you and Woolworths is the same, it is just very friendly ... you can get absolutely everything you need down there... The only little industry type shop we haven't got I suppose is the butchers, but then there is the supermarket for that.
Lee (P) Mairangi/Murrays Bay

A 'good' place catered to all the family needs: consumer, service, recreational and social needs. Being able to walk from home to the shops, library or park knowing that you could meet familiar residents or see familiar shopkeepers were desirable locality features. According to one participant:

...it is quite a little community and it is very self-sufficient. You don't really have to get off the Peninsula to do anything. You can go to cafés and you can go to the library and there are shops and nice walks and all the schools are here and everything. So to me it feels very village-like or small town-like and it has that feeling of people knowing each other.
Chris (P) Te Atatu Peninsula

In the excerpt above 'self sufficiency' has both service and social dimensions. Service needs are met, and at the same time interaction between local people is facilitated. Local shops were often peopled by local identities, whose constancy over time contributed to feelings of familiarity, stability and safety in the area.

Living here is closer to the shops where I walk. When I was living in Glenfield you don't really see many people. I wouldn't walk to the shops it was too far away. Like when you're walking you meet women with kids and stuff and you get to chat. Like for here, I've met a lot more from school and stuff. I use the chemist and the doctors ... because it is quicker, I mean closer. There is the Red Cross or the Salvation Army shop ... the ladies know me there, 'Hello dear, 'how are you doing?' I like to pop in and have a look. I meet up with the same Mums, as well that go to the shops, so I get to know them and say hello and have a bit of a chat.

Rima (M) Beach Haven/Birkdale

Parents generally favoured using facilities close to home. It was notable that the parents who were in full- or part-time paid work away from home, returned to their home locality to shop and to access most community services. Warehouse-style shopping complexes were sought out intermittently for extraordinary items and specialty purchases, but when routine needs could be met locally, this is where shopping occurred. Two common exceptions were evident. Samoan caregivers used local shops, but they also travelled to other parts of the city, to access cheaper, culturally specific food supplies.

We go to Avondale to do our shopping because it's cheaper and beside you have different choices. And you know how we like different food like povi masima (salty beef) and fish, well I can't even find a place here in Massey that sells that kind of food ... sometimes we go all the way to South Auckland.

Apo (S) Massey

The second exception related to doctors. A number of parents, in paid and unpaid work, travelled out of their area to visit a doctor whom they trusted. They had often known the doctor for many years, sometimes since childhood, or since the delivery of their first child.

We go to our doctor at Kingsland, and the reason why because I trust him and we have been going to him for a while. And it's very cheap too.

Apo (S) Massey

A number of Māori parents in the Massey and Te Atatu localities chose to use Wai Health, a Māori service provider, rather than more local doctors.

Yes, Wai Health because you tend to get along with them. It is like if I go to the doctors up there [Te Atatu] I don't know, it just doesn't feel like they're there to help you ... so I go to Wai Health. They have excellent services, the nurses come out, if you've got no way of going down there to get the immunisation injections done, the nurses will come out here and do it for you. If they're really sick and you've got no transport, they'll come out here, so they're really good. I like Wai Health.

Megan (M) Te Atatu Peninsula

3.2.4 Core Services and Amenities

In both the in-depth interviews and the telephone survey, parents identified a consistent list of important services and amenities, irrespective of their ethnicity and residential locality. The list included access to a general practitioner, a primary and intermediate school, pre-school, supermarket, pharmacy, hospital, Accident and Emergency clinic, a library and parks.

In the telephone survey, parents were asked whether access to each of the 36 types of services and amenities mapped in the CRAI was: very important, important, a little important or not important at all. They were also asked how satisfied they were with their access to the same services and amenities. The data were analysed by the deprivation score of the meshblocks in which participants lived, and by ethnicity. A similar cluster of community resources was rated in the top 10 for importance, by respondents residing in meshblocks classified by the NZ Dep into Low (1-3), Medium (4-7) and High (8-10) levels of deprivation. All groups included access to a general practitioner, a primary school, supermarket, pharmacy, hospital, Accident and Emergency clinic, a library and an intermediate

school, within the 10 most important community resources. The additional resources included in the top 10 by the low and medium deprivation groups, were a park with open space and a park with a playground. For the high deprivation group a pre-school and a secondary school were included.

In the next bracket of resources rated by importance, access to a park with open space, and a park with a playground were included for the high deprivation group and conversely a pre-school and secondary school were included for the low and medium deprivation groups. For all groups, access to a petrol station and fruit and vegetable store were placed 11th to 13th in importance.

Although there were commonalities in the resources rated as important to each group, there were also variations in the average relative ranking given to different resources by the high, medium and low deprivation groups. Table 3 indicates the importance rankings for access to a hospital, Accident and Emergency clinic (A&E), park with open space and Plunket for the low, medium and high deprivation groups.

Table 3: Average Rankings for the Importance of Access to Specific Community Resources

	NZ Dep 1-3 = low deprivation n=302	NZ Dep 4-7 = medium deprivation n=413	NZ Dep 8-10 = high deprivation n=162
Hospital	6	4	2
A&E clinic	8	7	5
Plunket (well child)	22	17	15
Park/open space	4	8	11

Access to a hospital, A&E clinic and a well child service were given a higher average importance ranking by respondents living in lower socio-economic meshblocks (High Dep), than those living in higher socio-economic meshblocks (Low Dep). Respondents from the higher socio-economic areas ranked access to parks with open space higher. Ratings for the importance placed on access to a Citizens Advice Bureau (CAB) and a public telephone increased with increasing deprivation, and the importance attributed to access to arts and craft groups and a café decreased with increasing deprivation. Public transport and sports facilities received similar rankings by all groups.

Analysis of the average ratings for the importance placed on access to specific community resources, by different ethnic groups – Māori, Pacific, Asian and European – also indicated the consistent inclusion of a general practitioner, hospital, A&E clinic and pharmacy by all ethnic groups, within the 10 resources rated most highly. Some variation was apparent in the number of educational facilities included in the top 10, with European respondents including two educational facilities (primary school and intermediate school), Māori respondents including three educational facilities (pre-school, primary school and intermediate school), and Asian and Pacific respondents including four. Pacific and Asian respondents ranked access to a church and CAB more highly than Māori and European respondents.

As well as asking respondents about the importance they placed on access to specific community resources, they were also asked how satisfied they were with their access to this same range of resources. Respondents rated their satisfaction with access to resources using the categories – very satisfied, satisfied, dissatisfied and not relevant. Notable differences in ratings of satisfaction with access were found between ethnic groups. Māori and European respondents indicated that they were, on average, very satisfied with access to 10 of the 36 listed resources. Pacific people were very satisfied with access to five specific resources, but Asian respondents indicated that they were not very satisfied with their access to any of the listed resources. Of the 10 services and amenities rated as most important by Māori and European respondents, they were on average very satisfied with their access to all but three; an A&E clinic, a hospital and an intermediate school.

There was a socio-economic gradient in respondents' satisfaction with community resource access, with low and medium deprivation group respondents indicating that they were very satisfied with their access to 11 and 10 specific resources respectively, compared with the higher deprivation group, who indicated that they were very satisfied with access to only five of the listed resources.

When satisfaction with resource access was weighted by the importance placed on access to the amenity or service in the overall sample, access to a primary school and a general practitioner were rated as very important, and access was considered very satisfactory. This relationship held for the different deprivation and ethnic groups other than for the Asian group for whom access to no service or amenity was rated as very satisfactory.

In a multiple regression analysis¹¹, meshblock CRAI score was a significant predictor of respondents' satisfaction with their access to community resources, weighted for the importance placed on access to specific resources ($p < .0001$). Ethnicity was also a significant predictor of satisfaction with resource access weighted for importance. Asian respondents reported lower levels of satisfaction with access than European, Māori and Pacific respondents.

While the survey indicated the importance placed on access to specific services and amenities by parents as a population group, the following excerpt describes how local amenities and service provision influenced a parent's experience of community.

To me it is knowing where the best vege shop is locally and what else, knowing the bus routes. Well without those little things you haven't really got a community. It is knowing where to go and get the bargains or which is the best shop at the local centre to get this or that from. It is about being able to walk in the doctors' surgery and know the receptionist's name and the nurse's name, as opposed to just file number this and surname that and that is all you are. It is being able to sit there with your local doctor and tell him all your deepest dark secrets and not feel shy. The local community constable being able to sit there and have a cup of coffee and a fag with him and he swears like a trooper like you, so you sit there thinking, yes, it is just those little things to me that is what community is about.

Te Hira (M) Massey

3.2.5 Community Meeting Places

Social contact between parents in the localities centred on shopping places, and the sites of the daily comings and goings of children, such as schools, kindergartens¹², parks and clubs. Parents talked of casual informal contact with other parents at a number of sites or at the same site on different occasions. Familiarity between parents, and sometimes friendship, developed through such incidental meetings. Schools were talked about as a common example. The school was a legitimate place for parents of school-aged children to be, and a site of potential connection to a parental peer group. Feeling even peripherally part of a community of parents based around a school or kindergarten provided a starting point for participation in school or neighbourhood activities.

In some localities a park, a beach or a particular sports club was singled out by many participants as a significant local meeting place. Shepherd's Park in Beach Haven/Birkdale was frequently talked about as the site of collective community events, festivals and Saturday sporting activities. In addition to the open space of a sports field, a playground, crèche, tennis club and soccer club were located on the site.

We have whānau day in the park, it is an opportunity for [Te Whānau Tu Tonu] to showcase things Māori to the wider community, and that is in the way of kapa haka, health promotion, and what is out there for our whānau and also for the partners of some of our whānau that are non-Māori. It is a day when you can bring your picnic and nothing is sold there, kids can play all day.

Bobby (M) Beach Haven/Birkdale

Local meeting places often provided venues for community events; occasions for the seeing and being seen that were part of local identification. There were several types of annual or monthly events that occurred in a number of localities: Santa parades, carols by candlelight, Guy Fawkes events and market days. Unique annual events were also noted in some areas, such as a 'Mud run' through the tidal estuary (Te Atatu Peninsula) and a raft race (Titirangi/Woodlands Park), examples that both take advantage of a unique local environmental feature.

Ethnic-specific local meeting places were also identified. Both of the Te Atatu Māori caregivers, quoted below, identified the importance of the local secondary school marae for Māori families in the vicinity.

Well I would think that the major meeting place is in that supermarket because everybody has to get food. That's one of the main meeting places and at schools, at our kōhanga, Kotuku the marae down at Rutherford. We meet down there a lot, especially if there's any hui or any schools coming in.

Ripeka (M) Te Atatu Peninsula

11 SAS mixed procedures of fixed effects.

12 Kindergartens in the study areas were English language pre-schools for three- and four-year-olds.

The marae at Rutherford High School has been a focal point, especially for Māori. Over the years, I think the last 10 or 11 years we were there every second night. There was always something happening at the marae there, and every weekend there was definitely something. If it wasn't for something that you were doing you could easily be down there helping peel the spuds or something else that was happening, so that's been a focal point of the Māori community here – the marae – and unfortunately that's why people are really lobbying for this big marae because [Rutherford] could never cater, you are always governed by regulations etc.

Caroline (M) Te Atatu Peninsula

Churches, the most significant meeting place for Samoan participants, will be discussed in a later section.

3.2.6 The Café as a Local Symbol

The presence of cafés in the higher socio-economic localities was a taken-for-granted aspect of the local social world but, for participants in the three lower socio-economic localities, the arrival of a café was talked about as symbolising neighbourhood change; a transitional milestone signifying a 'better' place to live. For Beach Haven/Birkdale participants, the arrival of a local café was an achievement that widened their options for socialising with friends.

I know when we first moved here we were staying with relatives on the other side of the North Shore ... and they said, don't go to Beach Haven, don't go there, it's a horrible area, and blah blah. I think a lot of people do have that perception of it because it is a low socio-economic area on the North Shore and there aren't too many that are classed as low socio-economic on the Shore. But once you actually move here, you've got the lovely little village atmosphere, and we've got a café just on the corner there now, and they do all their own baking, he's a pastry chef, so it is really, it is not a tea rooms, it is a little café.

Jan (P) Beach Haven/Birkdale

At the time the interviews were undertaken, a community complex was being built at Westgate on the fringe of the Massey study area. Many of the parents knew the complex would include a recreation centre, library and crèche but it was talk of a café that also held promise for them. The café did not eventuate and the area still lacks this significant marker of social change.

3.2.7 Being Neighbourly

Neighbourliness had various meanings to participants and involved different forms of contact. A friendly gesture of acknowledgement between neighbours was important to most participants. For some participants this was enough, and greater familiarity or more contact was seen as encroaching on privacy.

Yes, neighbourly is in just sharing knowledge about everyday stuff, or about where you're living. Just looking out for each other really, but not intruding on anybody, unless you're maybe the same sort of person and you get involved a bit more.

Irihapeti (M) Massey

Looking out or keeping an eye out for each other were common expressions of neighbourliness. This meant watching over each other's property and personal safety. Numerous examples were given of neighbours collecting the mail and feeding pets while people were away. Levels of social interaction experienced or desired between people living in the same street or nearby streets varied widely for parents of all ethnic groups.

3.2.8 Walkability

In a 'good' place to live it was safe to walk in the local streets, the streetscapes were attractive and there were destinations to walk to – shops, the homes of friends and family and open spaces or natural environments. Walking locally was associated with convenience, familiarity and friendship.

Just being in my community would mean that I could walk out my door and go and visit someone, because I don't drive, and I'm not rich... There is all my friends around here, so I can just walk out my front door and go and visit someone for a couple of hours.
Sue (P) Te Atatu Peninsula

A neighbourhood's attractiveness as a venue for walking was depicted in diverse ways: by the relative tidiness of houses and gardens; quiet streets without the noise or fear of speeding cars; and the presence of other local people who were familiar, friendly and in no way threatening.

There is nothing worse than walking down the street and you've got dogs and rubbish scattered two or three blocks up the road, there is mucky Treasures and soggy this, and all this, or old wrecks and broken windows. No, that makes you sort of depressed, well for me, personally, you sort of think, I don't want to be here.
Nichollette (M) Massey

Feeling good about walking in the streets close to home was often associated, in parents' talk, with a feeling of being part of a local neighbourhood. Walking near home engendered a sense of familiarity with local people and landmarks.

...tonight I took the boys for a jog and we must have walked past five or six people and everyone says, hello how are you. You don't find that in other parts of Auckland where I've lived anyway.
Jo (P) Te Atatu Peninsula

The steep topography in the Titirangi/Woodlands Park and Massey areas meant that managing children on the street was more difficult than in the flatter neighbourhoods. In these areas parents described taking their children in the car to parks in adjacent suburbs, so that they could walk or ride bikes. There was little talk of neighbourhood walking in these areas as, in addition to their hilliness, neither locality had convenient access to shops or other local facilities.

I think Massey is quite different from other areas, I mean physically, it's not a good place for walking. I guess that is why we always use the car, even going up to the dairy.
Apo (S) Massey

3.2.9 Stability and Change

Stability was considered a 'good' neighbourhood feature, as it related to the physical attributes of a locality and to a neighbourhood's social environment. Change was resisted, and when change did occur it was often constructed as a loss. This was particularly notable where physical change was seen to threaten or disrupt the imagined boundaries and/or essential characteristics of a locality. For example, in Te Atatu Peninsula, the development of new coastal subdivisions signified the loss of open space and views of the sea. A large number of new, high-cost houses had been built on the edge of the older, lower-cost, residential area. A commercial zone and main road separated the new houses from the older dwellings.

In Massey, the loss of open spaces had been incremental, with non-contiguous areas of housing slowly merging, as vacant land was subdivided within and on the fringes of existing housing areas. No local action to resist these changes was reported, whereas in the Te Atatu Peninsula community, resistance to the sale of the open space had been partially successful with the designation of a section of land as a 'people's park'. Residents in Massey lamented the gradual erosion of orchards and open spaces.

Now it is just big, houses everywhere. Yes, there is lack of green for me. Green is everything, the green of the trees, the green of the grass, the green of the water. Here you've got nothing but cladding. You look out and you can see cladding, or somebody else's neighbour washing line.
Nichollette (M) Massey

Over the years, a number of subdivisions had been developed in and around the Massey area. As a result the area was seen to have elastic boundaries that were regularly being extended on several borders to encompass new housing developments. Massey had lost definition to many participants. They talked about constant change and uncertainty as to what streets, shops, schools and so forth, were or were not part of the Massey area. Many participants experienced the area as ill defined and placeless: a locality without clear boundaries or easily identifiable or defining attributes.

Physical change was also associated with social instability. Although infill housing, high density housing and new subdivisions were generally associated with talk of negative locality change across all localities, there were discernable differences between localities in the way residents responded to the arrival of new residents in the new housing developments. Te Atatu Peninsula and Massey were the localities in which most housing-related change had occurred in recent years.

Many Massey residents felt that the new dwellings and their residents contributed to a loss of the familiar and a changing local identity. They described an infiltration of new people, that had disrupted and changed their perception and experience of neighbourhood. Increasing numbers of rental properties and a higher turnover of people were considered particularly corrosive to neighbourhood stability.

In Te Atatu Peninsula, the new subdivision and its residents were seen to have precipitated considerable physical change, with the upgrading of the shopping area, the arrival of cafés and, possibly, the construction of new coastal walkways. However the influx of new residents was not portrayed as unsettling the older residents. Rather, the new subdivisions were seen as socially disconnected from the older areas and the older residents. For some respondents 'community' did not extend into the new streets. The following quote indicates an awareness of difference, and a lack of integration between the new and old residential areas, but the way the identity of the locality was experienced by participants remained relatively unscathed.

Te Atatu is very conservative in a lot of ways. You have got this new urban development happening out there. If you drive around there you would think we are not in Te Atatu, you could be in Howick for all you know, and clearly Māori people don't live in those houses but then you have got the other side to it which is working class, or working/middle class, and if they found that they come together it is because of rugby, you know.

Linda (M) Te Atatu Peninsula

I don't really know. Just that area will probably be a higher class and we'll be the lower class, more or less. That's all.

Sara (P) Te Atatu Peninsula

The new housing on Te Atatu Peninsula was relatively new at the time of the interviews, so there was little to indicate whether this viewpoint will prevail. Various scenarios are possible, including integration over time between residents in the two distinct housing areas, or the gradual gentrification of what were termed the 'back areas' of the peninsula, and the squeezing out of lower-income households. Observations were made about an emerging divergence in the ethnic composition of the rolls at the two public kindergartens on the peninsula. More affluent parents from the new subdivisions were said to prefer to keep their children on a waiting list for the newer of the two facilities, which was attended by a higher proportion of Pākehā children.

A neighbourhood experienced as being in constant flux was a 'not so good' place to live. In the neighbourhoods that were experienced as more stable there was less talk of social distinctions and differences between residents: renters and home owners, older and newer residents, single- and two-parent families, and different ethnic groups. In the following quote, a participant comments on what she sees as a consequence of the changing ethnic composition in Massey.

I would say that there is a bit of prejudice around the area because it was basically white a lot and I think that, well not so much prejudice, it is the way these children are presented, they are outside, they have no shoes, they are running around at all hours of the night and I think it is the anger from the parents watching these parents, that they don't care about their kids.

Raewyn (P) Massey

When participants described their neighbourhoods or schools as 'multicultural' it was a term imbued with very diverse meanings from area to area, and from person to person. It was used to denote an area with a vibrant mix of socio-economic and cultural groups; an egalitarian acceptance and sometimes celebration of difference; a mixed income area; and the presence of significant numbers of people from a particular ethnic group.

It's very multicultural; heaps of Samoans and other Pacific Island people have now moved here. I mean for me, my neighbours are all Samoan and it's quite good because we have a good relationship.

Kone (S) Massey

Social stability was considered a desirable locality attribute. In a stable community you knew people, children followed their siblings through local schools, shops and shopkeepers were near permanent fixtures and stories circulated about the area's history. The presence of families and older people was seen to contribute to a stable community.

In several localities, a number of parents – Māori, Pākehā and Samoan – had lived in the area since childhood, or had gone away and returned to the area to raise their families. Locality choice was often associated with living with or near family and whānau and for these participants strong connections to people and place were commonly reported.

I suppose, because this has become like my turangawaewae (significant place of belonging), that's what makes me feel [belonging] because I know the area, I know the families, I've grown up with my friends here, they're still here. Because I was brought up here, this is my comfort zone, I know families within this area. With the kōhanga you build relationships in order to [support] wellbeing for our Māori families within this area here. I haven't got any plans of shifting.

Te Arihi (M) Beach Haven/Birkdale

Participants who had lived in an area for a long time often spoke of the level of comfort they felt with their surroundings, a closeness to other local people and a sense of familiarity. Familiarity was often linked to perceptions of neighbourhood safety. The participant quoted below describes her observations of a relationship between transience, stability and connection to place.

June and I have grown up in the same area for years, but we would probably class ourselves as sisters. When push comes to shove that's how close it is in a little cul-de-sac area, providing that you're the same families. I think if you class yourself in a neighbourhood like that, I think that you've got to be there probably a minimum of about three years. You get these transient families that are only here for nine months or six months and, well, they don't count. You know they aren't here long enough sort of thing.

Nicholette (M) Massey

Several parents with teenage children noted that regular contact with other parents wanes as children get older and more independent. However, they noted that an advantage of having remained in the same neighbourhood had been that, when faced with challenging teenage issues, they had been able to call on parental peer support from people they had known since their children were younger. These relationships, and the fact that their children were recognised within the neighbourhood, were seen as providing a social safety net for their children.

...he is 13, he is at that age where he legally can't be home, but too old to be babysitted, so you get the neighbour to keep an eye on him, so it is that. I think with Te Atatu, too, well within the circle of people we know, everybody knows everybody else, so they basically can't go up the road without somebody saying, guess who I saw, so they don't get away with much, we think ... there is no hesitation to ring up and say, I saw him and I don't know if he was meant to be there, and there is no malice taken with it, or keep your nose out of it, it is basically, thanks a lot, that's good, and it is identified and it is fixed.

Mary (P) Te Atatu Peninsula

For older children 'keeping an eye out' had connotations of surveillance and nurture. As this participant indicates, it could be interpreted as an intrusive act but in the few instances where the phenomenon was reported, it was framed as a caring and protective gesture by the parents receiving information. This form of information sharing between parents, predicated on stable neighbourhood relationships, is consistent with Coleman's (1990) description of intergenerational closure as a form of collective social control of children.

3.2.10 Knowledge of Local Action

Participants knew about various types of local collective action. These can loosely be categorised as activities to enhance the natural environment, enhance the social environment, change built structures (including roading) and resist local government planning decisions, as well as actions between neighbouring households to enhance private goods (eg to contribute private resources to upgrade the quality of roading aggregate used in a street).

Knowledge of local action varied widely between the localities, from one locality in which the only collective action participants could recall was action to block the siting of a skate board park, to localities in which numerous examples of community instigated action or protest were mentioned. It was the latter localities that were considered 'good' places to live.

Examples of local action were diverse and included: lobbying for and against the allocation of public land to build a marae; planting native trees in local reserves; setting up a centre for young people; protesting over restrictions on access to a school marae; petitioning to save a local wharf; lobbying for the construction of a bridge; and resistance to rezoning to allow for a high density housing development. Participating in local action to transform some aspect of place that made it a better place to be, particularly for children, was frequently mentioned as having contributed to parents' connection to other people locally, and to their sense of belonging to place. Participation in setting up or running kōhanga and kura were notable examples for Māori parents.

Parents may not have been involved in local action themselves, but they were often aware that such actions had taken place. Sampson's (2003) concept of collective efficacy is relevant – a measure of a neighbourhood's expectation that accumulated social resources (social capital) will be used by local people to take action.

In the localities where parents felt particularly strong attachments, not only were they more likely to know of local action, but it was also more common for participants to make reference to local history. They spoke with admiration of the efforts of local people, particularly older people, to improve the physical environment. The action of the local identity described in the following quote had become a source of locality pride.

...there's actually lots, particularly the older generation, really strong people down here; what's his name Frank or Fred Larkings. Apparently the legend is that he rowed over every day ... [to] Hobsonville and got sand in his dinghy and built up that beach and it actually didn't used to be very beachy, so he turned it into a beach, so he is a real part of the famous people.

Sarah (P) Beach Haven/Birkdale

The beach and wharf areas referred to were well-used local haunts for families and groups of children in this community.

3.2.11 Fitting In and Belonging to Place

In this section, analyses of data from research components 2 and 3, that is, the in-depth interviews with parents and telephone interviews, will be used to report on caregivers' experience of community and neighbourhood belonging. Survey findings will follow a summary of findings from the in-depth interviews.

As mentioned earlier, there were parents in all localities who had lived in the same neighbourhood since childhood. These individuals generally took for granted that they fitted in and belonged in their neighbourhood. Other participants talked about the types of neighbourhood contact and engagement that, over time, contributed to a feeling that they belonged. Mundane greetings and exchanges between neighbours were important, but for many participants it was additional ties and networks that contributed to a sense of belonging to place.

Family

Family and whānau connections close to home were important for parents of all ethnic groups. It was notable that locality choice for Māori participants was frequently determined by proximity to whānau members, and for Samoan participants this was almost always the case.

We came up here in 1970. We moved up here when my Auntie was already here, my Mum's sister, and so a lot of the people from the Coast, especially from Te Araroa, came

here to Te Atatu. That's why Mum came here, because there were a lot from home were here ... [it's] safe, very whānau-orientated because everybody knows everybody, and you can easily catch up with people, it's good.

Repeka (M) Te Atatu Peninsula

A number of Māori parents in Te Atatu Peninsula and Beach Haven/Birkdale talked of family members who had lived in the area for a long time. Māori networks and local organisations were strong in these areas. One parent noted how strong Māori connections in the area had contributed to her experience of koroua and kuia support, when her family first moved to Te Atatu Peninsula.

Samoan participants also talked of family members with longstanding associations with the Massey, Te Atatu Peninsula and Beach Haven/Birkdale areas, and with the churches located in these communities.

Neighbourhood Demographics

For participants in a 'good' place to live, there are other residents like themselves and families like their own. The importance placed on knowing that other people like themselves lived in the area was mentioned with regard to values around parenting and, more significantly, with regard to ethnicity. The parent talking in the following excerpt let her children play with her next door neighbour's children, because she felt comfortable that their children shared the same upbringing and values.

I do look after them when they play outside and the same as my neighbours. I have got to know the neighbours and they're Samoan families. They say hello and talk to you. And I am happy to let my children play with their children because similar ways of bringing up your children, you can see how they're being raised. You know I've enjoyed my children over there because I got to know them really well.

Kone (S) Massey

A contrary experience is described by another Samoan mother, who would not let her children play with neighbouring children, because of different values around parenting.

I feel sorry for the children. They wake up early in the morning and walk on the streets and their parents do not look out for them ... they don't teach them values ... on some special days I see them riding around on their bikes and making lots of noise and my children ask me why they are not at Sunday School ... and I tell them that people are different ... some do not go to church but believe in God ... but for us Samoans for me, personally, our children we try and teach them the right path to take... I don't like the language that some of the little children use ... not even 10 years old yet.

Arieta (S) Te Atatu Peninsula

For a number of Māori and Samoan parents, the presence of other Māori and Pacific people in the area made it a comfortable place to be, and this contributed to their sense of belonging to the neighbourhoods in which they lived.

It's heavily populated with Māori over here, so it suits us. We are really quite comfortable here.

Caroline (M) Te Atatu Peninsula

What makes me feel like I belong? I think it would have a lot to do with brown faces. I look around and the majority are Island, you have to look really hard to find a Māori. I think I fit in that way. If I was in, say, Howick I would in no way fit in ... but I fit in mainly because of the brown faces. I may not agree with some of the things they do, and the way they live their lives, but just the pure fact that if I go out and walk down the street, you're going to see at least 10 brown faces before you get to the shop.

Lou (M) Massey

Pākehā parents did not mention the importance of seeing other Pākehā around, but this was no doubt taken for granted, as Pākehā were the dominant ethnic group in all study localities. Feeling at home and comfortable in the local area was often contrasted to feeling out of place when venturing into other parts of the city, where the ethnic or socio-economic mix was different. The following quotes from Beach Haven/Birkdale residents contrast feelings of comfort in the home neighbourhood and discomfort beyond.

I don't know ... I feel homely here because my family feel at home here... they're happy here ... it's just like nobody is looking down on you ... there's a couple of nice places but everyone's the same ... it's a comfortable place...

Lina (S) Beach Haven/Birkdale

...only around here [belonging] ... because if you go out further on the Shore [North Shore City] where its only like white dominated and they kind of look at you like what are you doing here or like if you go to the shop and you come out and they think like you kind of stole something ... yeah it's that kind of a look only when you go past the areas where there's not many brown people ... past Glenfield...Albany shopping centre and stuff you don't really see much of us...

Sofia (S) Beach Haven/Birkdale

The socio-economic mix of an area was also seen as important to feeling that there were other people like you.

A good place to live was somewhere parents felt comfortable and at home. You recognised local people – shopkeepers, neighbours and other local parents – and they recognised you. In the following quote, a mother is commenting on what signified belonging to a neighbourhood for her.

Being recognised by people that you don't actually know that well, but they know who you are. Like I'll go to something down at the school and they'll say hello because they knows the kids ... but they don't necessarily know me.

Rosemary (P) Titirangi/Woodlands Park

Feeling part of a benign form of social surveillance, as observer and observed, was a frequently mentioned component of locality-based belonging for many participants. To be recognised conveyed a form of acceptance and a minimal level of inclusion. It was part of 'looking out for each other' or 'keeping an eye out', a highly valued aspect of neighbourhood social relations.

Schools, Pre-school, Sports Clubs and Churches

Local institutions and facilities were the venues in which parents observed, and were observed by others, and in which neighbourhood familiarity was amassed. As noted earlier, the central service hub was a key site for informal contacts. Schools and pre-school were also crucially important neighbourhood venues for mutual recognition and interaction. Paths naturally crossed at the school/pre-school gate when children were dropped off and picked up and parents would linger to chat. Some parents talked about the chance to talk with others as a reason for visiting the school. Having a child at a school/pre-school gave legitimacy to being part of the collective activity that took place there and to membership of a loose network of parents that forms a school/pre-school community.

...we have conversations at the gate, we gossip at the gate ...it gives people a chance to share information ...you have the Mums that wait at the bottom of the driveway and then you've got another probably more social lot that wait at the bottom of the walkway in Aotearoa [Street] and because they sort of stand round, you get there early to get a car park and you stand around and wait and there is a lot of chatter goes on.

Greta (P) Mairangi/Murrays Bay

School playing fields and halls were favoured venues for formal community events. Informal, out-of-hours use of school facilities was also mentioned for the social connections it encouraged.

...the school lent us a school swimming-pool key and we used to go across every day in the summer holidays. That way you get to make a lot of friends because you have to sit there and watch your children for an hour or so.

Mandy (P) Mairangi/Murrays Bay

Several schools in the study areas were co-located with pre-schools and a community centre, a situation seen as increasing footpath activity and the chance of contact with other parents. The following comment by a school principal indicates the potential for schools to become even more of a focal point for community activity.

...a school is a different living entity than what it used to be 20 years ago and, in fact, in the next 10 years it is going to change even more. It is going to be more of a community headquarters I guess, so at one stage we were even looking at renting out the dental clinic to a hairdresser when it wasn't being used for a clinic, so the kids were already here, bring the service here.

School principal

Māori organisations, particularly kōhanga reo and kura kaupapa, as well as sports clubs and recreation centres, were important for Māori caregivers. For both Māori and Pākehā parents, friendship networks were frequently traced to connections first made through pre-schools, kōhanga reo, kindergartens and schools. Reciprocity in childcare arrangements, access to information, and company were among the benefits parents talked about as arising from the connections they made in these child-focused educational settings.

I've established myself here with my children. I've got to know their friends and their friends' parents, especially from this kōhanga. We've gone on to kura, but there's families there who live here, who go there as well, and we've grown up together and know each other, so it is kind of like an extended family I suppose.

Sonya (M) Beach Haven/Birkdale

...it has been great because if anybody has been running late to pick someone up from school the other Mums have, we've kind of made it our job to wait there with their children until the Mum turns up, or take them back to our home. So I guess we just did it because as Mums it made us feel safe that our children went to school with other children that they knew and there were other adults there to watch out for our children...

Debbie (P) Beach Haven/Birkdale

Māori and Pākehā parents talked about the importance of relationships they had made with other parents, through school and pre-schools, for sharing stories and getting support regarding their children's progress and behaviour. This was far less common for Samoan parents, most of whom said that these matters were shared with family members. For most, but not all, Samoan parents neither neighbourhood nor school were the basis of relationships of reciprocity – it was family and church. Where their children went to aoga amata, these were usually associated with a church.

For me it was good to take my two children to the aoga amata, because at first they were too shy to say their tauloto (bible verse) for our White Sunday¹³, I have to go in the front to try and make them talk, but this year they just screamed their little lungs out, it made me cry.

Eseta (S) Massey

The significance and importance of different places to the Samoan respondents was very much based on their sootaga (connections) to those places. However, as indicated in the excerpt below, neighbourhood places only became important to individual caregivers when they were significant to their connections based around family and/or church.

The word siomaga (community) is a general term and with my siomaga here in Massey there are heaps of things, places and services all over the place but the problem is for us we do not use them and we don't need to use them, and why. There are reasons why. So when you don't go or use these places you don't have a sootaga (connection) to those things, eh. You know we go to our church in Henderson, and most of my families go to the same church from all over here, so that church is important to us because we the whole family go there and we are all part of it as a family. We know everybody at church and we know them really well.

Apo (S) Massey

Relationships and identity were maintained in and through membership of groups such as churches, village church associations, village rugby teams and family clubs.

Your church group and other groups that you are part of. Like for my husband we are part of his village association, their village leader lives in Avondale and that's where we go to when we have meetings and fundraising.

Apo (S) Massey

13 White Sunday is an annual celebration of children.

All but two of the Samoan caregivers indicated that they belonged to a church group. They spoke of their involvement and participation in church activities through different subgroups, such as sports teams, choirs, women's committee, Mafutaga a Tina (mother's group), as well as bingo nights. When the families moved locality they usually did not change to a church in the new locality. Familiarity, relationships with church members and having relatives attend the same church were the reasons for staying.

We go to our church over at Kelston, my whole family goes to that one, my mother's church since she came to New Zealand. We have other relatives too that go to the same one, I mean it's good for us I look forward to going there because you get so used to the people, you feel comfortable going there, it's like your second family really.
Aseta (S) Massey

As a matter of fact we all do, we have our women's group where we do homemaking, we have activities during the week. We have a programme on civil defence, so we organised activities all the time and we have once a month after school activities for kids. And I hold a position at church too so we get to be involved in everything at our church.
Malia (S) Massey

Aspects of belonging to the church were discussed on many levels such as: comfortable interaction with people they trust; the special bond between the church families; knowing the people well; and the willingness to support each other.

I feel part of the church family, we are involved in every aspect of the religion and beliefs and we all want to work on promoting our faith to the world. I feel good in my church because everyone there is the same as me and I can just be myself. I don't have to try and fit in with them because I am one of them.
Faapaia (S) Massey

A number of examples were given of church members and ministers providing practical help. The following comment are from parents raising children alone.

Oh yeah some of them come and do the mowing the lawn, um they also help out with my car if there's something wrong. Yeah, little things, I don't ask too much.
Marina (S) Te Atatu Peninsula

Yes ... the people are very warm and take you in like family ... also a lot of support is given ... in raising a family the minister is very concerned with that issue so they help us in every possible way ... things like giving bread.
Nina (S) Te Atatu Peninsula

The sites and networks of connection for parents were the sites and networks from which they sought and received emotional, practical and sometimes financial support. For all groups family were the most important source of support, followed by church for Samoan parents, and for Māori and Pākehā it was often the friends they had made within their neighbourhood, or through kura, kōhanga, pre-school and school networks. Belonging in this situation was associated with knowing local people or church people who could be called upon if help was needed, and knowing that you shared an emotional and/or functional reciprocity.

I know with the baby coming up that I've got friends through school and kindy that will help with the older two and bring them to school or home from school.
Bonnie (P) Titirangi/Woodlands Park

Fitting in, being able to help out, like if people need some help then you are able to look after children or cook a meal for someone who is not well, just help as you would like to have some help if you ever needed it.
Lee (P) Mairangi/Murrays Bay

Providing care and support to others was an important part of fitting in or belonging to neighbourhood for some participants. The notion of reciprocity was mentioned by a number of Māori caregivers with respect to the Māori organisations they were a part of. They expressed indebtedness for the role these communities and organisations played in shaping their lives, and wanted to make a contribution in turn to these groups. This sentiment is illustrated in the following quote.

...the kōhanga and the kura are huge in our lives, they are really what I think we always feel indebted to those sort of communities because that's what builds and shapes the children, sort of thing. ...I feel comfortable, and we're contributing, and there is the kaupapa there that does mean something to us, and we are contributing but getting something from it too. When you don't come so to speak from the area, for Māori I suppose part of it is that you then get in and you do the mahi that is required and then that's sort of your link there. That's the part that we are hoping we will get to be a part of, the building and the sweat of this marae [at Te Atatu].

Caroline (M) Te Atatu Peninsula

Some parents did not know local people and/or did not experience a sense of belonging to their neighbourhood. The final section of study findings includes a discussion of parents' experiences of trying to enter local parental networks, as well as a discussion of the experiences of parents who felt they did not fit in and did not belong to any group, neighbourhood or community.

Survey Findings: Community Belonging

In the telephone survey parents were asked the following question:

Q. Some people feel they belong to a community based on things like family ties, a school, where they live or maybe a church or club? Do you feel you belong to any communities at the moment?

Two-thirds of the respondents indicated that they belonged to a community. A generalised linear mixed model was used to investigate factors influencing whether respondents said they belonged to a community or not. Included in the model were area level variables, NZ Dep (Low, Medium, High) and CRAI, and individual level variables, age, sex, ethnicity, marital status, home ownership, car ownership, length of time lived in the neighbourhood, educational status, employment status and the city lived in.

Three variables predicted community belonging: the length of time participants had lived in a neighbourhood ($p < .001$); a respondent's age ($p < .001$); and their level of education ($p < .001$). Community belonging was more common with longer residency, older age and higher educational attainment.

Respondents who indicated that they did belong to a community at the moment, were asked a follow-up question: 'What is the community or communities of people to which you belong based around?'

Responses varied significantly between ethnic groups. Of the Māori and European/Pākehā parents who said they belonged to a community at the time of the interview, 56 percent of respondents in both groups indicated that they belonged to a school community. For Pacific parents 40 percent said they belonged to a school community and 24 percent of Asian parents said the same.

Table 4: Ethnic Variation in Community Belonging – Total Sample

	Māori %	Pacific %	Asian %	European/ other %	Chi square p value
School	36.4	26.5	15.9	37.9	.0003
Preschool/ kōhanga reo/ kindergarten etc	15.2	8.2	6.4	16.4	.05
Church	10.1	41.2	30.2	14.0	<.0001
Sports club	18.1	10.3	4.8	11.1	.03
Ethnic/cultural group	5.1	5.9	20.6	0.9	<.0001

Table 4 shows the percentage of the total sample (ie those who indicated they did, and did not belong to a community) by ethnic groups, who indicated community belonging based around a school, pre-school, church, sports club or an ethnic/cultural group. School-based belonging was reported by 36.4 percent of Māori, 26.5 percent of Pacific, 15.9 percent of Asian and 37.9 percent of European respondents. Community belonging based around a pre-school followed a similar pattern across the ethnic groups, although the number of parents who indicated pre-school-based community belonging was less than half the number who indicated school-based belonging.

Church-based community belonging was strongest for Pacific people (41.2 percent) followed by Asian parents (30.2 percent). Only 10.1 percent of Māori and 14 percent of European respectively identified church as their point of connection to community.

Māori respondents reported the highest level of belonging based around a sports club (18.1 percent) and Asian participants reported the highest level of community belonging based around an ethnic or cultural group.

There were no significant differences for school, pre-school, sports club or area of residence as the loci of community-based belonging, for respondents living in meshblocks of varying levels of material deprivation (NZ Dep). The exception was church-based belonging, which was significantly higher in high deprivation meshblocks (NZ Dep 8-10).

3.2.12 Locality Reputation

Although participants were not asked to comment directly about an area's reputation, they were asked if there were particular things about the area that would be known to people who lived outside the locality. This drew strikingly different responses in the different localities as well as varied comments within localities.

Living in an area known to have good schools was important to almost all parents interviewed, and in most localities parents were positive about their schooling options. Only Mairangi/Murrays Bay was considered to have a reputation for high-quality schooling that would be known to people outside the area. This viewpoint came from participants' experiences of schools in the area, as well as an understanding that house prices were being driven up by school enrolment policies and competition for entry to local schools. Crucial to parents' satisfaction with living in the locality was feeling secure in the knowledge that their children were assured of a place at the local schools and therefore assured of a positive educational trajectory.

Well definitely [the important places are] the kindergarten, the school, the intermediate and the high school, that's our progress up the hill ... they have all followed the same route and that's been very good.
Greta (P) Mairangi/Murrays Bay

Titirangi/Woodlands Park's reputation was more diffuse, with multiple suggestions for why the area could be known to people living outside the area. Suggestions centred on the bush, the village, the presence of artists and alternative life-stylers in the locality and the area's position as a gateway to West Coast beaches. These characteristics were framed positively, as congruent with participants' reasons for liking and living in the area.

In the Massey, Te Atatu Peninsula and Glendhu localities, participants were more ambivalent about whether the area was known to those living beyond its boundaries. In Glendhu, Beach Haven/Birkdale and Te Atatu Peninsula, a few participants commented that they had had people remark that they did not know where the areas were located. Such comments were usually seen positively, as reinforcing the exclusivity of the area for local people.

Reference was made to Te Atatu Peninsula's name change and the change in reputation that was seen to have been precipitated by the new name.

I think in the past Te Atatu North, before it was Te Atatu Peninsula had a not so nice reputation. ...the area itself has become more attractive to people outside the area as a place to live whereas in the past it wasn't.
Zoe (P) Te Atatu Peninsula

The locality in which a reputational discourse was most prominent was Beach Haven/Birkdale. It was taken for granted knowledge that Beach Haven/Birkdale had a reputation as the 'Bronx' of the North Shore, and that it was noted for burglaries and for a resident criminal element. Participants talked knowingly of the attitudes of outsiders, in a way that was not apparent in any other locality. The reputation was accepted by some participants and contested by others, but irrespective of their opinion on whether the area's reputation was well founded, participants liked living in Beach Haven/Birkdale.

People think that a lot of the criminals on the North Shore live here, and they do. I mean you can point to their houses and they think that it is just the end. When you say that you live in Beach Haven, it is, oh what.

Jan (P) Beach Haven/Birkdale

Well the things I had heard about the area was it wasn't really that good...just from people, they said that it was kind of, well a bit of a bad area, like full of crooks and criminals...but that is just from hearsay. But I moved out here, I like it...it wasn't like that it was just someone else's view, which is totally wrong. I was really annoyed for all these years I had heard the same thing that it was a bad area, don't go to live there, and it is not even that. It is pleasant, a nice pleasant, cosy place.

Rima (M) Beach Haven/Birkdale

Beach Haven/Birkdale was also talked about as a place that was undergoing change. The change was experienced as a positive phenomenon, described in phrases such as, 'bad reputation but changing', 'it's really improved', 'it's come a long way', 'it's going up' and 'it's safer'. This notion is captured in the following quote.

In general, the whole area has cleaned up. All the real bad people have moved out. I'm not saying that they've all moved out, we've certainly got our share, but most of them have moved along and obviously the area had picked up and they couldn't afford to live here. But yes the shops down the road here, they're fantastic.

Del (P) Beach Haven/Birkdale

3.2.13 Children's Behaviour

Participants' assertions about the behaviours of local children and the effectiveness of local parenting were signifiers of a 'good' or 'not so good' place to live. Reports of children's behaviour acted as a discursive barometer of a good place to live. In a good place to live, children behaved well and parents supervised their activities and were involved in their lives. In a not so good place to live reports were more likely of inattentive parents and children who roamed unsupervised and unsafely. Children were reported to be more visible in the local streets in the lower socio-economic areas, in areas with more cul-de-sacs and in localities with a less hilly terrain.

Safety concerns arising from a lack of supervision were linked to participants' notions of good and bad parenting. Parenting well meant to supervise closely and ensure safety. However, for several parents these notions were juxtaposed against a contrary notion that keeping too close an eye on children could limit their freedoms and their fun.

...generally the little groups of children, the little ones that are running around I think well they're really not doing anything that I didn't do when I was little. I don't let my kids run around, but I don't know they might be missing out, maybe I should let them run around because they look like they're having quite good fun and they're all quite independent, quite on to it little kids. ...I always feel a bit upset if I see little children playing on the street.

Sarah (P) Beach Haven/Birkdale

The escapades and anti-social activities of teenagers met with different responses. Some parents judged them harshly while others tolerantly excused their behaviour as a feature of adolescence. A lack of things to occupy young people was a concern in all localities.

3.2.14 Discussion

As participants talked about their neighbourhood experiences, they identified a number of place characteristics that supported or undermined parenting and health-related social practices in particular neighbourhoods. Pulling together the diverse experiences of Māori, Pākehā, and Samoan parents, a number of 'good' place attributes stand out. In brief: a good locality to live and parent in had a conveniently located central cluster of amenities and services; a 'good' school; known and valued people and places that could be reasonably reached on foot; access to playgrounds, open spaces and natural places such as the bush or beach; and meaningful locality boundaries. Shops, a supermarket and child-centred educational facilities were at the heart of the cluster of amenities and services that formed a focal point for daily routines. These local facilities functioned as informal meeting places, and the familiarity that emanated from intermittent contact in these neighbourhood places often evolved into meaningful social relations.

For the Māori and Pākehā parents, the open spaces and service and amenity infrastructure of neighbourhoods shaped many of the social practices of daily life. Where they could, parents usually shopped and accessed services locally. Exchanges between parents as they shared the mundane activities of parenting in local places were identified as common starting points for parents' social and community participation. Local institutions and amenities such as schools, kōhanga reo, libraries and parks were the common venues in which this interaction between parents took place.

Local shops, parks, schools and pre-schools were also used by the Samoan caregivers but it was frequently sites beyond a neighbourhood, particularly churches and culturally specific food shops and markets, which were the more important venues for social participation and interaction. Family and friends, often from a church context, were the contacts and networks within which a sense of belonging was constituted.

Stability in the social and physical environment was a valued neighbourhood attribute, although examples of incremental change, particularly where it had been instigated or supported by local action, were also valued. A number of 'good' place attributes were associated with socially stable neighbourhoods: the presence of older residents with a history in the area; being known to and knowing others; keeping an eye out for one another; well behaved children; well attended annual community events; and a safe and secure environment.

3.3 NEIGHBOURHOOD PARENTAL NETWORKS

This section investigates the pathways open to parents for accessing parental support networks, and the significance of these networks for building neighbourhood social capital.¹⁴ A limitation of this section is that the findings are based primarily on an analysis of Pākehā data in the six localities, as the topic of parental networks was more comprehensively covered in these interviews.¹⁵ Māori and Samoan participants' experiences of access to, and forms of, parenting support are covered in dedicated sections. The unique experiences of new settler participants are included under a theme entitled Barriers to access: moving country, moving city.

A number of government-funded facilities and services were available in the study localities to meet the needs of parents and young children. Plunket was the main provider of well-child services used by Pākehā mothers. In several localities, medical, health promotion and educational services set up by Māori and Pacific providers were also available. A diverse range of pre-school and daycare services was available, including commercial crèches and daycares, playcentres¹⁶, kōhanga reo, aoga amata and kindergartens. Targeted home visiting services such as the Parents as First Teachers programme and Family Start were also available in some localities.

3.3.1 Developing Parental Peer Networks

For Pākehā mothers, peer networks commonly cohered around the life-stage or child age-appropriate services available in a locality. Publicly funded services and institutions were particularly significant for providing opportunities for parents to meet.

Not all participants attended ante-natal classes but for those who did, the classes often provided the first opportunity the participants (and partners) had, to meet and spend time in the company of other expectant mothers (and partners). Participants were more likely to attend ante-natal classes with their first pregnancy than with subsequent pregnancies. The institutions and organisations that ran the ante-natal classes, such as Parent Centres or hospital clinics, provided help to set up post-birth coffee groups or support groups. Mothers could share contact details with others in the group, and arrangements could be made to meet in the months following the birth of their babies. The babies would be close in age but the parents would not necessarily live in close proximity to each other, as the services running ante-natal classes were regional, or sub-regional, rather than local. Gatherings would be held on a rotational basis in participants' homes when children were very young, sometimes moving to other venues, such as parks or playgrounds, as the children got older.

14 Social capital has been conceptualised in various ways. For the purposes of the report Coleman's (1990) definition of social capital as a resource that enables individuals and groups to achieve certain goals is used. He identified specific forms of social capital that can be generated through neighbouring relationships between households with children: reciprocal obligations that create a source of credits that can be called upon when needed; advice and other forms of information exchange; and intergenerational closure, a form of social control that can arise when networks of parents and children are known to each other.

15 The Pākehā interviews were analysed as part of Karen Witten's doctoral thesis and consequently Pākehā data on parental peer networks were covered more comprehensively. A more detailed account is provided in Witten (2004).

16 Playcentre is a form of pre-school that requires parents to remain with their children during a specified number of sessions per week.

The second opportunity mothers had to join a coffee group or new mothers' support group, was usually through Plunket. Plunket nurses in the different localities would invite mothers to educative sessions at the clinic, or a Plunket committee of local parents would take responsibility for setting up groups for local parents with babies of a similar age. Of the participants who had attended Plunket, most, but not all, could recall being asked if they would like to attend group sessions at the clinic, or to join a coffee or playgroup. Like the ante-natal groups, Plunket coffee groups usually rotated between the participants' homes and were held at anything from weekly to monthly intervals.

A third commonly mentioned way that mothers met mothers was through playgroups set up by a range of organisations, including Plunket, churches, community centres and women's collectives. These groups were set up for parents with slightly older infants. Playgroups were described by participants as informal come-when-you-can groups, at which the main focus was activity and socialisation for young children. Parents usually stayed for the sessions, but socialising and information sharing between parents was seen as incidental to the child-focused activity.

Less common, but an important form of peer networking for the women involved, were women's groups. The examples talked about were run by churches and a women's collective. Children were not included and in one instance a crèche was set up by the church to run for the duration of the weekly group meeting.

Parents had also attended a number of child-focused, commercial activity-based groups, the most common being exercise and music classes. Unlike ante-natal coffee groups, Plunket and playgroups, the activity-based groups charged a fee for entry and were therefore not accessible to all participants.

The coffee group and new mothers' groups were particularly significant venues for sharing knowledge and concerns and for normalising what were seen as puzzling or worrying experiences of parenting a new baby. Mothers talked about the coffee group as a venue where they could share, and have understood, their experiences of sleep deprivation and exhaustion, where they could off-load frustrations and have a good laugh.

Well you sit down with your mates and say, guess what the little bugger has done now, that is just it.

Adrienne (P) Te Atatu Peninsula

As well as a source of parenting support, the coffee group parents pooled their knowledge of child-relevant resources and activities. This process led to some of the same parents and children frequenting common events and activities, further consolidating friendship networks and mutual forms of support. For some parents making local friends was a reason for joining a coffee group.

A mother of twins talked about being part of a coffee group for parents of multiple births, and several parents of disabled children talked about the importance of meeting and sharing experiences with other parents of disabled children. These groups provided access to knowledge of specialist resources and practical advice.

Where the coffee groups jelled they were highly valued, and in many instances friendships were made and relationships established that led to supportive reciprocal childcare arrangements. In this way they were sites for nurturing social capital.

When I had Ben we joined a Plunket coffee group and since then we all get together and they all go to the same kindy and we usually get together once a week. They just live all around these streets ...so the whole lot of them, like the 10 boys have all gone to the same kindy and they'll probably all go to the same school.

Steph (P) Te Atatu Peninsula

In this instance the coffee group became a local peer group for the child, the siblings that followed, and for the mother. The children took with them to kindergarten, and possibly on to school, the benefits of being part of a loose network of children known by a group of local parents. The social capital generated among a group of parents became a resource for the parents to draw upon.

Coffee group contacts characteristically transformed over time as members' needs changed, as members returned to work or left the neighbourhood and others became part of new networks associated with pre-schools or schools. There was no particular formula for convening the groups.

Some lasted no more than a few months and others for many years. Some groups splintered into smaller groups of parents with common needs and interests. This was particularly common with ante-natal groups whose members lived over a wide area, and distance became a disincentive to frequent gatherings. Where groups continued to meet, the focal point for meeting became less child-centred, changing over time to a parent-centred friendship network.

Participants who had continued to live in the same localities noted that it was common for members of coffee, play and/or women's groups to regroup at local community and child-related venues through the years. At times, they became the nucleus of kindergarten committees, sports club committees or school parent groups – a collective locality-based resource. Varying meanings, functions and values were placed on a supportive network of parental peers.

Sometimes if you're upset or something, you know you've got that support behind you, someone to moan to. The girls would come round and we'll have a chinwag, as girls do. But, it is really nice to know that they are there and you can call on them sometimes. I think I find that really hard to ask for sometimes. I think, oh yes, I can deal with all this, I can put it all over here on the shoulders and yes, I can cope. Sometimes you just need, even if it is company.

Judy (P) Massey

The idea of going to a coffee group did not appeal to all the parents interviewed. Some parents felt they had adequate support through pre-existing networks of friends with children. Others were wary, concerned that their mothering practices or their baby's progress would be judged against those of other mothers attending the group.

A number of participants were invited to join groups that faltered, or groups that they did not feel they fitted into. A few of these parents moved on and looked elsewhere for an alternative group. Some found a group that better met their needs with members to whom they felt more connection. Others didn't.

The parents quoted below were unlucky. One had moved soon after the birth of her child, and the other had attended a group that had petered out. At the time of interview they had babies aged 10 and 15 months respectively, and neither had found a niche within a parental peer group. Both indicated that they had little contact with other parents and would like to get to know local parents. Knowing and trusting a local person who could be called upon occasionally to care for a young child was highly valued by parents and sought after by those who did not have access to this form of local assistance. In the following excerpts these mothers talk about the limited informal childcare options available to them.

I don't really have that [reciprocal care] with anyone locally and it is a bit of an issue for me at the moment and I would like to, which is why I go to playgroup, so maybe I will get to know some local mums because it does help.

Interviewer: At the moment would there be anyone who you could call on if you needed help during the day?

Locally in the area. Well maybe the people who now live in Waipani Street, but probably not, they're not child friendly people. They're not the sort of people that I would drop the kid off and go off somewhere, I'd have to be pretty desperate.

Chris (P) Te Atatu Peninsula

I think that is what the problem is with Joey, too, we just haven't got enough contact with people all the time that he can get used to that I'd feel comfortable about leaving him with.

Interviewer: How could that change for you?

Well if I could drop him off somewhere, say for an hour or whatever, well then I could just go and do my things, instead of taking him with me. Just to give me a break basically.

Ana (P) Te Atatu Peninsula

For the mothers who, for whatever reason, did not join a coffee or playgroup, the next opportunity to engage with other local parents was often not until their child started pre-school. Depending on the type of pre-school, the child could be two, three or four before this opportunity arose. For parents of children who did not go to pre-school, starting school at age five was anticipated as the time they would become aware of, and gain entry to, parental networks.

The loose networks based around schools and pre-schools that parents talked about feeling part of, served similar functions to the coffee groups in the earlier years: a chance to compare notes on parenting and schooling concerns, strategise and share solutions on child and family matters, access information on local issues and events, to 'chat and goss' and develop friendships. In the following quotes mothers talk about where they seek and find advice on parenting issues.

We stand outside the classrooms discussing the different things that are happening within our children. You know 'Are you getting the answering back thing now?', and they'll be going 'Yes', and you feel relieved and you say, well 'How are you dealing with it?'
Maggie (P) Beach Haven/Birkdale

Then it is just other mothers' experiences. So I might say, 'Your little one, is he sleeping through the night?' and get it from there.

Interviewer: Where might you do that with other mothers?

It would be at kindy. Isn't it funny, it would be at the pick up or the drop off time, or the parent help... You might do parent help with another mother and that is a really good way of getting to know some of the other mothers.

Sheila (P) Titirangi/Woodlands Park

The policies and practices of various group and child-centred institutions differed in the ease with which parental connections could be made. Playcentre, where parents are required to stay for some sessions, and kindergarten, with fixed hours for drop off and pick up, were noted as places that provided plenty of opportunity for meeting and building rapport with other parents. At daycares where drop-off and pick-up times were determined more by family routines, it was less likely for parents to meet and mingle at the gate. The fixed start and finish times of schools again facilitated interaction with other parents.

A consistent trajectory for entering neighbourhood parental networks was apparent across neighbourhoods. Joining a coffee group or playgroup was a common first step with networks consolidated through further institutionally-based contact at kindergarten/pre-school and through repeated meetings and greetings at local places such as shops and parks with these now familiar local parents. School-based contact frequently followed, further strengthening the existing networks. Participation in other child-focused activities at local venues served to strengthen further a common experience of membership of a local community of parents.

At times networking that began between mothers and babies extended to include their partners and subsequent children. The mothers may have been thrown together due to the common timing in the birth of their children but from these chance beginnings, intermittent contact over several years often led to lasting relationships. Accounts were given of parenting support networks that originated in coffee groups extending into their children's teenage years.

Returning to full-time work soon after the birth of a baby was identified as a factor that made it difficult to engage with local parent and community networks. The less time parents spent at home caregiving before returning to work the less likely they were to establish local networks. The timing of coffee group members' return to work often influenced the ongoing viability of such groups. Where the coffee group had become a significant form of support for members, there were accounts of groups adjusting meeting times and venues to accommodate members' changing circumstances. For mothers returning to work, it was often other mothers they had met through peer networks who became before and after school caregivers for their children.

Although a common pathway into neighbourhood parental networks was discernible, inclusion was not a fait accompli for all mothers. It was not uncommon for parents to experience barriers to access and/or acceptance within a parental peer group.

3.3.2 Barriers to Access: Moving Country, Moving City

Timing was critical for gaining entry into coffee groups set up through ante-natal classes and Plunket. For parents who moved house in the later stages of pregnancy, or during the first few months of their first child's life, it was highly likely that the opportunity to engage in baby-based local networks would pass them by. As new parents, feeling at times exhausted and vulnerable, they were not in a strong position to seek out groups when they were not offered to them. It was particularly difficult for parents who were new to New Zealand and unfamiliar with the services and organisations available. The following quote describes a new settler's experience of trying to identify avenues into parent networks.

When you first come here you don't know the system. I didn't have anyone who could tell me what life was all about in New Zealand. So I didn't know, I went from playground to playground to playground....

Interviewer: So for that first year and a half you didn't have a lot of contact with other parents?

No, I didn't, I didn't know where to find them. After about eight months I found out about Plunket. I read it in a paper, which to my point of view for a new immigrant as you don't know Plunket probably could put more ads in the newspaper, like in the *Shore Times* or something. Have a Plunket Day and come and meet us if you're new. That helped.

Interviewer: But your son was probably too old for you to join one of the new mother support groups?

Yes exactly. I didn't get hooked into the coffee group system, which with my second one was much easier since we had a coffee group and I finally understood where people were. Having coffee.

Sophia¹⁷ Glendhu

This particular parent later discovered a Playcentre and found that this form of pre-school, which involved parents in workshops and required their presence at a certain number of sessions a week, was a valuable way for a new settler to meet local parents. The extended excerpt that follows describes the experiences of another new settler and her young daughter attempting to meet and make friends in suburban Auckland.

Interviewer: What is it about living in this neighbourhood that would make you feel as if you did or didn't belong here?

Actually frankly speaking we have been living in New Zealand for two years and we still don't have a sense of belonging to this country because the language barrier, because of the culture difference.

Interviewer: What would it take before you did feel you belonged in this neighbourhood?

Friendship. For example, when I take my daughter to medical centre or Plunket or community centre or kindy the teachers or the nurse or family doctor are very kind. The professional courteousness, you know, but it is another story, I mean you can't have a friendship with your family doctor or Plunket nurse, it's very hard, or my midwife. They look courteous and kind.

Interviewer: But you haven't been able to move that next step into friendship?

It is very hard because building up a friendship is a mutual thing. It is not up to me or up to you on one side, so it is very hard for two people eager to build up a friendship at the same time, especially for two people from two completely different cultures.

Interviewer: So at the kindergarten what contact would you have with the other mothers there, any?

Very few, sometimes when I take my first daughter there I will chat with some of the mothers for several minutes, but all of us are very busy and no time.

Interviewer: Your daughter – has she had any friendships with those children?

No, that's really a pity because when I lived in Second Avenue [previous address in Auckland] I took my daughter to Morningside Playcentre and that is really a good place for parents and kids to build up their friendship. At that time all the parents needed to be with the children for three mornings every week, so parents could have enough time to talk with each other and kids often invite each other for lunch or something like that. After we shifted to Te Atatu Peninsula my daughter went to Te Atatu Village kindy. She often begs me, Mummy shall we invite one of my friends to our house for lunch, but it is a pity that kindy hasn't such kind of arrangement for kids. As a parent I cannot invite some kids from the kindy and say, would you like to come to my house for lunch and, in fact, I know nothing about these other parents. Maybe these other parents don't want him or her to come to my house for lunch.

Interviewer: Whereas at Playcentre you got to know the parents more?

Yes, because in the Playcentre the parents are required to be with their kids all the time, so in this way the parents can have enough time to communicate and friendships are built up naturally in this way.

Interviewer: Did you think about joining the Playcentre when you moved here?

Yes, I had thought of that. Te Atatu Playcentre was closed down for some reason.

Louise¹⁸ Te Atatu Peninsula

17 New settler – European.

18 New settler – Chinese.

Playcentre provided an environment in which these new settler women found a way to connect with local parents. Repeated five-minute exchanges at the kindergarten gate provided an opportunity for many of the New Zealand-born mothers to maintain, and sometimes establish, parental networks, but they did not allow the time for bridging the language and cultural distances experienced by the new settler women. It took persistence for these women to discover avenues for making connections with other local parents. Time in the presence of other mothers was an essential factor.

Identifying avenues for meeting people in a new community could also be difficult for New Zealand-born mothers. As a newcomer to a neighbourhood, persistence was required to find pathways into local parental networks. The following quotes illustrate the contrasting life worlds of two new mothers who had moved to Massey soon after the birth of their first child. The first was partnered and residentially settled, whereas the second was a lone parent who moved about a lot.

Yes, because I came straight up from Wellington and I knew nobody really. Jack was really busy working and I had this little baby, so I went out deliberately to try to meet people, so I joined the Plunket Committee and I joined a group. Plunket had this coffee group thing, and I joined that. It was when that folded up that I moved on to join Playcentre. I still have contact with them, I still know them, but not like that day to day or week to week, some of it is I really like it if you can go down to the shopping centre and meet somebody you know that kind of familiar faces.

Anne (P) Massey

...well I was down with my Mum in Wairoa and I didn't know a lot of people and wasn't settled... Well I was all over the place at that time. I went to Wairoa and had my son and then I went to Kaitaia for a little while and then came back to Auckland. Then that is when I started living with my parents, then they were looking after my son, and then I was working as much as I could to get some money together, so I didn't really have time to do that sort of thing. Then I just sort of tried to get my life with my son back together sort of thing ... But I will next time definitely get into that [coffee or play group] more, because you get to meet other Mums and become friends and that sort of thing, which is really good.

Sonya (P) Massey

The contrasting experiences of these parents suggest personal circumstance and agency, as well as the characteristics and availability of local groups, influenced parents' participation, or non-participation, in parental peer networks.

3.3.3 Negotiating Difference

Parents' talk around barriers to entry to local parental networks highlighted experiences of difference and exclusion. The new settlers noted obvious differences of language and culture that acted as barriers to their entry to social networks. Other parents identified differences that they felt set them apart from other local mothers, with implications for the forms of social contact they sought or experienced. In the following quote, age was seen as a barrier.

When I had my second child, I was much older than the other people who had babies. I was a good 10, 12, 15 years older than they were, so I was sort of, I have always fairly well kept to myself in that respect. I always felt like their mother.

Cindy (P) Mairangi/Murrays Bay

A parent of school-aged children commented on how she felt distanced from school networks when her son developed behavioural problems at school. Several participants had children with disabilities and, as the following excerpt illustrates, the coffee group scene did not feel like a welcome environment for them.

Interviewer: When you first had your oldest child, did you join any sort of coffee groups or play groups?

No, when she was a baby, the first year was really pretty hard for us because to me she looked different and the last thing I wanted to be doing was to be going to coffee groups and listening to mothers who had basically very normal children, but thought they had problems and they couldn't actually relate to somebody that had a child that essentially, and I don't know I was probably angry at the time and that she was two before I even took her to CCS [Crippled Children's Society pre-school. ...So for that first six months, or so, I was pretty busy and not really looking to be doing much outside of home really.
Jess (P) Glendhu

Starting the CCS pre-school brought Jess in contact with other mothers of children with disabilities and this interaction led to the formation of supportive enduring relationships with a network of peers. She felt that she was in a similar position to these mothers; they shared common experiences, had common information needs and faced similar practical concerns and frustrations around access to specialist services and equipment.

Coffee groups clearly have varying characteristics reflecting the interests and values of their members. In the following transcript a mother contrasts her experiences of two coffee groups. As a single parent she talks about feeling different to the (mostly partnered) members of the groups, but whereas at one group she says she felt judged for being different, at the other, which she has continued to attend, she did not.

I'm quite often the only single parent there [coffee group]. Actually I have got one other friend who is a single Mum and I try to drag her along to them, as well. But you know they're usually pretty good, but it is probably me that has the hang-up more than anybody else. You get the feeling that they don't like a single mother.

Interviewer: Whereas you don't have that feeling in the ante-natal group?

No, it is like they're all quite fine, even though they've all got partners and that ... we're all very laid back and we say what we want to say and have a laugh and be rude and silly and all that. Whereas when I've been to the coffee groups or the playgroups and that everybody seems to be going, yes, everything is lovely, and have a cup of tea, and all of that, and I'm not into that, can't be bothered with that. I swear a bit like a trooper and I just want to relax and kick back and sit outside and have a cigarette if I want and not sort of get, 'and she's a smoker, too', which is sort of how I get that feeling.

Sam (P) Te Atatu Peninsula

3.3.4 Avoiding the Judgement of Others

While some parents sought out opportunities to join a peer network, perceiving only advantages of the anticipated interaction, others weighed up the possible benefits against the possible risks. Competitiveness, or a feeling of being judged over the way they presented themselves, and/or the timing of milestones achieved by their children, was a deterrent to joining a coffee group for several parents.

In part I think I got really put off when I went to ante-natal class because it was very competitive with the Mums, you know, who has got the nicest clothes on, who has got this and who has got that, and all of that kind of thing. ...after your baby is born everyone is comparing babies and what they can and can't do and all of that kind of thing. So I just really didn't feel it was for me. I didn't want to get involved with that. With hindsight I probably should have. It probably would have helped me to make that transition at that time.

Clare (P) Titirangi/Woodlands Park

The opportunity to normalise children's developmental stages and behaviours, a valued aspect of the coffee group interaction for many parents, was, for others, a reason they were avoided. A mother who decided not to join a group summed up her reticence by saying: 'I don't know, it seems to be, we don't want to be seen as less than perfect. Then you just feel inadequate.' A similar sentiment was expressed by a lone father, who talked about avoiding contact with his children's school because he was unable to read.

3.3.5 Māori Patterns of Parenting Support

Māori caregivers talked about whānau as their key support in parenting, whether whānau lived close by or not. Some participants had moved specifically to be near whānau, whom they knew they could rely on for support, others lived with whānau to give and receive support.

[I] ring my Dad up because there is a phone across the road, a pay phone and I'll just ring Dad up and ask him if he can come up and get us or watch the kids while I go. So it is good being close to family, as well, because I've got that chance where I can either drop them off down there or Dad can come and get us. But my Dad will just jump, if any of us needed him, he would just jump and he would go, yes, I'll be there in a minute, and he'll come up.

Tony (M) Massey

For some Māori caregivers, one or more of their children were being cared for full-time by grandparents out of the Auckland area.

We came up with our youngest, but my parents came up a couple of weeks ago for a holiday, just to say hello to us, and they said, oh can we take him for a holiday, and we said, yes, and we haven't seen him since. But that's fine, he's happy.

Helen (M) Te Atatu Peninsula

When Māori parents needed help it was generally whānau they turned to first, even when whānau lived some distance away.

Coffee Groups

Only two or three Māori participants in each locality had joined a coffee group. Joining was more likely after the birth of a first child than later children, and for the participant quoted below, the absence of whānau or friends close by influenced the decision to join.

I did [join a parent group] because I lived in Whangaparoa and I didn't know a soul, nobody, it was a bit lonely actually. Just to meet people and make new friends. No Māori up there though. So I spent a bit of time driving down to Auckland to visit my Mum, visit my sister.

Fiona (M) Beach Haven/Birkdale

A similar range of coffee group experiences was reported by Māori as was reported by Pākehā caregivers. They worked well for some parents, but for others they were not a good fit to the parents' needs or inclination.

A couple of people I see from an ante-natal class I went to with my first child. [We have coffee] and do things on weekends as well and we like our kids to be together. They've grown up together and it is good they're really good friends, and it is good to have that.

Flo (M) Massey

In keeping with the Pākehā data, returning to work often coincided with attendance at coffee group tailing off.

Schools and Pre-school

A variety of pre-schools were used by the Māori caregivers interviewed: playcentres, daycare, kindergartens and kōhanga reo. Local networks of parents and knowledge of community events and resources were commonly accessed through pre-school educational facilities.

That is the only place where you get the community really through the kindergarten. The other parents come through and then they talk about other things that happen, so it is word of mouth from other people, that is how you know when other things are happening and you meet up with the parents. Do you know what is happening at so and so and OK I'll be there.

Vikki (M) Te Atatu Peninsula

For those participants whose children attended kōhanga reo, the whānau of kōhanga reo were seen as their parent support group. They talked about a culture of taking care of each other's children, looking out for them and taking action if they needed support or reprimanding and supporting each other in parenting. It was taken for granted that another parent, or staff, would help out with transport if this was needed.

No. I really kind of, well I joined the kōhanga, so that was my definition of Māori parent group. I didn't actually think about it, it was either the kōhanga or at home. I never ever – I think when Nancy was little I went once, [to a parent group] and listened to a woman tell me how and what food I should feed my daughter, and I thought I am out of here, I never considered a parent group or a playgroup.

Linda (M) Te Atatu Peninsula

Although each locality had kōhanga reo, access to kura kaupapa and Māori units in mainstream schools differed between localities. A number of Māori caregivers had made a choice to enrol their children in kura kaupapa and Māori units, and in some instances kōhanga reo, outside of the area. The quality of education and opportunities to korero Māori were key determinants of the educational choices made by parents.

Oh yeah if you want the quality of education and you know what the education is in the institute that you're thinking about sending your child there and if there's one that has got a better education I'll take her out there, even though she's missing out on all her cousins, 'cause they all go to one school over here. But it's a mainstream school and they don't speak Māori as often.

Ripeka (M) Te Atatu Peninsula

This often involved a considerable amount of daily travel. Reciprocity in travel arrangements between households was reported to be fairly common in this situation. Parental peer networks were based around such practical concerns as well as providing emotional support and friendship.

Well with all the tamariki that are going to kura ... you have to travel, it does put a lot more pressure on the way that you, well not the way that you think, but it is just an unnecessary sort of thing, it is like a chore, but it happens. With my niece, I drop my kids off to her in the morning and she takes them and I get them in the afternoon, so we share that.

Te Arihi (M) Beach Haven/Birkdale

Te Atatu Peninsula has a large Māori population, but no kura or Māori unit in any local primary school. This point was mentioned by a number of participants, as well as the aspirations of local Māori to build a kura kaupapa alongside the site designated for a local marae. A number of Māori children in the localities attended mainstream schools, and parents' talk of the neighbourhood connections formed with other parents through the schools was very similar to that described by Pākehā parents.

It is nice if your family live close, but neither of us have that, so we're lucky we've got great friends, still in the area. We have met new people that have become good friends too, through the school that are Dane's friends and their parents are working parents, too, and because I finish early, they might go there first [before school] and I go to work early, but I'm home for the pick up, so we work it like that.

Michelle (M) Beach Haven/Birkdale

The importance of sporting connections was often mentioned by Māori parents. Participating in netball or touch teams, and social contact around sporting clubs were significant for maintaining peer networks. The networks of people they socialised with in these environments frequently overlapped with their school or kōhanga networks.

3.3.6 Samoan Patterns of Parenting Support

As noted in the earlier section, most Samoan participants lived with, or in the same locality as, a number of family members. The importance of living close to a support network of family was a recurrent theme throughout the Samoan data. Advice and help with the practical and emotional aspects of parenting was almost always sought and received from members of the extended family.

When I have my first girl we were in town and [I] never had to go anywhere or join any groups because my family has always been there... It is so much easier and living close together is quite good because you depend on them to help you out and they are right there.

Malia (S) Massey

The services offered by the Plunket nurse were acknowledged and valued by many Samoan parents, but only one of the parents indicated that they had taken part in a parent or coffee group. When asked about going to parent or coffee groups, participants' responses, as illustrated by the following examples, were very consistent.

...oh no ... I never had time to join one of those things... I was always too busy being a mother and with other family commitments you know the usual things we Samoans have to put up with.

Mele (S) Te Atatu Peninsula

No I have my family, that is really my coffee group ha ha. The only thing I did with my son was ante-natal class and just Plunket nurse.

Aniva (S) Massey

For most of them I had my family around so I don't really know what that stuff is about. I only just use the Plunket nurse but not the group. I haven't really heard of that sort of group.

Peni (S) Massey

The church, as noted earlier, was the most important community meeting place for most of the Samoan parents and, after family, members of the church were the people participants would turn to for support with parenting. Church activities often dominated participants' spare time, through their involvement in a range of groups such as the choir, sports teams, mother's group, and, for young children, the aoga amata. Within the church community caregivers reported that they liked the feeling of comfort and familiarity, and a sense of safety and security.

School and neighbourhood were generally far less significant to the support and friendship networks of Samoan caregivers, than they were for Māori and Pākehā parents. Not knowing other parents in the school setting, or feeling uncomfortable with other parents, the responsibilities of looking after other children, work, household chores or being involved with various church activities were the main barriers reported that prevented caregivers participating in school activities.

Neighbourhood practices of shared child minding were not commonly reported although there were several examples where parents described helping out another Samoan family as in the example below.

...well there is another Samoan lady whose kids I pick up to walk down to and from kindy 'cos it just happens to be on the way for me... She has quite a few young kids so I thought it would be easier for her if I escorted the little girl to and from school ... you know it's no skin off my back ... it's on the way so yeah that's okay for me.

Interviewer: And would she do the same for you?

...yeah well we've become quite good friends and although I haven't had to call in a favour I am pretty confident that she would help me out should I need it... You know it's all reciprocal we are Samoan aren't we (both laugh).

Mele (S) Te Atatu Peninsula

3.3.7 Discussion

Being part of a supportive network of local parents with similar-aged children, was highly valued by most of the study's Pākehā participants, those who did not belong to networks as well as those who did. Participating in shared events, the exchange of greetings, and mutual aid in the care of each other's children, all served to produce and reproduce social capital within parental networks. By sharing space and common concerns, many participants indicated that they became part of a community of parents based around the institution their child/ren attended. However, gaining entry to a peer group of parents was fraught with difficulty, due to individual and organisational barriers to entry.

Although the mothers' narratives described unique experiences of neighbourhood engagement, acceptance and exclusion, there was a common trajectory into community engagement and parental support that operated to varying degrees in the different study localities. Many of the parents interviewed made smooth transitions along its path. The common trajectory began with membership of a locally-based coffee group. When the network of mothers that formed via a coffee group worked well for members it provided understanding and support, access to local knowledge and acceptance within a group of familiar local parents. Locality-based networks extended via secondary contacts made through group members, and extended further as children started to attend pre-schools and activity groups, and later still, through schools and clubs in the area. However, a large number of factors needed to align and events to occur for a new mother to negotiate successful entrance and retain membership of local parental networks. Exclusion, for a number of reasons, was remarkably easy.

A number of constraints operated at the point of entry to coffee groups. Some constraints related to time and space while others related to a lack of connection between the identity of the mother and the identity of the group. Firstly, a new mother needed to be invited to join a group, and this did not happen for all participants. Once invited, the timing of meetings needed to fit with the mother's other commitments, and she needed to experience herself as sufficiently similar to other potential members to feel comfortable enough to attend. Upon meeting with the group, feeling accepted was the next significant hurdle. A positive dynamic also needed to develop within the nascent group for the members to find it rewarding enough to continue meeting. The latter condition was more likely to be met when members lived in reasonable proximity to each other, and the group had a core membership of mothers who did not return to full-time work within the first few months of the birth of their first baby. It is not surprising that many mothers missed this portal into a local peer group of parents.

An unproblematic entry and a smooth transition along neighbourhood networks were more likely for some parents than others. It was a more assured journey for: mothers who had lived in the same neighbourhood before and after the birth of a first child, had attended ante-natal classes before the birth and/or Plunket after the birth, were partnered, spoke English as a first language and had social, financial and cultural resources that were similar to others in the area in which they lived.

This common trajectory was not the only trajectory into neighbourhood networks. Entry at various points along the common route could, and often did, occur in haphazard ways. However, these chance entries into local parental networks, probably better described as opportunistic entries, were also more likely to occur for some parents than others.

The least fragile route into coffee group membership followed attendance at ante-natal classes. The mothers-to-be shared contact details in a face-to-face situation. They may not have known each other prior to the first coffee group meeting but they had seen and been seen by each other in a common situation, and one with significant meaning as first time mothers. A downside to the ante-natal groups was often distance, as members could live over a dispersed area.

Groups formed through ante-natal classes and Plunket had closed or invited membership, as distinct from playgroups that had open membership. The closed membership groups, where they worked or 'clicked' for mothers, seemed to foster sharing and supportive relationships. The fundamental value of the group was access to women in similar circumstances. For many participants, the coffee group meetings were valued events, and for some they were a lifeline.

As illustrated earlier, being linked into a coffee group involved an element of chance. Not all parents attended Plunket but, for those who did, variation was apparent between clinics in the way support groups were set up. Mothers missed out because groups were full, they were not offered, groups were

convened that did not continue or the members did not gel as a group. The more mobile or transient mothers, and those who may have been initially more diffident about joining a group, had limited opportunities for making a late entry to such a group. Mothers of children with disabilities shied away from mainstream groups, and working mothers were excluded as group meetings were usually daytime events.

A few participants deliberately sought out an alternative group if the first one faltered or failed to meet their needs. Given the precarious nature of membership, and the unique opportunity that well-child agencies have to engage with new mothers, it is unfortunate that well-child agencies do not have a range of options available to offer to new mothers who miss out on coffee group membership soon after their child's birth, or mothers who are new to an area. To some extent, playgroups, where they are offered, fill the void. However, parents seldom attended playgroups with babies so they were not helpful as meeting places during the first six months of mothering, a time that a number of participants identified as lonely and difficult.

4.0 CONCLUDING COMMENTS

The Place of Caregiving research project explored the way diverse urban neighbourhoods in Waitakere and North Shore cities were experienced as sites for caregiving by parents of young children. This report has drawn together findings from the various components of the research – service and amenity access mapping, in-depth interviews with Māori, Samoan and Pākehā parents and a telephone survey of parents of all ethnicities – to provide some insight into the features of neighbourhood environments that influence the social practices of parenting.

The CRAI was developed as a research tool; however it has utility as a planning tool for community resource provision by local and central government. Planning for the provision of services and amenities tends to be undertaken by various government and local government agencies, without reference to the activities of other agencies. As a consequence, some neighbourhoods can have poor access while others may be richly resourced in many domains. The cumulative impact of poor locational access to a number of key services and amenities is not always apparent without spatial mapping using a composite index such as the CRAI. The CRAI methodology also enables access to specific services and amenities to be weighted in accordance with the importance placed on access to the resource by a particular population group.

It can be argued that convenient access to services and amenities is more critical for households in lower socio-economic areas. Greater distances to services and amenities generally mean higher transport costs to access a facility, irrespective of whether public or private transport is used. Further, household budget spent on transport is budget unavailable for other uses. Research by one investigator has found that low-income New Zealand families place a high priority on maintaining access to a car, in order to be able to access services in emergency situations. This occurs to the extent that expenditure on other key items such as food and accommodation can be compromised (Witten, Rose and McCreanor 2005). In light of this, a positive finding of the study was that within both Waitakere and North Shore cities community resource access increased with increasing levels of deprivation (Field et al 2004). Still, there were pockets of poor access in some lower socio-economic areas. Many of these places were located in the sprawling urban areas that were developed through the 1950-80s.

The neighbourhood features that parents identified as constituting a good place to live and parent, were consistent across the in-depth locality-based interviews and the telephone survey. The most important services and amenities to caregivers of different ethnicities living in neighbourhoods with diverse socio-economic characteristics were: a general practitioner; a primary and intermediate school; pre-school; supermarket; pharmacy; hospital; A&E clinic; a library; and parks. Where variation in the importance placed on access to resources was evident, for example the higher ranking given to hospital and A&E clinic access by parents in higher deprivation neighbourhoods, the relationship between importance and need should be considered. Morbidity rates are generally higher in higher deprivation areas (Ministry of Health 2004). It cannot be assumed that because parents in higher deprivation areas rated, on average, parks/open space access as less important than parents in lower deprivation neighbourhoods, that they necessarily placed less value on access to parks.

Locational access is only one aspect of accessibility. The quality and appropriateness of services and amenities also determine their use. These matters were not covered by the CRAI, a significant limitation of the study. In terms of accessibility, the locality case studies identified the importance of co-location of commonly used services, in terms of their ease of use to parents of young children. Even for households with private transport, loading young children in and out of vehicles to travel to multiple destinations to meet household needs, was a noted stressor. Urban design that encourages the clustering of key services has the potential to improve accessibility for parents of young children. The localities with central service hubs were also experienced as being more walkable, a feature valued in its own right for the opportunities it provided for serendipitous encounters with other local people.

Public spaces, such as shopping villages, a supermarket and child-centred educational facilities were key amenities and services that formed a focal point for daily routines. These local facilities functioned as informal meeting places, and the familiarity arising through intermittent contact in these neighbourhood places often evolved into valued and meaningful social relations. For Pākehā and Māori parents in particular, schools and pre-schools were the sites around which many parents' sense of community belonging centred. Māori-specific educational institutions, such as kura kaupapa, bilingual and immersion units in 'mainstream' schools and kōhanga reo were identified as having

particular significance for community-building for a number of Māori parents. Using data from the CRAI it is possible to map locational access to Māori-specific educational services across urban areas, and to compare locational access to Māori and mainstream facilities for households living in particular locations. Not surprisingly, locational access to Māori (and Samoan) facilities is poor in most areas compared to 'mainstream' facilities.

The significance of schools for parents was not only as places of education and sites for community building. Perceptions of the quality of local schools had implications for neighbourhood stability, as talk of 'good' local schools was a major factor in parents' commitment to a neighbourhood, and to their intentions to remain in the area. Hawk and Hill (1999) note that there is often a gap between the reputation a school has with parents and the way a school's performance is viewed by educationalists. They refer to a 'pecking order' or 'parent preference ladder' of schools that usually correlates with the socio-economic level of the school's catchments, and its pupils' performance in external exams (McKenzie 1999). This situation leaves schools in lower socio-economic areas with an inbuilt vulnerability to falling rolls, if households that can afford to send their children to schools outside the area do so. A 'bad' reputation circulating within parent networks can be difficult to change and can be a powerful determinant of a school's viability (Hawk and Hill 1999; Holme 2002). In the lower socio-economic study localities, where talk of school choice and 'white flight' was common, it was notable that parents were more likely to opt for the local school when they knew other parents who were choosing the local school, when they considered a school's ethnic and social diversity to be a positive attribute, and when they liked the idea of a school within walking distance of home.

The preceding section discussed the significant role coffee/playgroups played in providing an early opportunity for parents, particularly Pākehā parents, to meet and network. Organisations such as Plunket and Parents Centre facilitate bringing new parents together during a brief window of opportunity after the birth of a first child. The organisations serve as brokers for linking mothers in similar circumstances, and the forms of engagement, levels of intimacy, frequency and duration of contact that follow are determined by the members of the group. However, for a variety of reasons, many parents miss this opportunity to network with other parents. Organisations could try a 'second wave' pick-up for those who may have missed the chance to join a group first time around. It may only take having a sick baby, lack of transport, a family commitment or prior engagement at the time of a group's first couple of meetings for a less than assertive, and possibly vulnerable, new mother to shy away from attending. There did not appear to be a systematic way of identifying these parents and offering a second or third way of gaining entry to some form of parental support network, or alternatives for parents who do not wish to open their houses to other mothers and babies.

Coffee group membership was uncommon for Māori and rare for Samoan mothers, yet coffee groups are the principal means by which Plunket, the main well-child organisation in New Zealand, attempts to foster the social integration of mothers. Distinct parallel structures such as church-based groups for Samoan mothers and whānau networks based around schools and pre-schools were evident for Māori.

The policies and practices of the various groups/pre-schools also had implications for the ease with which parents interacted and made connections between themselves. The pre-school settings that involved more on-site time from parents were valued by new settler participants, as they provided an opportunity to spend enough time in the company of other parents to overcome cultural and language barriers to getting to know 'Kiwi' parents. Institutions with flexible drop-off and pick-up times (eg daycare centres) provided the least opportunity for meeting and mingling with other parents.

Public spaces and public institutions are key venues at which the incidental meetings between parents take place. Individuals new to a locality, or without established networks within a locality, were better positioned to develop networks in situations where a collective social life was observable in public places; identifiable and safe community meeting places, as well as inclusive, local, child-focused services provided venues, in and through which parents could meet others and potentially build networks and accrue social capital resources. Participation in neighbourhood groups was highly valued; it gave access to a range of resources and contributed to parents' sense of belonging to place.

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APPENDIX 1

Appendix 1: Socio-demographic Description of Study Localities

	Beach Haven %	Glendhu %	Mairangi %	Massey %	Te Atatu %	Titirangi %
Family income (as % of families answering Census question)						
Family income \$1-\$20,000	16.7	14.9	7.9	17.6	18.8	5.7
Family income \$20,001-\$50,000	36.6	31.4	24.0	37.7	37.8	20.9
Family income \$50,001 and over	46.7	53.7	68.1	44.7	43.4	73.5
Family type (as % of total households in private dwellings)						
One parent with children	25.8	20.5	10.0	26.0	25.1	11.7
Family formation (as % of total households in private dwellings)						
Families with children	71.7	67.3	61.6	74.7	67.6	62.8
Vehicle ownership (% of households)						
No motor vehicle	9.9	4.9	6.1	5.8	8.6	2.7
Housing tenure						
Owned or partly-owned	61.7	64.8	74.3	59.2	61.0	82.8
Not owned by usual residents	33.6	32.3	22.2	34.1	32.5	14.6
Ages						
Less than 10 years	18.5	16.5	10.2	18.9	17.3	15.0
10-19 years	14.9	15.1	17.5	18.0	14.0	14.6
20-29 years	14.1	16.7	10.7	17.1	13.4	8.7
30-39 years	19.3	19.5	11.2	17.4	19.2	18.5
40-54 years	17.1	20.2	26.4	17.7	17.9	26.2
55-64 years	8.1	6.9	11.6	6.2	8.1	9.8
65 years and over	8.7	5.6	12.7	4.9	10.5	7.2
Ethnicity						
European	73.1	76.5	90.2	60.3	64.8	94.1
Māori	18.2	8.7	3.3	18.1	22.7	4.8
Pacific	10.6	5.9	0.8	21.9	16.8	1.7
Asian	7.7	12.6	10.1	9.2	7.2	2.8
Other	0.9	2.4	0.8	0.8	0.6	0.8
No response	3.8	3.9	2.2	6.2	4.7	3.9
Labour force status (population aged 15 years and over)						
Employed part- or full-time	62.3	69.3	65.0	60.8	57.4	72.9
Unemployed	5.1	4.9	3.4	7.1	6.0	3.1
Not in labour force	29.4	22.2	30.2	26.4	32.0	21.0
Unidentifiable	3.2	3.4	1.4	5.6	4.2	3.2

**Highest qualification gained
(population aged 15 years and over)**

No qualifications	23.8	17.6	12.4	26.7	24.5	12.2
Secondary school qualifications	37.7	42.0	41.7	37.2	34.8	38.4
Vocational qualifications	16.9	18.8	21.9	14.9	15.8	23.0
University qualifications	7.6	10.6	16.7	4.9	6.8	18.5

Population

Usually resident population	7,644	7,086	7,224	7,884	6,462	7,083
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CRAI score

Average (mean) CRAI score	14.8	11.9	17.6	13.4	13.3	6.5
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Blue Skies Research

- 1/06 *Les Familles et Whānau sans Frontières: New Zealand and Transnational Family Obligation*, Neil Lunt with Mervyl McPherson and Julee Browning, March 2006.
- 2/06 *Two Parents, Two Households: New Zealand Data Collections, Language and Complex Parenting*, Paul Calister and Stuart Birks, March 2006.
- 3/06 *Grandfathers – Their Changing Family Roles and Contributions*, Dr Virginia Wilton and Dr Judith A. Davey, March 2006.
- 4/06 *Neighbourhood Environments that Support Families*, Dr Karen Witten, Liane Penney, Fuafiva Faalau and Victoria Jensen, May 2006.

These reports are available on the Commission's website www.nzfamilies.org.nz or contact the Commission to request copies.

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