

# **FAMILY-CENTRED COMMUNITIES**

## **The planning process**

A report for the Families Commission  
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# Acknowledgements

The Families Commission was established under the Families Commission Act 2003 and commenced operations on 1 July 2004. Under the Crown Entities Act 2004, the Commission is designated as an autonomous Crown entity.

The main role of the Families Commission is to act as an advocate for the interests of families generally (rather than individual families).

The Families Commission's specific functions under the Families Commission Act 2003 are to:

- encourage informed debate about families
- increase public awareness and promote better understanding of matters affecting families
- encourage and facilitate the development and provision of government policies that promote and serve the interests of families
- consider any matter relating to the interests of families referred to us by any Minister of the Crown
- stimulate and promote research into families, for example by funding and undertaking research.

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## Disclaimers

Access to the data used in this study was provided by Statistics New Zealand under conditions designed to give effect to the security and confidentiality provisions of the Statistics Act 1975.

The results presented in this study are the work of the authors, not Statistics New Zealand or The Treasury.

# Introduction

The Families Commission works to ensure that the interests of families are reflected in central and local government policies and services.

An extensive body of research evidence indicates that family functioning and circumstances significantly affect the life chances of individual family members, and the successful functioning of society and the economy. However, findings from the Commission's major research projects suggest that the importance of the family is not always reflected in public policies and services. Little consideration is given to the wellbeing of the entity itself over and above the wellbeing of individual members or population groups.

The Commission is currently working with the local government sector on an initiative to encourage councils to take a family-centred approach to planning and decision-making. This literature review has been produced as a resource for this project. The Families Commission's understanding of the issues discussed in this report will grow as the project progresses, and the Commission will consider reporting on this later in the project. Meanwhile, the Commission feels that this report is a useful resource for ourselves and others, and for that reason, we have placed it on our website.

The report is based on a review of key published papers and reports. It is not intended to be a fully comprehensive review of the literature.

# Executive summary

An extensive body of research evidence indicates that family functioning and circumstances significantly affect the wellbeing of family members, and the functioning of society and the economy.

Families carry out various functions that are critically important to society. They share resources, and support their members financially; they care for the young, the elderly, the sick and the disabled. Many commentators cite the family as one of the root causes of our most pressing social problems; nevertheless, the Families Commission's research suggests that the importance of the family is not always reflected in public policies and services.

The Commission, with the assistance of Local Government New Zealand, is exploring the feasibility of increasing the focus on families in local body decision-making processes.

In addition to providing routine services, many local authorities have become involved in providing social housing and other community services, such as childcare, out-of-school programmes and community development.

Under the Local Government Act 2002 a key purpose of local government is to promote the social, economic, environmental and cultural wellbeing of communities. The Act requires a local authority to assess how its decisions contribute to community wellbeing.

This review set out to determine the key components of family-centred communities from the literature. It will contribute to an initiative by the Commission to encourage councils to take a family-centred approach to planning and decision-making. The report will also provide the Families Commission with knowledge about family-centred communities for future use.

The review exposed a general dearth of material on family-centred communities and planning. The literature tended to interpret 'family' as parents with children, with little recognition of other family forms. This reinforces the need for the Families Commission's work.

The study also explored the literature on other local government models which seek to promote wellbeing, such as Healthy Cities; Child Friendly Cities; Age Friendly Cities; Safe Communities; and Liveable Communities.

Literature discussing the ways in which communities or councils cater for particular population groups, such as children, older people, youth or cultural groups, was considered to be outside of the scope of this review.

## Principles of a family-centred approach

The review found a number of common principles associated with a family-centred approach to social service delivery and community development and planning:

- *Family participation* – in identifying needs and in planning, implementing and evaluating services.
- *Focus on the family as a whole* – rather than on individual family members.
- *Focus on family functioning* – to strengthen interconnections and the capacity of families to function effectively, and provide opportunities for families to be together.
- *Strengths versus deficits* – the approach should enhance protective factors and internal resources.
- *Building social capital* – to help families build and draw on support networks in their family, between families and with community agencies and institutions.
- *Interagency collaboration* – working on many fronts simultaneously rather than single-agency approaches.

- *Addressing inequalities* – agencies should identify and support families in the most extreme economic or social need, putting efforts and resources toward preventing family problems before they become crises or chronic situations.
- *Culturally appropriate approaches* – to affirm and strengthen cultural, racial and linguistic identities.
- *Diversity* – recognising the variety in family forms.
- *Evidence-based* – up-to-date information on the status of the community's families should provide a basis for planning and decisions.

## **Components of a family-centred community**

The literature describing a community or city as 'family-centred' based this evaluation on a range of factors:

- physical attributes (built and natural)
- service availability
- sense of community or social capital
- outcomes indicators.

Most of the literature suggested that the combination of these factors made a community family-centred. It argued that family-centred community-building initiatives must work on many fronts simultaneously, and integrate asset and urban planning with social service planning.

*A Family Friendly Community Checklist*, produced by the Premier's Council in Alberta in the early 1990s, provides a comprehensive description of the components of family-centred communities. The checklist describes features needed by various family members (for example, children, youth, older people and parents), rather than assuming that family-friendly equates to child- or parent-friendly. Like other local government literature, it treats family participation in decision-making as a core attribute of family-friendly communities. This was evident in both New Zealand and international literature.

This approach could inform the development of guidelines for New Zealand local government planners and decision-makers. However, the findings from the literature review do not suggest a simple 'checklist' for planning. Rather, they challenge the fundamental premisses and processes behind decisions.

## **Key local government processes**

The literature review suggested that certain processes are central to ensuring that local government achieves family-centred outcomes:

- developing a family wellbeing model
- gathering information on the status of families
- consulting with families
- multi-sector collaboration
- addressing inequalities
- building internal capacity.

Under the Local Government Act 2002, a local authority must be able to demonstrate how a decision contributes to wellbeing and community outcomes.

This report suggests that councils adjust the following frameworks:

- Wellbeing frameworks – to ensure they capture the wellbeing of the family itself, over and above the wellbeing of individual family members.
- Indicators frameworks – to include measures of family wellbeing.
- Community outcomes frameworks – to ensure they include explicit outcomes for families.
- Consultation frameworks – to ensure families are engaged in decision-making processes.

To promote this approach, councils' Community Outcome Processes (COPs) could overtly seek communities' views on desired outcomes for families. COPs could be structured to reflect outcomes and priorities for families. Councils could also develop family strategies.

The literature indicated that understanding a particular community's families is a prerequisite to a family-centred approach. The effectiveness of a family-centred process greatly depends on the information or research evidence available to the policy analyst, planner or decision-maker. Under the Local Government Act 2002 councils are required to monitor and report on progress towards community outcomes.

This review suggests that a family-centred approach would be enhanced by an indicators model which included measures of family wellbeing. This could be supported by research.

A family-centred approach would involve councils applying their considerable skills and experience in public consultation and community engagement in efforts to target families.

The literature suggests that a family-centred approach would require collaboration between councils and other external parties and also across council functions.

The literature also suggested that councils need to develop internal capacity and skills in family-centred planning and development. The Families Commission has an obvious role in providing advice and support in these areas. This current initiative is an example of how the Families Commission can encourage local government to promote family wellbeing.

# Methodology

The following process was used in order to ensure extensive coverage of the area:

- Literature on family-centred communities and family-centred policy development was sourced initially through web searches on key words and phrases. Where literature could not be accessed online, it was primarily sourced through libraries and relevant organisations.<sup>1</sup>
- Relevant local government documentation on policy-proofing was reviewed.
- Other relevant literature on the impact local government can have on families was reviewed.

To prevent the literature review from becoming unmanageable, four basic criteria were applied to the inclusion or exclusion of texts:

- Materials must be in English.
- Literature must focus on New Zealand or other English-speaking countries, such as Australia, Canada, the United States and the United Kingdom.
- Literature must have been produced in the last 10 years (that is, the review went back to 1997, with exceptions for key documents).
- Materials must be published or publicly available either online, through accessible libraries, from the originating commissioning or other organisation or through booksellers.

It should be noted that there is a general dearth of materials available on family-centred communities and family-centred community development. Web and library searches revealed early on in the study that there is very little written on this subject. Furthermore, there is little material available on tools or processes that assess the impact of local government policies on families. The literature available tended to interpret 'family' as parents with children, with little recognition of other family forms. This reinforced the need for the Families Commission's research.

There is a richer body of literature when one moves beyond the particular issue of family-centred communities to issues of community wellbeing. Similarly, when one moves beyond the particular issue of family wellbeing to the wellbeing of individuals and the population groups within families (for example, children, young people and older people), there is a richer body of literature. Web and library searches revealed thousands of documents on these subjects. There is also literature on how community and neighbourhood factors affect these population groups. However, this literature was considered to be beyond the scope of the research.

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<sup>1</sup> A large body of literature on neighbourhood factors that influence child health was provided by Anna Stevenson from Community and Public Health.

# Understanding the terminology

Deciding what constitutes a family-centred community is fraught with difficulties, not least of which is the lack of a common understanding of the terms 'family' and 'community'. Despite national policy statements and initiatives regarding 'family strength', 'family resilience' and 'strong communities', the concepts remain highly abstract. There are many interpretations and possibly incompatible goals amongst the various approaches.

This section attempts to provide an overview of the common interpretations and establish how the terms are interpreted in this report.

## Definition of family

The term 'family' has many different meanings which vary depending upon context and use. The meaning of the term depends on whether it is being interpreted in a social, biological, cultural or statistical sense (Bogenschneider, Young, Melli, & Fleming, 1993; Jacobsen, Fursman, Bryant, Claridge, & Jensen, 2004; Stone, 2000). Attempts to agree on a definition of family often become a values question: What is the ideal, normative-type of family? (Ooms, 1995).

In recent decades, economic, social and demographic changes have affected family structure significantly. New patterns of partnering, family formation, relationship dissolution and re-partnering have resulted in a growing diversity of family forms, as well as greater frequency of change between family forms. Marriages are less permanent, there are more non-cohabiting partners and one-parent families and two-parent 'blended' or 'step' families are becoming much more common. Increasingly, the family comprises people who live in separate households for some or all of the time (Families Commission, 2005; Ministry of Social Development, 2004a; True, 2005).

The Ministry of Social Development (2004a) found four central features of recent family change which are common in New Zealand and most post-industrial societies:

- an increase in the instability of partnerships
- a decline in the rate of marriage
- a weakening in the link between marriage and childbearing
- a fundamental change in women's economic role in the family.

Other changes include the growing number of older people. This includes an increase in the number of older people who are supported by the state, whether in hospitals or rest homes, or by home-based services, rather than solely by their families (Ministry of Social Development, 2004a).

In practice, people may see themselves as members of several families; for example, as a member of a family with their parents and siblings, and also a member of a family that they have formed themselves. They may have family members to whom they are not actually biologically or legally related (Hodgson & Birks, 2002).

Increasingly we conceive of families in terms of what they do – sharing resources, caring, responsibilities and obligations – rather than the particular organisational form they take:

In this context of fluid and changing definitions of families, a basic core remains which refers to the sharing of resources, caring, responsibilities and obligations. What a family is appears intrinsically related to what it does. ... While there are new family forms emerging, alongside new normative guidelines about family relationships, this does not mean that values of caring and obligation are abandoned. On the contrary, these are central issues which continue to bind people together (Smart & Silva, 1999, p. 7 cited in Stone, 2000, p. 24).



Legal and policy definitions of family relationships are continually evolving in New Zealand in order to take account of changing social and cultural norms. Several definitions of family are used in policy. In some, but not all, cases, government policies take into consideration extended families, especially in the case of Māori whānau.<sup>2</sup>

New Zealand law seeks to be 'relatively neutral' with respect to the kinds of social relationships that constitute a family (Ministry of Social Development, 2004a). It recognises de facto and de jure relationships by cohabitation and marriage; relationships between same-sex and opposite-sex couples; biological and adopted children; and single-parent, two-parent and extended families. Legislation recognising non-marital civil unions of same-sex and opposite-sex couples (the Civil Union Act 2004) is a recent example of the normative evolution in the concept of the family.

The Child, Young Persons, and Their Families Act (1989) acknowledges both legal and functional relationships and also tries to incorporate cultural differences into the definition.

This definition is:

A family group including an extended family, in which there is at least one adult member with whom a child or another adult member has a biological or legal relationship; or to whom the child or other adult member has a significant psychological attachment; or that is the child's or other adult member's Whānau or other culturally recognised group (Section 2, Child, Young Persons, and Their Families Act 1989)<sup>3</sup>.

The 'family' in the Families Commission Act 2003 includes:

...a group of people related by marriage [or civil union], blood or adoption, an extended family, two or more persons living together as a family, and a whānau or other culturally recognised family group (Section 10, Families Commission Act 2003).

On the basis of the definition in its Act, the Families Commission has adopted a broad and inclusive approach to families that considers the full range of families and their roles and functions. These include:

- groups of people who are related by marriage, blood or adoption
- extended families
- two or more people living together as a family
- whānau or other culturally recognised groups (Families Commission, 2006).

It recognises that these groups have a wide range of living arrangements including:

- single-household nuclear families
- extended families and wider kinship groupings
- Māori whānau
- customary family structures in Pacific and Asian communities and other ethnic groups
- multi-generational groupings
- families dispersed across multiple households
- joint and shared child custody arrangements
- 'blended' families (Families Commission, 2006).

This research adopted the Families Commission interpretation of 'families'. This created some difficulties in identifying the components of family-centred communities. The diversity of forms, functions and relationship implicit in this definition made it difficult to identify the variables for family-centred communities as opposed to people-centred communities.

Some families have all their members living in a single locality or neighbourhood, while others can have members spread across many neighbourhoods, districts or nations. Some families comprise people who have little or no interest in being in contact with children and may prefer child-free settings or, in some extreme cases, a child-free gated community (as Freeman (2006) identified in her critique of gated communities). Others want child-friendly settings.

<sup>2</sup> Whānau is a wider concept than the traditional nuclear family. Belonging to a Māori whānau often involves living in a multi-generational household where, for example, several whānau members may share the parental responsibility for raising children. Whānau provides for the caring needs of individuals and also gives Māori a sense of identity and belonging (Ministry of Social Development, 2004a, p. 105).

<sup>3</sup> [http://www.legislation.govt.nz/browse\\_vw.asp?content-set=pal\\_statutes](http://www.legislation.govt.nz/browse_vw.asp?content-set=pal_statutes)

Most literature on families interpreted family as adults (parents or caregivers) with young children. Literature reporting family perceptions, therefore, only reflected the views of parents with dependent children.

## What is community?

Community is also a term that is used in many different ways, and the understanding of community has varied and changed through time:

We talk about community in a way, assuming that we all understand what that means, and I'm interested, just thinking about how our location of community has changed, even in a physical way, that the sense of community as a neighborhood, which is an allegedly physical space, dropped off the screen. And then slowly, throughout the '70s and '80s, we began to talk about the medical community, the academic community, the computer community. Community was relocated in a physical sense from the place we lived to the place we work, which took on stability and which took on relationships. A sense of people who knew each other, and who knew more about the people that they worked with than the people that they lived next door to. And then in the '90s, that is now eroding because the security and the constancy and the sense that you're going to know people over a long period of time, because you're going to be in one work space, has now eroded ... simultaneously we have developed new ways of communicating and new communities through new technology, particularly the computer, e-mailing everybody, and knowing people who you e-mail better than people you're going to meet in the corridor, even at work (Goodman, 1997).

A community may be thought of as a network of people and organisations linked by various factors. The term can refer to:

- a geographic community (such as a neighbourhood, city, rural town or district)<sup>4</sup>
- a community of common interest, identity or whakapapa (such as a hapū, ethnic group, voluntary organisation or virtual online community)<sup>5</sup> or
- an administrative or political community (such as a district, a state or the European Union) (Blakeley, 1995, 1996; Bowles, 1999; Loomis, 2005; Richardson, 1998; Royal Commission on Social Policy, 1988).

Almost all communities embrace aspects of each definition; for example, geographical communities contain multiple communities created by common identity or interest. Most people are members of many different communities at the same time, such as a neighbourhood community, community of friends, school community, work community and cultural community. We are all members of several communities, and our ties with them can increase or decrease. It is both illogical and dangerous to assume people belong to only one community.

Communities include individuals and families along with groups, organisations and institutions from the private, public, community and voluntary sectors. A community's activities can involve interactions between people inside and outside of the community. Some boundaries are rigidly maintained while others are more open and fluid.

While 'community' implies a degree of co-operation and interaction, usually communities comprise diverse groups, families and individuals with competing interests. Within any community there will be different viewpoints and interests. These will not always 'jigsaw' neatly, and, in fact, will often conflict (Hounslow, 2002). Invariably there are differences in power and wealth. People's actions have repercussions on others – the rights of some may equate to the hardships of others (Richardson, 1998; Short, 1989).

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<sup>4</sup> Various commentators have highlighted the need to distinguish different levels of community (regions, cities, suburbs, towns and neighbourhoods) when adopting a place-based policy approach, depending on the scope of the proposed strategy or programme. The differentiation is useful for policy purposes, since it cannot be assumed that the processes that constitute communities at a neighbourhood level will necessarily operate at a suburb, city or town level (Loomis, 2005).

<sup>5</sup> These include ethnic community groups and Māori community organisations, but not Māori governing bodies or businesses.

Some communities maintain members' interests and commitment, and function in ways which generally provide positive experiences for members. They can manage to organise themselves around shared goals and act together as a cohesive group. For example, communities can fundraise for and build local facilities such as community or medical centres.

Other communities are fragmented and disorganised. They do not attract a broad level of involvement and appear unable to resolve internal conflicts. Communities can also be parochial with little concern for wider society; for example, resistance to the proposed location of community houses and public facilities in local communities – often described as the NIMBY principle (Not In My Backyard).<sup>6</sup> They can be instruments of privilege and exclusion.

### **Local government understanding of community**

Local government has varied interpretations of community. Historically, communities were defined in terms of access to services. Separate isolated settlements built and organised most infrastructure, including reserves, road maintenance and sewage disposal. In addition to multi-purpose territorial bodies, a considerable number of ad hoc or single-purpose local authorities existed. These included harbour boards (the first in 1870), river boards (1884), hospital boards (1885), education boards (1877), rabbit boards (1886), drainage boards (1893), electric power boards (1918), catchment boards (1941) and reserves and domain boards (Bassett, 1987, 1997; Gray, 1993).

The Local Government Act 1989 brought the functions of local ad hoc bodies under central government policy and control.<sup>7</sup> The Act divided New Zealand into 12 regions, each with a regional council. The country was again divided into 74 areas whose boundaries were drawn, as far as possible, to include large enough population groups within common areas. These areas were given either a 'city' or 'district' designation, depending on the number of people living within their urban boundaries, and whether this was a major centre within the region.

The areas of some of the smaller authorities became communities with community boards within some of the new larger districts. The legislation made ward representation and community boards mandatory for territorial authorities with populations over 20,000. Both became optional again in 1991 under the National Government (Bush, 1995, 2002; Elwood, 1989).

Economies of scale have resulted in further integration of services across districts and cities. Ease of movement and centralisation of retail and other key services in the city centres have continued to influence the way local government views community.

The Local Government Act 2002 defines community as an area constituted in any part of the district in accordance with the Act. These communities are geographically based with defined boundaries which coincide with statistical meshblock areas. However, the Act also refers to *Community Outcomes*, and in this context community refers to the whole district.

The Local Electoral Act 2001 refers to communities of interests and, although the term is not defined by statute, the Local Government Commission takes the following view:

... that a community of interest is the area to which one feels a sense of belonging and to which one looks for social, service and economic support. Geographic features and the roading network can affect the sense of belonging to an area. The community of interest can often be identified by access to the goods and services needed for everyday existence... (Local Government Commission, 2005, p. 10).

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<sup>6</sup> For example, Barry Curtis, CEO Manukau City Council, described the public discussion on the eastern corridor as an example of NIMBY (Curtis, 2003). Similarly, the press described the opposition of the Fire Station in a neighbourhood in Lower Hutt as parochial NIMBYism. The disputes about the prisons at Ngawha in Northland are another example.

<sup>7</sup> The number of territorial authorities was reduced from 205 (to 74) and over 400 'special purpose' boards and all elected power boards were abolished.

Most councils take a wider view of the definition of community. For example, councils' policies variously recognise Māori iwi structures, ethnic communities, arts communities, religious communities and population groups. The Dunedin City Council's Community Policy states:

Council acknowledges the variety of communities that exist in the city. While neighbourhood development is an appropriate method of working to address issues relating to geographic communities, issues of concern to communities of interest (eg, Māori, older adults, ethnic, disability etc.) may require a different approach. When working with geographic communities conventional points of contact via neighbourhood groups or public meetings may not be effective in making contact with all sectors of that community. In some instances interest groups, eg, disability groups, may be more effective vehicles by which to contact specific sectors of a community. Likewise issues relating to a wider group may need an approach that is more inclusive than residents of an area, for example issues relating to Māori may require the input of a rununga or iwi group who are not resident of an area. An inclusive approach is necessary to any community development project and as such requires appropriate timeframes and resources to implement successfully (Dunedin City Council, 1997, p. 5).

Despite the wide interpretation of community in councils' policies there still is a tendency to equate community with place. A substantial amount of council planning and community development is focused on locality; for example, at the neighbourhood level. Representation is still largely based on geographical boundaries (with the exception of some Māori constituencies, such as Environment Bay of Plenty).

Much of the literature on the ways in which local government impacts on family wellbeing is focused at the neighbourhood level (or community with some kind of implicit or explicit local spatial dimension).<sup>8</sup>

In the light of the local government interest in place-based communities, and the focus of a large body of literature on impact on neighbourhoods, this report includes a brief interpretation of 'neighbourhood'.

## **What is neighbourhood?**

Like 'community', neighbourhood is a concept that tends to be understood intuitively but, as noted by a number of writers, defies easy definition (Butterworth & Fisher, 2000; Forrest, 2004; Kearns & Parkinson, 2001; Witten, Penney, Faalau, & Jensen, 2006).

A neighbourhood can be understood as a small, localised area around the home. Some commentators describe it as a zone of varied size, but it generally involves interactions between residents, local service providers and visitors (Forrest & Kearns, 2001). Kearns and Parkinson (2001) use a distance-time measure, describing neighbourhood as the areas within a five-to-ten-minute walk from a person's home.

In the Families Commission's report *Neighbourhood Environments That Support Families*, the concept of neighbourhood was used in several ways (Witten et al, 2006). In the 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. However, in the qualitative component of the research – interviews with parents in their homes – the term 'neighbourhood' was used loosely to describe the geographic area in the vicinity of participants' homes. These varied in scale from something akin to a meshblock, through to an entire suburb (Witten et al, 2006).

Butterworth and Fisher (2000) suggested that neighbourhoods can be prescribed by government, or be organic, resulting from patterns of interaction, folklore and identification built up over long periods of time. Boundaries include landmarks such as roads, railway lines or buildings or other, more subtle markers, such as trees, parks, spaces or graffiti. They argued that sense of community at a neighbourhood level has been found to have benefited

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<sup>8</sup> There is an extensive and longstanding debate about the relationship between neighbourhood and community. It is unnecessary to pursue these issues in any detail in this report.

from urban planning that a) encourages visual coherence, diversity and attractiveness of houses and other buildings; b) affords sufficient privacy; c) ensures residents have easy access to amenities, parks, recreation facilities and the town centre; d) offers pedestrian-friendly spaces; e) provides streetscapes so that houses have views of the neighbourhood; f) encourages open porches and low fences, which help social interaction; and g) restricts motor traffic.

Others suggest that non-territorial and non-architectural solutions offer more hope for building a sense of community, and that environmental effects depend on particular social situations (Talen, 1999, p. 1375).

The literature on neighbourhood derives mostly from American or European studies. The notion of a 'lost' community of a previous industrial age forms an important part of the backdrop to debates about community and neighbourhood in Western European society. In some cases imagery is evoked of a world that has now moved on. There are implicit or explicit assumptions in much of the neighbourhood literature about the erosion of traditional family life and primary kinship networks; these assumptions need considerable qualification in, for example, a Māori or Asian context (Forrest, 2004).

Whatever the conceptual robustness of the term 'neighbourhood', politicians, policy-makers and many academics continue to use it to refer to something they believe does matter (Forrest, 2004). The idea of neighbourhood retains powerful imagery and appears to remain an important part of our lived experience.

The neighbourhood continues to be important in the local government policy context both in New Zealand and overseas.<sup>9</sup>

Where you live can clearly affect the quality of local services you have access to, your exposure to crime and violence and peer influences and processes of socialisation. Residents of poor neighbourhoods are, for example, less likely to complete school and are more likely to become victims or perpetrators of crime. The contextual effect of neighbourhoods may be particularly marked in the most disadvantaged areas. These context effects include the restricted opportunity structure of the neighbourhood (lack of formal and informal employment opportunities) and the development of deviant social norms, or at least social norms outside the mainstream. However, neighbourhood context may affect some groups more than others. For example, peer influence may play a much greater part in the socialisation of teenagers than of pre-schoolers, where parental influence is more likely to be dominant (Forrest, 2004).

As with all forms of community, spatial and non-spatial, neighbourhoods can be instruments of privilege and exclusion. The increasing concentration of the poor into particular parts of cities (often because of affordability) produces stigma, negative labelling and neighbourhoods with the kind of social capital which entraps rather than empowers (Healy & Cote, 2001; Woolcock, 1999).

The local government sector in New Zealand also appears to have a variety of interpretations of neighbourhood depending on the context and the activity involved. Residents' groups and associations and ratepayer groups are often given fixed geographical 'neighbourhood' boundaries. These boundaries usually coincide with the boundaries of the statistical meshblock areas determined by Statistics New Zealand. However, they do not necessarily coincide with Statistics New Zealand census area units. For example, Christchurch City Councils' Policy on Residents' Groups stated:

Boundaries of neighbourhoods may be naturally occurring, for example the loop of a river, or the result of a planning decision such as a motorway. Some are focused on or around shopping centres, while others exist because of zoning regulations, for example where individual zones exist beside residential zones (Christchurch City Council, 1999, p. 1).

In this report the term 'neighbourhood' generally referred to a small, localised area around the home.

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<sup>9</sup> Around the world the idea of neighbourhood as a community is most often deployed in relation to poor or disadvantaged neighbourhoods in a city environment.

## Local government

Local authorities are autonomous and are accountable to the communities that they serve. They are separate legal entities from the Crown, and are not generally subject to direction by Ministers. The rights and powers of local authorities are given to them by statute, and correspondingly, the powers of Ministers over local authorities are also limited to those conferred on them by statute. They are funded largely by locally raised funds (88 percent of total revenue) and regulated by a range of Acts.

Under the Local Government Act 2002, the fundamental purpose of local government is to:

- enable democratic local decision-making and action by, and on behalf of, communities
- promote the social, economic, environmental and cultural wellbeing of communities, in the present and for the future.

New Zealand's local government system comprises two complementary sets of local authorities – regional councils and territorial authorities. There are currently 86 local authorities consisting of:

- 12 regional councils
- 73 territorial authorities (comprising 16 city councils and 57 district councils – including the Chatham Islands and four unitary councils which have regional functions) (Local Government New Zealand, 2008).

The activities of the 12 regional councils include:

- managing the effects of using fresh water, land, air and coastal waters, by developing regional policy statements and issuing consents
- managing rivers – flood control and mitigating soil erosion
- regional land transport planning and contracting passenger services
- harbour navigation and safety, oil spills and other issues related to marine pollution
- control of regional plant and animal pests
- regional civil defence emergency management preparedness.

The activities of the 73 territorial authorities include:

- controlling the effects of land use (including hazardous substances, natural hazards and harm to indigenous biodiversity), noise and the effects of activities on lakes and rivers
- providing local infrastructure, including water supply, waste-water and sewerage and roading networks
- environmental safety and health, building control, public health inspections, dog control, alcohol and gambling licensing
- social and community development activities, including providing community centres, community grant funding, social housing and community safety initiatives
- recreation and leisure culture services, including provision of recreation facilities
- programmes, public libraries, parks and open space
- economic development and tourism promotion
- arts and cultural activities, such as museums, art galleries, art festivals and cultural programmes and facilities (Department of Internal Affairs, 2005).

The Local Government Act 2002 provides local authorities with flexible powers, but balances this with explicit decision-making, consultation, strategic planning and accountability expectations. These include requirements to consider the benefits and costs of decisions in terms of the present and future social, economic, environmental and cultural wellbeing of the district or region. It also requires that councils consider community views at each stage of decision-making.

# Literature on a family-centred approach

There is a general dearth of materials available on family-centred communities and family-centred urban development. Web and library searches revealed that there is very little written on this subject. Furthermore, there is little material available on family impact assessment tools or processes.

Web and library searches exposed a great deal of diverse literature on family-centred practice throughout recent social science, education and health literature, including research reports, service descriptions, programme evaluations, conference proceedings, bulletins and commentaries. This literature was focused on social and health service practice. However, there were some useful concepts which could be applied to family-centred community development or planning.

The following section provides a brief summary of the key literature on family-centred communities and draws out the recurring themes in the components of family-centred communities.

## Family-centred practice and service delivery

'Family-centred practice' is a term frequently associated with child welfare service delivery, but is also a term used in mental health, health care, the developmental disability field and education. It is a perspective applied to services provided by a number of professionals, including social workers, teachers, psychologists, nurses, physicians and occupational therapists.

According to the National Child Welfare Resource Center for Family-Centered Practice (NCWRCFCP), family-centred practice means that problems and solutions are defined within the context of the family and its strengths and resources (National Child Welfare Resource Center for Family-Centered Practice, 2000, 2001, 2002).

Family-centred practice implies a focus on working with families, not exclusively working with individuals (National Child Welfare Resource Center for Family-Centered Practice, 2001, 2002; Northwest Regional Educational Laboratory, 2001):

Family-centered programs are planned to strengthen families so they can nurture children. Recognizing strengths in the families, building on family strengths, and working in partnership with families to support children, are critical activities in reforming the way agencies and schools respond to needs of children (Northwest Regional Educational Laboratory, 2001, p. 2).

In the United States, key pieces of federal legislation promoting the use of family-centred services include the Adoption and Child Welfare Assistance Act of 1980 (P.L. 96-272) and the Adoption and Safe Families Act of 1997 (P.L. 105-89). According to the Department of Health and Human Services' Administration for Children and Families, several federal programmes focus on family-centred practice and promote a community-based approach to service delivery. A number of states have produced guidelines on family-centred services.

A number of articles addressed the theoretical underpinnings of family-centred practice and the value base of family-centred practice. Most report that a family-centred approach is based on an ecological model which considers how social environments and relationships influence human development and family functioning.<sup>10</sup>

The National Child Welfare Resource Center for Family-Centered Practice in America described the essential components of family-centred practice in child welfare as follows:

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<sup>10</sup> Connard & Novick (1996) summarised the basic tenets of the ecological model as:

- Human development is viewed from a person-in-environment perspective.
- The different environments individuals and families experience shape the course of development.
- Every environment contains risk and protective factors that help and hinder development.

- The family unit is the focus of attention. Family-centred practice works with the family as a collective unit, ensuring the safety and wellbeing of family members.
- Strengthening the capacity of families to function effectively is emphasised. The primary purpose of family-centred practice is to strengthen the family's potential for carrying out their responsibilities.
- Families are engaged in designing all aspects of the policies, services and programme evaluation. Family-centred practitioners partner with families to use their expert knowledge throughout the decision- and goal-making processes and provide individualised, culturally responsive and relevant services for each family.
- Families are linked with more comprehensive, diverse and community-based networks of support and service. Family-centred interventions help mobilise resources to maximise communication, shared planning and collaboration among the several community or neighbourhood systems that are directly involved in the family (National Child Welfare Resource Center for Family-Centered Practice, 2000, 2001; The National Resource Center for Family-Centered Practice and Permanency Planning, 2006).

The Family Criteria (Ad Hoc) Task Force of the Consortium of Family Organizations (COFO) developed a checklist to assess the intended and unintended consequences of policies and programmes on family stability, family relationships and family responsibilities. The checklist included six basic principles that serve as the criteria of how sensitive to, and supportive of, families policies and programmes are. Each principle is accompanied by a series of family impact questions – [see PDF](#) (Policy Institute for Family Impact Seminars, 2007). The principles were:

- Policies and programmes should aim to support and supplement family functioning and provide substitute services such as foster care only as a last resort.
- Whenever possible, policies and programmes should encourage and reinforce marital, parental and family commitment and stability, especially when children are involved. Intervention in family membership and living arrangements is usually justified only to protect family members from serious harm or at the request of the family itself.
- Policies and programmes must recognise the interdependence of family relationships, the strength and persistence of family ties and obligations and the wealth of resources that families can mobilise to help their members.
- Policies and programmes must encourage individuals and their close family members to collaborate as partners with programme professionals in delivery of services to an individual. In addition, parent and family representatives are an essential resource in policy and programme development, implementation and evaluation.
- Families come in many forms and configurations, and policies and programmes must take into account their varying effects on different types of families. Policies and programmes must acknowledge and value the diversity of family life and not discriminate against or penalise families solely for reasons of structure, roles, cultural values or life stage.
- Families in greatest economic and social need, as well as those determined to be most vulnerable to breakdown, should be included in government policies and programmes (Policy Institute for Family Impact Seminars, 2007).

Wells and Fuller (2000), in their review of the literature, noted a number of best-practice elements in family-centred practice: focus on family empowerment; cultural sensitivity, flexibility and responsiveness; mobilisation of resources and services; and being community-based.

Other commentators emphasised the need for practice to be:

- culturally competent (Connolly, 2006; Meezan, 1999; Wells & Fuller, 2000)
- able to cater for the needs of children and families where a disability or mental disorder is present (Tomison, 2003)
- informed by an awareness of the diversity of family forms (Connolly, 2006; Tomison, 2003).



Marie Connolly, the Chief Social Worker for the Department of Child, Youth and Family Services in New Zealand, suggested that the New Zealand practice framework integrates three perspectives: child-centred; family-led and culturally responsive; and strengths and evidence-based (Connolly, 2006). She argued that supporting the cultural context of the family and working with social networks is central to the practice framework.

Some literature stated that family-centred practice should de-emphasise the family's responsibility for causing problems and focus on helping families acquire the skills necessary to solve problems, meet needs and attain desired goals. It suggested that the emphasis should be on enhancing and strengthening family functioning by fostering the acquisition of adaptive behaviours and strengthening the families' support network (Connolly, 2006; Meezan, 1999; Wells & Fuller, 2000).

A number of commentators also argued for 'integrated services' across education, health and social services (Lutfiyya, 1993; Paavola, 1995; U.S. Department of Education & Regional Educational Laboratory Network, 1996).

Some proponents of service integration argued that the goal is a one-stop for families who need multiple services. Families would have a single point of entry into social service delivery systems. Similar ideas are found in New Zealand public service literature (for example, Ministry of Social Development, 2005, 2006; State Services Commission, 2007).

The concept of a family-centred approach also appeared in health care and health promotion literature in New Zealand and overseas (American Home Economics Association, 1975; American Hospital Association and the Institute for Family-Centered Care, 2004; Auckland District Health Board, 2007; Novilla, Barnes, De La Cruz, Williams, & Rogers, 2006; The Paediatric Society of New Zealand, 2002; The Paediatric Society of New Zealand and Starship Foundation, 2005; Wilson, Smith, & Beazley, 2005).

The literature stated that a family-centred approach involves partnerships between patients, families and clinicians. The family, including the parents, the patient and any significant other person, are part of the collaborative effort in terms of treatment and the needs of the whole family are considered as factors in treatment decisions and intervention.<sup>11</sup> For instance, social workers are available to help a family find financial aid to help with hospital costs (American Hospital Association and the Institute for Family-Centered Care, 2004; Henneman & Cardin, 2002).

The literature described the differences between a family-focused approach and family-centred approach. Family-focused care is centred on meeting clients' needs in the context of the family. Professionals often provide care from the position of an 'expert' assessing the patient and family, recommending a treatment or intervention and creating a plan for the family to follow. They do things to and for the patient and family, regarding the family as the 'unit of intervention' (Titler et al, 1995).

By contrast, family-centred care focuses on meeting the needs of both clients and families. It emphasises relationships (Johnson, Headey, & Jensen, 2005), and recognises and builds on the strengths and interconnectedness of families (Community Research, Planning and Evaluation Team, 2004). Family-centred care is characterised by a collaborative approach in which the family and health care team assess the needs and develop the treatment plan (American Hospital Association and the Institute for Family-Centered Care, 2004; Community Research Planning and Evaluation Team, 2004; Saunders, Abraham, Crosby, Thomas, & Edwards, 2003; The Institute for Family-Centered Care, 2007).

Most of the family-centred social service literature was narrative in nature. Many studies did not include information about subjects' ethnicity or economic status and, as a result, the literature was limited with respect to applying aspects of family-centred approaches to culturally and economically diverse populations.

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<sup>11</sup> 'Family' tends to be used in an inclusive way to include kin and significant others; that is, family can be anyone a client views as important because of a strong enduring connection with that person (Community Research Planning and Evaluation Team, 2004).

The health literature, in contrast, included studies which provide empirical evidence of effects on health outcomes. Although definitions and methods for implementing family-centred care were found in this literature, there were few reports of patients' or family members' perceptions regarding the multiple elements of family-centred care (Galvin et al, 2000).

Complementing the literature on a family-centred approach, extensive literature on family strengthening was also found. This literature predominantly described programmes and services that provide support to parents and seek to change family behaviours and environments<sup>12</sup> to encourage healthy child development. It often focused on families with severe and persistent problems, and considered how poor family functioning can affect outcomes for children (Caspé & Lopez, 2006; Connolly, 2006; Roehlkepartain, Mannes, Scales, Lewis, & Bolstrom, 2004).

A literature review on Family Resilience undertaken for the Ministry of Social Development highlighted a number of factors in protecting children from negative outcomes. The factors included families' cohesion, belief systems and coping strategies (Kalil, 2003). The literature review also suggested that the community and the neighbourhood in which one lives play an important role in one's ability to overcome challenges and that promoting social support at the community level may help to reduce a range of associated risks that threaten the wellbeing of socially isolated families.

### **Key themes**

The literature on family-centred practice focused on social service and health service planning and delivery.

In New Zealand, social services are predominantly funded or provided by the non-government sector or central government rather than local government. The literature did not discuss the majority of local government services – for example, the development or maintenance of infrastructure such as water, reticulation, road maintenance and sewage disposal.

Despite this, some of the elements of family-centred practice could be applied to urban planning and community building practice in local government. For example, the literature consistently promoted:

- *Family participation* – families should be involved in determining needs and planning, implementing and evaluating services. Families have a right to be involved in decisions regarding what is in the best interests of the family unit and its members.
- *Focus on the family as a whole* – the focus should be on the overall health and wellbeing of the family, rather than on specific 'symptoms' or solely on the health and wellbeing of individual family members.
- *Focus on family functioning* – policies and other initiatives should strengthen the capacity of families to function effectively. Initiatives should strengthen family ties and interconnections and provide opportunities for families to be together.
- *Strengths versus deficits* – families should be seen as resources to their own members, to other families and to the community. A family-centred approach works with families to enhance protective factors or 'strengths' and acquire the skills necessary to solve problems and attain desired goals.
- *Building social capital* – the approach should help families build and draw on support networks within their family and the community. It should build connections between families and with community agencies and institutions.
- *Interagency collaboration* – single-strategy approaches to solving problems tend to be inefficient and are often ineffective. Multi-agency approaches working on many fronts simultaneously are more effective.

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<sup>12</sup> 'Family environment' refers to characteristics of the home that influence children, including the physical setting, parents' health and wellbeing and the presence of routines and structure.

- *Addressing inequalities* – agencies should identify and support families in the most extreme economic or social need, and target efforts and resources toward preventing family problems before they become crises or chronic situations.
- *Culturally appropriate approaches* – families are more likely to use culturally appropriate services. Services should be delivered in a manner that affirms and strengthens cultural, racial and linguistic identities.
- *Diversity* – a family-centred approach should be informed by an awareness of the diversity of family forms. Processes and services should recognise the complexity and responsibilities involved in caring for family members with special needs (such as those who are physically or mentally disabled or chronically ill). Consideration should be given to physically, geographically, economically, culturally and socially disadvantaged families. Consideration should also be given to whether the initiative will improve the accessibility and appropriateness of services to families with particular characteristics and needs, such as people with a disability or people from a non-English-speaking background.

## Family-centred communities

This section discusses the literature on family-centred communities. Most discussion regarding the features and drivers of family-centred communities has been in the popular press in America. No academic studies were found on family-centred communities. Some literature on family-centred community building was found and is discussed in the next section.

Literature on the ways in which communities can cater for particular population groups, such as children, young people and older people, was not included in this review. This review was interested in literature on the ways in which communities focus on the family as a whole, rather than individual family members.

## Family-friendly communities and the popular press

The literature in the popular press tended to use the term 'family-friendly' as opposed to 'family-centred'. For example, *Money Magazine* publishes an annual ranking of the Best Places to Live.<sup>13</sup> Cities are ranked on the basis of economic opportunity, taking into account income, job growth and affordability; quality-of-life indicators, including risk of violent crime and property crime, quality of public schools, arts and leisure, park space and incidence of stress-related ailments; and ease of living gauges, such as commute times, divorce rates, population density and weather.

In 2007, Sperling's BestPlaces (responsible for the *Money Magazine* studies) undertook a study known as 'Best Cities for Relocating Families'. The study assessed which cities were best suited to relocating families, and weighed the factors that determine the ease of moving to a city rather than living in a city. It listed a number of measurable features affecting the ease with which a family can move and settle into a new life. Traditional factors, such as tax rates and average home cost and appreciation, were combined with more diverse cost-of-living and quality-of-life variables, such as the ability to qualify for in-state tuition, the service quality of local utilities, auto taxes, per-capita volunteerism and the number of family-friendly events and venues. More subtle indicators were also included in the study, such as fees and occupancy rates for temporary housing, the quality and availability of elder care and assisted living (reflecting a city's investment in multi-generational families) and commute times.<sup>14</sup>

Similar articles were published in a range of other magazines and newspapers. For example, in 2005 *Baby Magazine* published an article on components of family-friendly cities for 'new families'. The article rated cities on the basis of a number of variables:

<sup>13</sup> <http://money.cnn.com/magazines/moneymag/bplive/2007/>

<sup>14</sup> Other ranking exercises were published by bodies such as real estate magazines. For example, the Neighborhood Scout Real Estate and Relocation Information and Resources Center ranked the top locations for families with children on the basis of location of public schools, safety from crime, owner-occupied single-family homes, other families with children in the neighbourhood and many adults with college degrees or advanced degrees, in the price range, setting and location of choice.

- Economics, including lowest monthly mortgage, highest household earnings, best parental leave, lowest rate of childhood poverty, lowest unemployment and cheapest city for commuters.
- Childcare and education, including smallest infant-class size, most funding per child for head start, most licensed childcare centres, best kindergartens, best public education, most public school funding, best SAT scores (verbal and maths scores of graduating seniors).
- Quality of life, including most relaxed city (low unemployment, short commute times, modest divorce rates, mountain air and greenery), least road rage, largest population of children, most literate city, lowest crime rate and best park access.
- Healthcare, including most children's hospitals, most birthing centres, best children's hospital, most affordable family health insurance, most paediatricians per capita, most breastfeeding support and lowest c-section rate.
- Environment, including warmest temperature, most city green space, most backyard playtime (taking into account such factors as average rainfall), cleanest drinking water and best air quality.
- Entertainment and shopping, including best children's museum, busiest zoo, most Babies 'R' Us locations, most maternity-related stores, most dog-friendly and most free attractions, community centres offering indoor playgroups and dance and art classes for toddlers and outdoor music festivals and shows (Garrard, 2005).

These approaches could help to develop a 'checklist' for local government planners and decision-makers, as they each provide a rating against certain features or attributes considered family-friendly. They are also partially based on what families (usually with dependent children) have rated as important to them.

In November 2007, the feature article in the *Wall Street Journal* was 'The Rise of Family-Friendly Cities'. The article by Joel Kotkin initiated debate in the media about what made cities attractive to families. Kotkin argued that families with young children (rather than singles or empty nesters, for example) are the backbone of a strong metropolitan economy, and that families with young children want suburban life and not dense, revitalised, downtown urban living. He suggested that metropolitan areas were wrong to focus on attracting the young and single by expanding arts and culture opportunities including the restaurant, night club and coffee bar scene (Kotkin, 2007).

A number of response pieces appeared in papers and magazines throughout America. The *Daily Examiner* published a response piece arguing that it should not be an either/or continuum of 25-year-olds versus families (*Daily Examiner*, 2007).

CEOs for Cities also countered some of Kotkin's arguments. Some argued that family-friendly cities are not terribly different from other cities – that is, the same things that attract families attract many other demographic groups as well:

Does anyone really believe that one loses one's taste for latte when one starts pushing a stroller? ...We can do a lot more to advance the discussion about the kind of community attributes that we all value – singles and married couples alike – without creating phony and divisive distinctions... Ask business and civic leaders around the nation what's driving their concern about whether their city appeals to young people, and they will first tell you they are needed for the labor force. But what really worries many of them hits much closer to home. They worry their own kids won't return after college. Being family-friendly has a lot of surprising dimensions (CEOs for Cities, 2007).

The articles are useful because they indicate a widespread public and city planner interest in families and what would attract them to, and retain them in, certain localities. They provide some indication of the characteristics of communities that people consider are family-orientated. They also generated debate about whether the needs of families differ from the needs of citizens generally.

The articles ignored the fact that families comprise a wide range of living arrangements. They ignored demographic trends that indicate families comprising childless couples and older singles are an increasing presence in American cities and workforces. Articles relied on soft generalisations and glossed over significant aspects of family form and functioning. They lacked any socio-economic analysis and failed to address the increasing diversity of families and ethnic or cultural differences.

### **Family-friendly communities and local and provincial government literature**

Some literature on family-friendly communities was also found within local government literature from overseas. This literature described family friendliness in terms of physical attributes and the services available (such as public schools, childcare facilities, transport, parks and playgrounds). Some also used indicators of health and wellbeing, such as crime rates, health status, literacy rates and income levels.

The Premier's Council (1992) in Alberta, Canada, developed a *Family Friendly Community Checklist*. The checklist was designed to be used by town councils, boards, neighbours or any group within the community, to review the family friendliness of all or parts of the community, such as a shopping mall, or any facility providing services to families (Premier's Council in Support of Alberta Families, 1994).

The checklist provided 12 categories, each of which had a number of specific descriptions:

- neighbourhood
- schools
- playgrounds, parks and public spaces
- security
- health and wellness
- family-serving agencies
- parenting
- children
- teenagers and young adults
- seniors
- workplaces
- public involvement and support.

This appeared to be the most useful checklist identified in this review. The review included facilities and services and described the attributes that made them family-friendly. It also included behavioural and social capital features. It described features needed by various family members (for example, children, youth, older people and parents) rather than assuming that family-friendly equates to child- or parent-friendly.

However, no literature was found determining if, or how, this checklist had been used. No reference to it appears in current Alberta Government documents. A copy of the checklist can be found in [this PDF](#).

In 2005, the Local Government Association and the Family and Parenting Institute in the UK produced a guide entitled *Making Your Neighbourhood Family Friendly*. The guide, distributed by councils, libraries and shops, described what councils do for families, where people could seek advice and information on services and how parents and young people could make their voices heard by the council. The guide did not provide information to local government or other agencies about how to assess policies and activities for their impact on families. It did not say what constitutes a family-centred community or neighbourhood, apart from including a brief list describing how parents they had polled defined a family-orientated neighbourhood (Local Government Association and the Family and Parenting Institute, 2005, p. 3).

Councils in New Zealand have purported that their cities or districts are family-friendly on the basis of a number of physical attributes or the type of services available. The Mayor of Hutt City Council reported:

Our vision is to make Hutt City a family friendly city and we are achieving that. We are home to many high quality schools and tertiary institutions and blessed with recreational facilities the envy of most other cities. With crime on the way down, and job opportunities on the rise, we are an attractive place for families wanting a fresh start (Ogden, 2007, p. 1).

North Shore City Council stated:

The natural advantages of a warm climate with an average of 240 days of sunshine per year and annual rainfall of 1100mm (ARC, Ecological Survey), beautiful beaches, and spectacular scenery contribute to the popularity of one of the most vibrant and fastest growing cities in New Zealand. These assets bestow the culture of a lifestyle city, encompassing a sustainable work force, recreational opportunities and a home/family friendly city (North Shore City Council, 2007, p. 8).

Some local government urban development plans also described communities as 'family-focused' on the basis of variables such as high-quality education; transport access (for instance, motorway access or cycle routes); the presence of trees; cultural diversity; and affordable housing.

A few councils had specific policies.<sup>15</sup> For example, Auckland City Council adopted a Child and Family policy in 2005 (Auckland City Council, 2005). It develops and reports on an action plan annually. The 2006/07 action plan included promoting and encouraging family-friendly initiatives within the council and working with the Families Commission to advocate for the services that children and families need (Auckland City Council, 2007).

However, there appeared to be no accepted sector-wide criteria for determining if a community was family-centred. No council appeared to routinely assess or report on the impact of decisions about family wellbeing.

### **Key themes**

The literature describing family-centred communities was limited. However, some themes emerged from the available literature.

The literature tended to assess whether a community or city was family-friendly on the basis of several factors including:

- physical attributes (built and natural)
- availability of services
- sense of community or social capital.

Outcomes indicators, such as life expectancy, child mortality, childhood poverty and educational attainment, were also used. However, these were largely based on measures of individual wellbeing rather than family wellbeing or family functioning.

The most useful document for developing a checklist for local government is probably the Canadian *Family Friendly Community Checklist* developed over a decade ago. This checklist captured most of the components of family-centred communities mentioned in the other literature. A New Zealand checklist would need to include questions for assessing the impact of policy on the development of Māori whānau and the capacity of whānau to further Māori cultural identity.

It is worth noting that the local government literature tended to include family participation in decision-making as a core attribute of family-friendly communities. The Local Government Association (UK) publication's emphasis was on families participating in decision-making. This possibly reflects the emphasis on community engagement in the United Kingdom local government sector (ODPM, 2000, 2002). New Zealand has followed the pattern of local government reform in the United Kingdom. The Alberta Provincial Government's checklist

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<sup>15</sup> Some councils (for example, Christchurch City Council, Waitakere City Council and Manukau City Council) also have policies regarding population groups within families, such as for children, young people and older people.

also included family participation and involvement as one of its 12 characteristics of a family-friendly community.

In contrast, the articles in the popular press did not mention family participation or involvement in decision-making as important components.

## **Family-centred community building**

This section discusses the literature on family-centred community building. With particular population groups the focus was on the process of family-centred community development or planning rather than community-building processes.

Over the past decade the concept of family-centred community development has gained growing acceptance, and practitioners have started to integrate it into their practice.<sup>16</sup>

Despite this growing acceptance, limited literature was available and there were few explanations of how it differed from traditional community development practice.

The Family Strengthening Policy Center of the National Human Services Assembly (USA)<sup>17</sup> has published the most comprehensive literature on family-centred community development practice.<sup>18</sup>

The Center described the outcomes of family-centred community building as:

- parents having the means, confidence, and competence to provide for their families economically, physically, and emotionally
- residents having people to talk to and places to go for help, support, and camaraderie
- families feeling safe in their homes and in their neighbourhoods
- children being healthy, succeeding in school, and going on to college or a job after high school
- communities offering the resources families need to pass on a legacy of literacy and opportunity to their children (Center for the Study of Social Policy, 2000, p. 5).

The Center also published reports on the priorities of communities using the family-centred community building model. White Center<sup>19</sup>, in Seattle, listed the following priorities:

- increasing resident access to employment, training, and social services
- strengthening co-ordination and integration among service providers
- improving communication between regional service providers and community-based organisations
- connecting new immigrants and refugees to established networks of service providers and other resources
- building better linkages between informal and formal service providers
- pursuing service integration opportunities presented by a number of new and planned neighbourhood facilities (such as community schools, youth clubs, and employment centres)

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<sup>16</sup> For example, Community Organizing and Family Issues (COFI) offers leadership training in which COFI staff work in partnership with a local community organisation to help bring parents into decision-making roles in their community (Rogers, 2000). Lawrence Community Works (Lawrence, Massachusetts) has implemented a family-centred approach (Bailey, 2006). The Center for Social Development (CSD) focuses on asset building for families (Center for the Study of Social Policy, 2000).

<sup>17</sup> The National Human Services Assembly in the United States is an association of national non-profit organisations in the fields of health, human and community development and human services. The Assembly's Family Strengthening Policy Center has been funded since 2003 by the Annie E. Casey Foundation.

<sup>18</sup> The Center has produced a series of papers on Family-Centred Community Building (FCCB). In a recent paper the Center defined families as "a supportive group of people who are committed to each other and which may include, though is not limited to, nuclear, extended, foster care, adoptive, and step or blended families" (Family Strengthening Policy Center, 2007, p. 3).

<sup>19</sup> White Center is located in part of the unincorporated area of King County adjacent to Seattle, Washington. Known for its rich and diverse cultural heritage, the growing neighbourhood of 22,000 is home to a significant number of recent immigrants and refugees who now account for 25 percent of residents.

- encouraging a diverse group of residents, business leaders, politicians, government officials, and community-based organisations to take an active role in community building processes (Center for the Study of Social Policy, 2003).

The Family Center stated that family-centred community building includes both *structural improvements* and *social capital development* (Family Strengthening Policy Center, 2005; Kingsley, McNeely, & Gibson, 1997). Examples of *structural improvements* and *social capital development* in the Center's literature included:

Improving community structures:

- Physical infrastructure – such as housing, parks, playgrounds, schools, community centres, commercial areas.
- New services added to fill gaps in family supports – such as health care, child care, after-school programmes.
- Family services and supports – more available and accessible and responsive to families. Culturally competent services. Multiple points of access to service providers.
- Funding, both public and private, invested in human services, local business development, education, housing.
- Economic activity rising and creating new jobs for residents.

Developing social capital in communities:

- Residents reporting a greater sense of being a) a part of a community and b) able to effect change.
- New activities building community identity and pride – such as local newspapers, neighbourhood celebrations, clean-up days.
- Neighbourhood organisations becoming stronger.
- Residents gaining leadership skills and experience, especially in planning and governance.
- Increasing participation by residents in community efforts and civic activities.
- New partnerships developing between local institutions and organisations in other neighbourhoods.
- Neighbourhood institutions having more opportunities for inter-organisational collaboration (Family Strengthening Policy Center, 2005, p. 4).

Other literature also said that community-building initiatives must work on many fronts simultaneously. Commentators argued that single-strategy approaches to solving problems are inefficient and often ineffective; therefore, family-centred community-building initiatives must co-ordinate across sectors, foster collaboration within sectors and build bridges between organisations and families (Meezan, 1999).

The literature noted that approaches to collaborations ranged from *informal relations* (characterised by little commitment, minimum planning and minimum impact) through *co-ordination* (some commitment to formal linkages with some joint community planning) to *partnerships* (with more formal contracts, and additional programmes and resources developed and linked to larger community systems) and *collaboration* (major formal commitment involving comprehensive planning between services, ongoing inter-professional education, allocation of funds, space or time, development of new programmes and resources); to *integration* (marked by significant formal commitment at both national and local level, comprehensive planning, interdisciplinary teamwork across all levels of the system, redefinition and redistribution of resources and shared initiatives, additional funding and total reform of both structure and process to produce second-order change (Colvin & Smith, 1996).

Commentators argued that poor communities face a host of problems that threaten the health and wellbeing of children and families – that is, families who experience one problem are also likely to experience other problems. For example, they reported that across a wide range of measures, children and youth from lower-income families do not fare as well as their peers in higher-income groups. They argued that the risks associated with lower incomes are due to resource disparities, not character weakness. They observed that poor neighbourhoods convey multiple structural disadvantages that hinder families' efforts to be self-sufficient and successfully raise children, including physical obstacles (such as facilities and playgrounds in



disrepair), economic barriers (such as shortages of employment opportunities and affordable housing) and social decline (resulting in crime and a lack of trust among neighbours) (Edwards, 2007; Family Strengthening Policy Center, 2007; Wise, 2001; Woolley & Grogan-Kaylor, 2006).

Some suggested that the typically fragmented and scattered delivery of services to families compounds the problem. They reinforced the argument for collaboration across agencies and with families (Brown, Amwake, Speth, & Scott-Little, 2002; Kingsley et al, 1997; Liontos, 1990; Northwest Regional Educational Laboratory, 2001).

Research indicated that social networks often determine the success or failure of family-centred community-building initiatives. There was considerable literature documenting positive outcomes for families, and particularly children, if they lived in communities with strong social networks. It suggested that strategies that help families develop meaningful connections to economic opportunities, social network opportunities and quality services and supports are at the core of a family-centred approach (Bailey, 2006; Jordan, 2006; National League of Cities, 2005; Rogers, 2000).

Some commentators argued that establishing the types and dynamics of social networks that might exist in a community and networks that are nonexistent or need strengthening is imperative before beginning any comprehensive neighbourhood building effort (for example, Jordon, 2006; Rogers, 2000).

The literature noted that family-centred community building takes many shapes and forms as no two communities are alike – each community's population, history, troubles, resources, goals and expectations are unique. Accordingly, strategies should be tailored to the individual community or neighbourhood involved (R. Chaskin, 1992; R. J. Chaskin, Joseph, & Chipenda-Dansokho, 1997; Kingsley et al, 1997; Landau, 2007; Meezan, 1999; Rogers, 2000).

All the literature on a family-centred approach suggested that families should be engaged in planning and decision-making processes. For example, Rogers (2000) argued that families need to participate in setting the agenda from the very beginning rather than being brought in later to react to a preconceived agenda:

If families are not allowed to define their own goals, set their own agendas, or decide upon the changes needed in their neighborhood, the work of outsiders may well be irrelevant. In the past, too many community initiatives have presumed that a particular neighborhood needed a specific service (more affordable child care or an after-school program, for example), without involving residents in the decisions, only to discover later that something else (like greater participation in designing the new neighborhood school) would have been more helpful. We don't want to repeat the same mistakes (p. 15).

Similarly, the National League of Cities (2005) in America published a report entitled *A City Platform for Strengthening Families* which outlined an agenda for municipal action and leadership on behalf of families.<sup>20</sup> A key component of the platform is a series of engagement processes alongside specific services and outcomes, including the establishment of an intersectoral taskforce and other forms of family engagement.

Commentators argued that a family-centred approach viewed the families as experts on their challenges and desires. Fraenkel (2007) argued that this approach is particularly useful in developing initiatives for families who have experienced social oppression and who have been reluctant to participate in activities created for them by professionals without consultation. He noted that professionals may be required to change original plans to fully

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<sup>20</sup> Eighty-three cities across 34 states have adopted the platform. Some have reported using the platform as a checklist or scorecard to see where progress has been made and where further progress is needed (National League of Cities, 2007). The first part of the platform highlights an essential 'infrastructure': key functions and processes that play a crucial role in effective or sustained investments in children and families. The second part called upon municipal leaders to take a series of specific action steps in each of seven issue areas: early childhood development; youth development; education and afterschool care; health and safety; youth in transition; family economic success; and neighbourhoods and community (National League of Cities, 2005).

engage in partnership with families (Fraenkel, 2007). Landau (2007) argued that the approach assumes that families and communities are inherently competent.

Some research suggested that organisations, including community non-profits, were not 'on the same page' as those they service, particularly regarding views of problems and services needed in neighbourhoods (Kissane & Gingerich, 2004). Kissane and Gingerich highlighted the difference of perspectives between non-profits' staff and the families and residents they serve, including the needs that local authorities could meet. This confirmed the need to engage directly with families in the community and not simply the agencies that serve them.

In contrast, other literature promoted the use of intermediate organisations to facilitate family and community involvement. It argued the intermediaries can serve as neutral conveners and act as catalysts to initiate family-centred community building. It suggested that intermediaries can help collect and analyse data, resolve conflict, facilitate the process, offer communications expertise for outreach, foster co-operation among diverse stakeholders, negotiate and provide technical guidance and training (Family Strengthening Policy Center, 2005; Kingsley et al, 1997). Some literature promoted engaging respected community leaders to act as 'community links' between outside professionals and families (Landau, 2007).

The Family Strengthening Policy Center (2005) suggested that it can take months, even years, to involve the various stakeholders, build relationships, get buy-in from key institutions and influential community leaders and develop partnerships. However, it argued that stakeholder buy-in offers a substantial pay-off and short-cutting these steps often resulted in delays and frustrations when implementation was held up to bring a new partner up to speed and adjust plans to obtain their commitment.

The need for professionals and agencies to be culturally competent also emerged in the literature on family-centred communities (Fraenkel, 2007; Kingsley et al, 1997). Fraenkel suggested that professionals should obtain ongoing cultural consultation and mentoring.

While most of the literature focused on families with children, particularly those living in poor neighbourhoods, some noted that the fundamentals also apply to families caring for ageing relatives, families of persons with disabilities and individuals living alone (Family Strengthening Policy Center, 2007, p. 2).

Only two articles were found on family-centred development in rural communities (James & Gimson, 2007; Lutfiyya, 1993). James and Gimson (2007) surveyed parents with children under 16 years on how they felt about their neighbourhoods, how involved they were in them and potential improvements to them. They reported that parents who lived in rural areas were more likely to see traffic as blighting their neighbourhoods and improved public transport as a priority. They also reported that rural parents were less likely to be concerned about crime and anti-social behaviour.

A number of reports and strategies, such as the UK Department of the Environment Transport and the Regions' report *Our Countryside: The future. A fair deal for rural England*, described components that were important for families (Department of the Environment Transport and the Regions, 2000). These included strategies to improve access to information and technology; childcare; healthcare (such as family doctor facilities); housing (so people could stay close to their families); transport (including education-related transport for low-income families); support for disadvantaged families; and family violence services.

Some reports also highlighted issues facing some rural families. Some argued that a rural family experiencing domestic violence would feel extremely isolated with no-one nearby. Those experiencing social exclusion in rural areas are often dispersed and disguised amongst apparent affluence, rather than living in concentrated areas as is more the norm in urban areas. Members of rural ethnic minorities lack support compared with those in urban areas and can feel, and be, more threatened. This area is significantly under-researched in New Zealand and overseas (Joseph Rowntree Foundation, 2000; Shucksmith & Arkleton, 2000; Wilson et al, 2005).

District council reports and surveys in New Zealand also highlighted some important features for families living in rural communities. Residents' surveys indicated that many residents named family lifestyle as the thing they valued about living in rural communities (Selwyn District Council, 2006; Taylor, 2004). Some community profiles have identified services required to support strong families in rural districts (Family and Community Services, 2008).

No articles on family-centred planning were found in urban planning, architectural or civic design literature. However, some urban design literature included similar concepts to those discussed in the family-centred literature. For example, literature on new urbanism, liveable communities, new community design and universal design discussed how communities could be more people-friendly and promote residents' health and wellbeing (Appleyard & Lintell, 1972; Foster, Giles-Corti, & Knuiman, 2006; Macintyre, Ellaway, & Cummins, 2002; New South Wales Government, 2007; The Centre for Sustainable Transportation, 2004).

Some literature examined the impact of urban design on population groups, particularly children. However, the focus of this review was specifically on families and family functioning.

### **Key themes**

A number of key themes emerged from the literature on family-centred community building. It should be noted that because most of the literature examined focused on the process of building family-centred communities, the themes were associated with *process* issues rather than *features* of the family-centred community.

Most of these themes were consistent with the themes in the literature on family-centred service delivery. The common themes included the need for the process to focus on:

- family involvement in decision-making
- building social capital
- multi-agency approaches
- collaboration across agencies
- reducing inequalities
- responding to diversity.

However, additional themes also emerged. The literature consistently noted that family-centred community building involved structural improvements and the development of social capital; and a strong evidence, including data-gathering and monitoring.

## Other local government models

Because of the lack of material available on family-centred communities, the study explored the literature on other models which seek to promote wellbeing at a local government level. These models may be of use in developing a family-centred community model or initiative.

The review sought components of these models which could be transferred to a family-centred model.

The paper only examined models delivered in New Zealand, and seeks to influence council decision-making.

This paper provides a summary of the consistent themes which emerged from models:

- healthy cities
- child-friendly cities
- age-friendly cities
- safe communities
- liveable communities.

A summary of each model is provided in the appendix.

A number of themes relating to the processes that need to be adopted emerged:

- *Community engagement* – The literature suggested that there was a need to seek community participation from the outset. It also noted that it was important to recognise community members' knowledge of the history and demographics of their area, even if they do not have technical training or academic degrees. The literature also argued that community members have a right to participate in decisions affecting their lives, regardless of expertise.
- *Coalition-building* – The literature highlighted the advantages of bringing together previously competing, overlapping and disconnected local agencies to foster relationships.
- *Tackling inequalities* – The literature noted that inequalities continue to be a major challenge for communities. It argued that to improve health and wellbeing local government needs to address socio-economic inequalities and target initiatives at the most vulnerable. It suggested that reducing economic, social and political exclusion should be a priority for local government.
- *Responsiveness to diverse groups* – The literature observed that needs, abilities and interests of families vary widely with age, gender, culture and life opportunity. It argued that it is important to ensure interventions are gender-, culture- and age-appropriate, and that they cater for people with different abilities and disabilities.
- *Holistic approach* – The literature suggested that economic change, physical development and social processes should be considered jointly – for example, planning of physical land use should be linked to social development and social services.
- *Evidence base* – The literature emphasised the need to improve information and data to inform policy-makers and the public better.

Some themes also emerged from the review of the literature on other models regarding the services provided by councils:

- *Service access* – The literature suggested that there was a need to ensure essential services and facilities – such as child care, and community and recreational facilities – are available and accessible. It also noted that there was a need for a wide range of culture, leisure and recreation activities.
- *Urban planning* – The literature argues that the scale and form of the built environment should be responsive to people's needs and aspirations. It advocated for the creation of a physical environment that is relatively free from nuisance, overcrowding, noise, danger and pollution. It also promoted the availability of public and private places that cater for all sections of the population and that provide for a diverse range of activities and experiences.

- *Core infrastructure* – The literature noted that local government utilities such as water and sewage reticulation historically contributed towards large improvements in health and wellbeing. It argued that the maintenance of these services and continuing infrastructure development are essential. It also suggested that ensuring that such facilities are accessible and affordable is important.

# Discussion – implementing a family-centred approach in local government

Local government is encouraged, and in some cases required, to consider the impact of its decisions against a number of factors, including wellbeing, environmental sustainability, community outcomes, health and economic impact.

The Families Commission, with the assistance of Local Government New Zealand, is exploring the feasibility of increasing the focus on families in local body decision-making processes.

The literature review suggested that there are some processes which are central to ensuring local government achieves family-centred outcomes. These do not provide a simple checklist of tasks to carry out during decision-making, but rather challenge the fundamental premisses upon which decisions are made.

This section explores some of these core processes:

- developing a family wellbeing model
- gathering information on the status of families
- consulting with families
- multi-sector collaboration
- addressing inequalities
- building internal capacity.

## Developing a family wellbeing model

### Local government current practice

Councils have a responsibility to promote the wellbeing of their communities. The Local Government Act 2002 states:

The purpose of local government is

- to enable democratic local decision-making and action by, and on behalf of, communities; and
- to promote the social, economic, environmental and cultural wellbeing of communities, in the present and for the future (Section 10, LGA 2002).

Under the decision-making requirements in the Act, a local authority must be able to demonstrate how a decision contributes to wellbeing (and community outcomes).

However, wellbeing is not defined in the Act. Most councils have adopted the definitions of wellbeing developed by the relevant government agencies: the Ministry of Culture and Heritage; the Ministry of Social Development; the Ministry for the Environment; and the Ministry of Economic Development.

The definitions tend to describe wellbeing from an individual or community perspective. For example, the Ministry of Social Development described the term 'social wellbeing' as "comprising individual happiness, quality of life, and the aspects of community, environmental, and economic functioning that are important to a person's welfare" (Ministry of Social Development, 2004b, p. 13).

Definitions do not capture family wellbeing – that is, the wellbeing of the family, over and above the wellbeing of individual family members.

If definitions of wellbeing do not include aspects of family wellbeing, councils' decision-making may inadvertently fail to support families. Conversely, if definitions of wellbeing include family wellbeing, councils will have a duty to consider the impact of every decision on families.

The Local Government Act 2002 also requires all councils to facilitate a process, at least once every six years, to determine community outcomes. The Act states that the purpose of community outcomes is:

- to inform and guide the setting of priorities in relation to the activities of the local authority and other organisations
- to promote better coordination and application of community resources (Section 91 (2)).

Under the decision-making requirements in the Act, a local authority must consider "...the extent to which community outcomes would be promoted or achieved in an integrated and efficient manner" (Section 77).

Councils have tended to develop outcomes frameworks on the basis of quality-of-life domain areas, such as health, safety and education.

The Department of Internal Affairs analysed the community outcomes in the draft long-term council community plans of the 85 New Zealand councils. The analysis revealed 11 themes or topics. These were: the economy; natural environment; urban environment; community; governance; safety; health; education; access to services; Māori-specific outcomes; and arts, culture and recreation. Five themes were consistently the most frequently referenced. These were the natural and urban environments, the economy, the community and arts, culture and recreation. The Department did not note any family outcomes.

A scan of council documents for this research suggests that no council currently has an outcome framework which uses a human development or ecological approach. It also appeared that councils have focused on community-wide outcomes, and not family outcomes. There are no outcomes regarding family resilience or family functioning.

### **Family-centred approach**

The literature review found that a family-centred approach involves considering the impact (intended and unintended) decisions have on family wellbeing. Such an approach would require a wellbeing model which captured the collective wellbeing of family members and the wellbeing of the entity itself. For example, it would need to include assessments of interfamily relationships considering such factors as closeness, happiness, security and the quality of relationships between family members.<sup>21</sup> Milligan, Fabian, Coope, and Errington (2006) suggested that:

...analysing wellbeing at the family level involves more than merely aggregating the individual living conditions of individual family members. It requires judgements about how the conditions of such members may affect the family unit as a whole (p. 26).

The literature also suggested that a family-centred approach would involve having explicit outcomes for families. To promote this approach, councils' community outcome processes (COPs) should overtly seek community views on the desired outcomes for families. Community outcome frameworks should be structured to reflect outcomes and priorities for families.

The literature on other initiatives, such as healthy cities and child-friendly cities, emphasised the need for council-wide strategies focusing on the issues at hand. It argued that a strategy ensures that outcomes statements and other policies are converted into actions.

Currently, only Auckland City Council and Hamilton City Council have Child and Family policies. Auckland develops and reports on actions annually. While these policies tend to focus on children, they are a positive starting point. They are a statement that the Council recognises and values families in the community.

### **Understanding the status of families in the community**

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<sup>21</sup> Methods for assessing these factors are outlined in a report by the Ministry of Social Development, *Stepfamilies and Resilience* (Pryor, 2004).

## Local government current practice

Under the Local Government Act 2002 councils are required to monitor and report on progress towards community outcomes. The Act states: "A local authority must monitor and, not less than once every 3 years, report on the progress made by the community of its district or region in achieving the community outcomes for the district or region" (Section 92 (1)).<sup>22</sup> This requires that councils obtain data from many different sources for monitoring purposes.

To date, councils' monitoring frameworks largely rely on statistical data (for example, census data, data gathered from residents' surveys or quality-of-life surveys and data collected by government agencies). They describe the attributes of a district or individuals within a district. Jamieson (2005) believed that they should consist of those aspects of life that contribute to *individual* happiness, quality of life and welfare (Jamieson, 2005; Local Government New Zealand, 2007b; Statistics New Zealand, 2006).

Similarly, a number of government agencies have produced reports describing the wellbeing of New Zealanders, such as the *Our Health Our Future* and *Social Report* (Ministry of Health, 1999; Ministry of Social Development, 2007). Family and Community Services (Ministry of Social Development) has also produced a series on community profiles in partnership with councils (Family and Community Services, 2008).

While these reports collectively provide important information, they are limited by the fact that units of analysis are at either the individual or population level. Indicators report on the health, income, education and safety of family members as population groups – for example, children, youth, parents and older people. Little is known about the outcomes for families – that is, the wellbeing of the family itself over and above the wellbeing of individual family members. Family dynamics and transitions are not well captured in existing data (Statistics New Zealand, 2007).

Statistical data are largely based on definitions of family that relate to people who live in the same household. For example, the New Zealand Census and the Survey of Family, Income and Employment (SoFIE) both use standard classifications that assume the family is household-based or co-resident at the time of the survey, and do not provide an indication of family connections that extend beyond households (Families Commission, 2005; Hodgson & Birks, 2002; True, 2005).

These definitions do not always accord with the way people actually think about their own families. The assumption that families are co-resident households fails to reflect the reality of practical, material and emotional support arrangements within and across households. It is common for families to extend across households, as is the case with shared parenting arrangements. Separated parents, for example, typically consider their children as part of their family even if they no longer live with them. Similarly, children usually consider a non-resident parent as part of their family (Pryor, 2005). Many adult parents count their own parents and siblings as part of their family. The concept of 'whānau' – different from and wider than 'family' – is even more difficult to capture in official statistics (Families Commission, 2005; True, 2005). Current definitions assume that the members of the economic family unit have a common standard of living. Yet it is possible that the living standards of individuals, children and adults within an economic family unit could differ depending on family type and on the distribution of resources within the family (Statistics New Zealand, 2007).

## Family-centred approach

The literature noted that understanding a particular community's families is a prerequisite to a family-centred approach. The effectiveness of a family-centred process greatly depends on the information or research evidence available to the policy analyst, planner or decision-maker. It is important to know what types of families make up the community. These might

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<sup>22</sup> Schedule 10, Part 1 of the Act requires that, amongst other things, local authorities state what measures they will use to assess progress towards the achievement of community outcomes in their Long-term Council Community Plan.



include families with and without children; families living in single households; and family members spread across several households and neighbourhoods. The number of dependants (young, old or people with disabilities) in a family is also important.

Regular gathering of information on the status of the community's families would inform decisions and provide a basis for planning. Without a sufficient information base, elected members and officers may rely solely on their own untested assumptions (True, 2005).

This suggests that a family-centred approach may require councils to put in place an indicators model which includes measures of family wellbeing. It may also require research which builds a picture of families in their communities, including their issues and priorities and how policies and programmes affect them.

## **Consulting with families**

### **Local government current practice**

Councils make local decisions regarding their communities' needs and priorities. Their responsibilities involve both leading and representing their communities. This means consulting with communities and encouraging their participation in decision-making.

Local authorities have long had statutory responsibilities to consult and involve the public in certain issues, such as land-use planning. Recent legislation, such as the Local Government Act 2002, has reasserted the relationship between councils their communities, and the need to involve citizens in decision-making and implementation.

The Local Government Act 2002 requires that all councils approach their activities in accordance with some general principles, including:

- conducting their business in a clear, transparent and democratically accountable way
- making themselves aware of and having regard to the views of all their communities
- providing opportunities for Māori to contribute to council decision-making processes (Section 14).

These general principles are supported by more specific principles, which guide the decisions and actions of the councils, including decision-making processes (Sections 76-81). These provisions require that councils consider community views at each stage of decision-making:

#### **Community views in relation to decisions**

1. A local authority must, in the course of its decision-making process in relation to a matter, give consideration to the views and preferences of persons likely to be affected by, or to have an interest in, the matter.
2. That consideration must be given at –
  - a. the stage at which the problems and objectives related to the matter are defined
  - b. the stage at which the options that may be reasonably practicable options of achieving an objective are identified
  - c. the stage at which reasonably practicable options are assessed and proposals developed
  - d. the stage at which proposals of the kind described in paragraph (c) are adopted (Section 78).

Principles of consultation require that local authorities provide reasonable access to relevant information in an appropriate manner and format, and provide clear information about the purpose and scope of the consultation. Councils are expected to encourage members of the community to present their views and provide them with reasonable opportunity to do so. Those who do take part in the consultation process can expect to have their views received with an open mind and be given due consideration, and then be provided with information on the decision and reasons for those decisions (Local Futures, 2005). The Local Government Act 2002 also expanded the requirement to undertake formalised consultation (known as the Special Consultative Procedure).

There is a considerable body of knowledge and experience on good consultation processes in the local government sector. Not only are local authorities using traditional methods, such as public meetings and consultation documents, to engage with the public, but many are increasingly using 'consumerist' approaches such as service satisfaction surveys, and complaints or suggestions schemes.

There are examples throughout New Zealand of innovative approaches that are being utilised to engage communities, particularly less accessible cohorts; an example is the use of artists and musicians to facilitate community engagement where poor literacy could block the contribution of views. The techniques and strategies use the skills and creativity of artists (often local) as part of broader community development strategies to ensure diverse community representation. Other examples include the use of interactive websites, visioning exercises and expos. Interactive websites, in particular, are becoming increasingly common and tend to be driven by local factors.

More recently local authorities in New Zealand have developed new ways of consulting with traditionally hard-to-reach groups, such as young people, Māori, minority ethnic groups and those with disabilities (Broadwater, 2001; Burke, 2004; Department of Internal Affairs, 2003; Local Government New Zealand, 2004, 2006; ODPM, 2002; Victoria University of Wellington, 2006). Some councils have developed policies for consultation with these population groups.

There is no evidence that councils have directly targeted families or consulted them about what is important for families and family functioning in their communities.

### **Family-centred approach**

The literature stated that a core component of a family-centred approach is consultation with families. Each community's population, history, troubles, resources, goals and expectations are unique. Therefore, it is important to consult with the families in each community to gain their perspectives and ensure that policies and initiatives are tailored to their strengths, aspirations and needs.

Families come in many forms and configurations. The literature noted that when using a family-centred approach, it is important to take into account the varying views of different types of families and the varying abilities of families to participate in decision-making processes.

The literature argued that families should be involved in formulating and implementing goals – that is, setting priorities and turning their goals into reality. This suggests engagement rather than simple consultation.

Consultation has a once-and-for-all quality: participation only at a particular moment, on confined terms and often only after fundamental parameters have been established. Consultation elicits only particular kinds of information. It is primarily used to obtain public feedback on options for decision-making. Engagement tends to involve a more sustained and continuing process where families are involved in different ways at all stages of decision-making and planning. It tends to be narrower and deeper to ensure that the views are consistently understood and considered.

Many councils have extensive experience in public consultation and community engagement. A family-centred approach would involve applying these skills and efforts to target families.

The increasing organisation of citizens into interest groups has tended to turn politics into a competition of narrowly defined interests. It can involve a clash of paradigms and confrontation between fiercely held beliefs. A family-centred approach could introduce a different kind of voice into local government. Families would be asked to consider what is good for them, including their young and old members, those with disabilities or those not in the workforce.

## **Multi-sector collaboration**

### **Local government current practice**

Local authorities do not (and cannot) achieve their objectives alone. They work closely with other organisations including central government, public bodies, businesses, iwi, the voluntary sector and citizens to help achieve community wellbeing.

The Local Government Act 2002 promotes co-operation between local authorities, and between local authorities, communities and other agencies, including central government. The “principles relating to local authorities” (Section 14(e) of Local Government Act 2002) state that “a local authority should collaborate and co-operate with other local authorities and bodies as it considers appropriate to promote or achieve its priorities and its desired outcomes, and make efficient use of resources”.

Collaboration was further advanced by Section 91, which set out the process for determining community outcomes. This section included a requirement that a council must “identify, so far as practicable, the other organisations and groups capable of influencing either the identification or the promotion of community outcomes, and to secure, if practicable, the agreement of those organisations and groups to the process” (Local Government Act 2002, Clause 91 (3)(a)).

There has been increasing awareness that there are many problems and issues that cannot be contained within any single organisation. Since the 1990s, ‘community governance’ has entered the lexicon of local government policy discourse. Community governance challenged the traditional concept of local government as the provider of a discrete set of services, suggesting that the primary role should be to enhance the wellbeing of its citizens. Inherent in the concept was a commitment to working in a partnership style with other players in its community, such as businesses, iwi, third-sector organisations and, most importantly, local offices of government departments (Reid, 2002).

Today, councils have various collaborative arrangements in almost every sphere of their activities. The focus of the current central/local government relationship has been on finding ways to work collaboratively on issues of common concern. These include collaboration on regional strategies such as the New Zealand Sustainable Development Programme of Action, involving the Auckland region’s seven local councils, the regional council and a number of government agencies. It also includes collaborations on local operational matters, such as partnership with the police to develop closed-circuit television as a surveillance tool, enforce liquor bans in the central city areas and improve road safety and crime prevention through environmental design initiatives.

### **Family-centred approach**

Communities and families are typically beset with multiple and interrelated challenges. Ultimately, if any form of community development is to succeed, it must address the full range of these challenges comprehensively and in an interconnected way. The literature argued that family-centred community development is no different. It requires work by all sectors and by families, community-based organisations, businesses, schools, religious institutions, iwi and Māori agencies and government agencies.

The literature suggested that a family-centred approach would not only require collaboration between councils and other external parties but also collaboration across council function areas.

Traditionally, council efforts have tended to separate the ‘bricks and mortar’ projects from those that help families and develop social and human capital. However, the literature suggested that a family-centred approach would involve the integration of asset and urban planning with social service planning. It would involve collaboration between professional groupings within councils. This might have implications for work streams and the organisational structures of councils.

## **Targeting resources to address inequality**

### **Local government current practice**

In general, council services are universally provided. For example, libraries, parks (including sports fields), swimming pools, art galleries, museums and festivals are available to everybody, with concessions sometimes available to particular groups (for example, children, in general, get free library services).

These services can be seen to perform a socially integrative function by underpinning rights of citizenship (Audunson, 2005; Cox, Swinbourne, Pip, & Laing, 2000; Varheim, 2006). They also remain politically sustainable because of the wide spread of beneficiaries.

However, universal provision is not always considered financially viable, fair or the best way to promote wellbeing. Targeting is sometimes considered a cost-effective way to use scarce resources by directing interventions at those most likely to benefit or those in greatest need; for example, council housing is often targeted at lower socio-economic groups or older residents.

### **Family-centred approach**

The literature on a family-centred approach argued that resources should be targeted at those families in greatest need. Similarly, models such as healthy cities, child-friendly cities and age-friendly cities suggested that resources should be targeted to address inequalities.

The literature recommended local and central government actions to negate the effects of social exclusion. It also advocated that local and central governments have a vital role in providing large-scale responses to widespread social need, and services for those unable to purchase their own.

This suggests that a family-centred approach may result in councils directing additional efforts towards vulnerable families and addressing issues of exclusion.

## **Building internal capacity**

### **Local government current practice**

Local government employs staff from a range of professions, including engineers, urban planners, lawyers, policy analysts, community development practitioners and communication specialists.

Many of these disciplines have established practices and theoretical underpinnings. However, the literature suggested that these disciplines do not always have a good understanding of theories of family functioning and resilience. It advocated that staff and programme leaders need skill-development and mentoring. The literature also suggested that external expertise and advice was often beneficial.

### **Family-centred approach**

The literature suggested that councils would need to develop internal capacity and skills in family-centred planning and development. The Families Commission has an obvious role in providing advice and support in this process.

Some literature suggests that councils may need internal 'experts' or advocates. The experience of some councils in New Zealand has demonstrated the advantages of dedicated advocates (for example, Christchurch City Council's Child Advocate role). The advantages of internal advocates were confirmed by the findings of the international network Cities of Tomorrow (network of cities and districts in Europe, the USA, Canada, New Zealand and Japan) (Cities of Tomorrow Network, 2000).

# Conclusion

Councils are well placed to influence the development of family-centred communities and to enhance family wellbeing. They have a role in providing or planning the services that families' everyday activities are dependent on. They also have a role in influencing the activities of other agencies. For example, councils facilitate the determining of community outcomes, which guide council planning and inform central government and others about community needs.

The literature review suggests that some processes are central to ensuring local government achieves family-centred outcomes. These do not provide a simple checklist of tasks to carry out during decision-making, but rather challenge the fundamental premisses upon which decisions are made.

On the basis of the literature review, this report suggests that councils adjust the following frameworks to ensure they include concepts of family wellbeing:

- wellbeing frameworks – to ensure they capture family wellbeing (the wellbeing of the family itself, over and above the wellbeing of individual family members)
- indicators frameworks – to ensure they include measures of family wellbeing
- community outcomes frameworks – to ensure they include explicit outcomes for families.

The report also suggests that councils should include families in some of their day-to-day processes, and that this inclusion should reflect the diversity of family structures in their communities.

Councils make local decisions about their communities' needs and priorities. A family-centred approach would involve applying councils' considerable skills and experience in public consultation and community engagement in an effort to target families.

The literature suggested that a family-centred approach would not only require collaboration between councils and other external parties but also collaboration across council functional areas.

## Appendix: Other local government models

Since there was little material on family-friendly communities, the study explored the literature available on other models which seek to promote wellbeing at a local government level. Only models seeking to influence council decision-making and delivery were examined.

This focus was based on the assumption that these models may be of use in developing a family-centred community model or initiative. The review sought to determine components of these models which could be transferred to a family-centred model.

### Healthy cities

Health is an important component of family wellbeing. Health affects people's ability to be involved in community activities and use services, and their enjoyment of the environment. Poor health can restrict people's ability to work, to engage in and succeed at education and to enjoy leisure and recreation activities.

A century ago, local government was instrumental in improving health by preventing the spread of disease through slum clearances, community planning, water treatments, waste and rubbish disposal and the provision of certain health services (Roseland, 1998). Since then, local governments have played a large role in public health through their involvement in housing, recreational facilities, transportation, economic development and land-use planning services and public hygiene (including waste disposal, water systems and food safety). Councils' regulatory responsibilities for public health are included in many pieces of legislation, such as the Health Act 1956, Building Act 2004, Food Act 1981, Sale of Liquor Act 1989, Resource Management Act 1991, Civil Defence Act 2002, Hazardous Substances and New Organisms Act 1996 (Courtney, 2004; Public Health Advisory Committee, 2006).

From the mid-1980s a broader conception of public health was adopted by local governments in Europe, North America, Australia and New Zealand (WHO, 1986). Local governments began to recognise the determinants of health:

- Age, sex and hereditary factors: significant, but relatively unchangeable, contributors to our health.
- Access to health services; however, research suggested that health services, including health promotion, mental health and disability support services only go part way to influencing health. It is estimated that access to services only contributes 10 percent to improvements in health outcomes.
- Individual lifestyle factors: whether we smoke or exercise, how much alcohol we drink, our diet and whether we drink and drive.
- Social and community influences and our place in the community: whether we belong to strong social networks, and feel valued and empowered to participate in decision-making.
- Living and working conditions, including environmental factors such as air quality.
- General socio-economic, cultural and environmental conditions: our position in society, including income, education and employment and our ability to participate in decision-making. The World Health Organization has named poverty as 'the greatest single killer'.

In response, a number of councils have adopted the concept of a healthy city. Several have embraced the WHO Healthy Cities model, including nine cities throughout New Zealand (National Advisory Committee on Health and Disability, 1998).

Healthy Cities, and later Healthy Communities, emerged from the World Health Organization, more specifically the Ottawa Charter, in 1986. The health promotion principles in the Ottawa Charter are:

- Health is a social rather than purely a health sector matter.
- Health is a responsibility of all city services.
- Health should be monitored by physical, social, aesthetic and environment indicators of wellbeing.

- Health is an outcome of collaboration between community members, planners and providers of public and private sector services.
- A city should actively foster good health and not merely be a survival unit for people living there (Cook, 2001).

The core components of Healthy Cities initiatives are:

- Create a compelling vision from shared values.
- Embrace a broad definition of health and wellbeing.
- Address quality of life for everyone.
- Engage diverse citizen participation and be citizen-driven.
- Multisectoral membership and widespread community ownership.
- Acknowledge the social determinants of health, and the interrelationship of health with other issues (housing, education, peace, equity, social justice).
- Address issues through collaborative problem-solving.
- Focus on systems change.
- Build capacity using local assets and resources.
- Measure and benchmark progress and outcomes (Cook, 2001; Wolff, 2003).

Central to the Healthy City philosophy is the importance of local government in health (Cook, 2001, p. 15).

Other public health and health promotion models exist. For example, New South Wales established a Premier's Council for Active Living (PCAL), a comprehensive intersectoral plan that has prioritised the following issues: urban planning and its influence on health and wellbeing; community inclusion; and the liveability of cities and towns (New South Wales Government, 2007). The Heart Foundation (Victorian Division) developed a Healthy by Design guide. It includes design considerations, evidence, tools and case studies to support professionals responsible for the design, development and maintenance of the public realm (National Heart Foundation of Australia (Victorian Division), 2004).

The UK Green Paper *Our Healthier Nation: A contract for health* (Department of Health, 1998) introduced *Health Actions Zones*. *Health Actions Zones* was an intersectoral initiative in deprived areas to reduce health inequalities.

*Active Living by Design* was adopted by a number of councils in the United States. This initiative focused on six design focus areas: cities, towns and neighbourhoods; walking and cycling routes; public transport; streets; open space; and retail areas. For each focus area, there were design objectives, some important design considerations and links to key references and additional resources for detailed design guidelines and specifications (The Centre for Sustainable Transportation, 2004).

The American Planning Association's Healthy Community Design initiative listed six qualities that describe healthy community design. It suggested that healthy communities:

- have a unique sense of community and place
- preserve and enhance valuable natural and cultural resources
- equitably distribute the costs and benefits of development
- expand the range of transportation, employment and housing choices in a fiscally responsible manner
- value long-range, region-wide sustainability rather than short-term, incremental or geographically isolated actions
- promote public health and healthy communities.

The National Association of County and City Health Officials in America has developed a Protocol for Assessing Community Excellence in Environmental Health.<sup>23</sup>

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<sup>23</sup> <http://pace.naccho.org/DownloadPage.asp>

In New Zealand, some councils also adopted variations on the healthy cities model; for example, Christchurch City Council and Canterbury Regional Council sponsor an initiative known as Healthy Christchurch, and Dunedin City Council is a key partner in Healthy Communities Otago. These initiatives emphasise a multi-agency approach. Some councils have taken a lead on specific health issues affecting their populations. They have also stressed the need for collaboration across agencies. Porirua City and Manukau City Councils have shown leadership in the collaborative effort to reduce and prevent diabetes in their communities (Public Health Advisory Committee, 2006).

Some councils have implemented health impact assessments. For example, Selwyn District Council, Waimakairi District Council, Christchurch City Council and Environment Canterbury implemented a health impact assessment of the Urban Development Strategy (Stevenson, 2007). Auckland City Council commissioned a health impact assessment of its Avondale Liveable Communities Plan, and Nelson City Council commissioned Nelson Marlborough DHB Public Health Service to undertake a Social Impact Assessment of its Draft Gambling Policy (New Zealand Health Impact Assessment Support Unit, 2008).

Christchurch City Council is reportedly developing a *Health Promotion through Environment Design* tool based on the Crime Prevention through Environmental Design model (personal correspondence, Christchurch City Council, 14 January 2007).

There is also a considerable body of local government research on the impact of local government roles and functions on health. These are too numerous to summarise here. However, a number of articles highlighted the health consequences of aspects of urban design:

- the disappearance of open space as cities expand outward and consume once-rural or natural areas
- increased traffic congestion, poor air quality, contaminated water and land and scarcity of affordable housing
- zoning laws that segregate land uses into isolated categories, separating housing from schools, businesses and recreational areas
- dominance of the automobile as the primary means of transportation and extensive road construction to accommodate the automobile – development that either ignores or eliminates the social integrity of neighbourhoods, and provides less safety for pedestrians and cyclists
- design hindering healthy behaviours, such as physical activity
- sense of isolation and loneliness associated with some urban environments.

Council research has also described some of the effects of physical environments on the health and quality of the lives of specific population groups, such as children, people with disabilities, residents on low incomes and older adults (Community Mapping Project, 2004; Richardson & Macdonald, 2002; Stevenson, 2007).

Many commentators highlighted significant health inequalities between groups: in particular, between people with lower incomes and less education, and the broader population. A plethora of recent evidence suggested that disparities in health between different ethnic and cultural groups persist and are increasingly linked to physical and social environments (Burton, Richards, Briggs, & Allan, 2000; Kawachi & Kennedy, 1997; Kawachi & Subramanian, 2007; Pickett & Pearl, 2001; Wilkinson, 1996).

Considerable effort has gone into researching health inequalities, understanding their causes and trialling interventions to reduce them. Characteristics such as socio-economic status, ethnicity, employment status and housing tenure, for example, have all shown relationships to health outcomes (Berkman & Kawachi, 2000; Howden-Chapman & Tobias, 2000). Both in New Zealand and overseas, reducing inequalities has become an important goal for government health policy (Burton et al, 2000; Ministry of Health, 2007).

Courtney (2004) suggested that, traditionally, only brave councils have dared to talk about, yet alone address, local poverty issues. However, some councils, such as Manukau City and Christchurch City, have undertaken local poverty research and developed policy and



advocacy responses (Courtney, 2004). Many more acknowledge the disparities between health outcomes for different socio-economic and cultural groups in their communities (for example, see Porirua City's *Wellbeing Report 2007*; Waitakere City Council's *Community Outcomes Progress Report 2008* and the Department of Internal Affairs analysis of community outcomes). The Healthy Christchurch initiative named tackling health inequalities as its number one priority.

A number of commentators provided examples of collaborations between urban planning and public health professionals (Corburn, 2004; Frumkin, 2002; Kochtitzky et al, 2006). Frumkin suggested that many of the solutions to health costs associated with urban planning can be found in an urban planning approach known as 'smart growth'.

The literature also stressed the need for greater community participation. Corburn (2004) noted that research and decision-making in both planning and public health are often criticised for relying solely on professional knowledge at the expense of democratic participation. He suggested that increasing evidence in the natural sciences, public health and urban planning reveals that expert assessments can miss important contextual information, and needs to be tempered by the experiences and knowledge offered by lay publics (Corburn, 2004).

Others argued that there is a crucial role for local government in facilitating the development of social capital which is required for a healthy population (Richardson & Macdonald, 2002; Szreter & Woolcock, 2004).

## **Child-friendly cities**

The Child Friendly Cities initiative (CFC) is a framework to help cities become more child-friendly in all aspects of their environment, governance and services. It is led by the United Nations Children's Fund in response to commitments made in the United Nations Convention on the Rights of the Child. UNICEF set up the CFC Secretariat at its Research Centre in Florence in 2000 to encourage local authorities to develop Child Friendly frameworks (Riggio, 2002; The Centre for Sustainable Transportation, 2004; UNICEF, 2006).

A Child Friendly City aims to guarantee the right of every young citizen to:

- influence decisions about their city
- express their opinion on the city they want
- participate in family, community and social life
- receive basic services such as health care, education and shelter
- drink safe water and have access to proper sanitation
- be protected from exploitation, violence and abuse
- walk safely in the streets on their own
- meet friends and play
- have green space for plants and animals
- live in an unpolluted environment
- participate in cultural and social events
- be an equal citizen of their city with access to every service, regardless of ethnic origin, religion, income, gender or disability (UNICEF Innocenti Research Centre, 2004, p. 3).

The CFC Secretariat has produced a guide for action which provides a detailed description of each element, including a checklist of questions. The Secretariat has also documented Child Friendly City initiatives from around the world. The case studies aim to highlight successful methods and strategies. The only New Zealand city currently on the website is Christchurch City.

The literature recommended a number of key steps in child-friendly initiatives:

- a city-level plan for children which sets out the goals and targets for the city
- child impact assessment and evaluation
- a children's budget

- a situational analysis of the city's children
- an independent advocate
- building capacity and capabilities within councils
- involving children in decision-making processes (Riggio, 2002).

There are alternatives to the CFC model which also promote a focus on the needs of children in city planning. For example, a Canadian organisation, the Society for Children and Youth (SCY), has developed a project entitled Child and Youth Friendly Communities. The SCY child- and youth-friendly community self-assessment kit enables groups to pinpoint domains where their communities work for and against children and youth. The project has focused on housing and the child's right to play.<sup>24</sup> Examples include Child and Youth Friendly Calgary<sup>25</sup> and Child and Youth Friendly Ottawa.<sup>26</sup>

The Association of Metropolitan Areas (which represents 36 metropolitan district councils, 31 London boroughs and the City of London in the UK), together with the Children's Rights Office, produced a *Checklist for Children* to assist these local government bodies. The *Checklist for Children* was developed as a template to help local authorities address this issue and to help them draw up plans and strategies in line with the United Nations Convention on the Rights of the Child (Corrigan, 2006; UNICEF, 2006; UNICEF Innocenti Research Centre, 2004).

In the United States a number of organisations with an interest in child-friendly planning have adopted Colorado architect Harry Teague's Bill of Rights for Kids which states that a city should be:

- safe
- in appropriate scale – no walls over four feet
- accessible – youth should be able to get from one place to another
- integrated – with regard to nature, the community, work, and different ages and sexes
- a manifestation of tradition – youth should be able to identify cultural anchors, whether they are building types and styles, monuments, landmarks, or natural areas (The Centre for Sustainable Transportation, 2004, p. 5).

There are many other initiatives in other countries too numerous to summarise here, including the Dutch Institute for Design's design guidelines for children; the Swedish *Child's Perspective on Planning*; the Netherlands' Ministry of Transport plan to improve the safety of neighbourhoods for child pedestrians and cyclists; the Canadian Institute of Planners' *A Kid's Guide to Building Great Communities*; and the Canadian Community-Based Education Resource (CUBE) child-oriented communities initiative.

There is a significant body of literature on local government's role in promoting children's wellbeing. Commentators stressed the need for central and local government to focus on children, arguing that assessing the impact of policies on children is necessary because children are the most vulnerable group in any society. Corrigan (2006) argued that children are often the group that suffers most from poor policy choices – their health suffers more from environmental pollution, they are more dependent on public transport and are more often the victims of crime. She noted that they are dependent on adults and governments to represent their views and protect their interests. Stevenson (2007) argued that if the environment that children live in is one that helps them to thrive, to live active happy lives in neighbourhoods where they have a sense of belonging and connection and an awareness of their importance to the wider community, then it is very likely that the whole population will also thrive.

Stevenson (2007) undertook a review of the literature regarding how urban design affects the health of children and young people. She noted a number of recurrent themes. Firstly, there is increasing concern at the epidemic levels of chronic diseases in adulthood that are strongly linked to being overweight or obese. She made reference to increasing evidence not only that childhood levels of obesity are high and rising, but that the overweight child becomes an

<sup>24</sup> See <http://www.scyofbc.org/qs/page/765/0/43> for further information about the Society for Children and Youth.

<sup>25</sup> See <http://www.cyfc.ca/> for details about Child and Youth Friendly Calgary.

<sup>26</sup> See <http://www.cayfo.ca/> for details about Child and Youth Friendly Ottawa.

overweight adult. Stevenson claimed that the built environment is a significant and modifiable factor in levels of obesity, and that the built environment can adversely affect the health of children from pre-natal life through to adulthood. The immediate health effects (such as impaired lung function) and the daily habits of life developed in childhood (such as car-dependency) can have adverse health effects throughout adult life.

From her assessment of the literature, Stevenson (2007) recommended that:

- children should be used as the starting point for development
- neighbourhoods should be assessed on how well they encourage active transport using objective and qualitative measures
- addressing the perceptions of local residents is critical
- parks should be designed and adequately maintained with the play needs of children of all ages in mind.

Other research highlighted the link between neighbourhood factors and child safety, school-readiness and achievement, behavioural and emotional outcomes, early childbearing and physical health. Research suggested that neighbourhood advantages and disadvantages are associated with children's social, emotional and physical wellbeing. Children living in the most disadvantaged neighbourhoods have poorer social outcomes than children living in more affluent neighbourhoods, even taking into account family income, their parents' employment status, their mothers' education and several other factors (Edwards, 2007). Commentators also highlighted the importance of social capital to child wellbeing (Curtis, 2007, Knaul & Patrinos, 1998, Narayan, 1999, Putnam, 2000, Teachmann et al, 1997).

Other commentators argued that children and young people with disabilities are a vulnerable group often overlooked in urban and city development. For example, provisions for children in wheelchairs are rarely evident in the design and construction of parks and playgrounds. They argued that a child-friendly city would ideally provide for all children and young people with disabilities to participate in the broad spectrum of community activities (Commission for Children and Young People and Child Guardian, 2006).

A number of papers argued that creating child-friendly cities requires active, genuine and meaningful engagement with children and young people and their lives so their views and experiences can effectively contribute to the creation of child-friendly cities (Bridgman, 2004; Chawla, 2002; Commission for Children and Young People and Child Guardian, 2006; Hart, 1992; Stevenson, 2007; The Children's Ombudsman, 2006; Wise, 2001). For example, Chawla highlighted the benefits of involving children in planning and managing human settlements both for the children (as they learn the formal skills of democracy) and for the wider community (as young people contribute their knowledge, energies and perceptions about local environments).

Some suggested that success has been mixed, and can often be undertaken as or perceived as a token gesture, rather than a real stakeholder-engagement exercise requiring careful consideration at the outset of any urban development or renewal (Chawla, 2002; Commission for Children and Young People and Child Guardian, 2006). A survey of recent literature on child and youth participation mentioned a number of innovative projects overseas (Bridgman, 2004).

A number of other key themes emerged from the literature on child-friendly communities and other research on child wellbeing and local government. These included the importance of:

- creating and extending community linkages and partnerships
- catering for diversity (the needs, abilities and interests of children and young people vary widely with age, gender, culture and life opportunity. The developmental stages that children and young people go through have different, and sometimes conflicting, implications for what constitutes a stimulating and safe built and social environment. There are also significant gender differences in the use of space.)
- improving information and data to better inform policy-makers and the public, including the use of child-generated indicators
- ensuring essential services and facilities are available and accessible, including schools, childcare, health services and recreational facilities

- providing child- and family-friendly facilities and services
- partnerships with key groups, including government agencies, local councils, developers, families, planners and children and young people.

## Age-friendly cities

Mirroring trends in other developed countries, the New Zealand population is ageing. This is due to a combination of decreasing fertility and increasing longevity. One in four New Zealanders will be aged 65 years or over in 2051, compared with one in eight in 1999 (Statistics New Zealand, 2000). Population ageing will noticeably change New Zealand families in terms of their demographic profile and functioning. Caring for elderly family members will become more important, as will grandparents' roles in caring for children (Families Commission, 2005).

The World Health Organization (WHO) has recently developed a guide for developing age-friendly cities. The guide suggested that in an age-friendly city, policies, services, settings and structures support and enable people to age actively by:

- recognising the wide range of capacities and resources among older people
- anticipating and responding flexibly to ageing-related needs and preferences
- respecting their decisions and lifestyle choices
- protecting those who are most vulnerable
- promoting their inclusion in and contribution to all areas of community life.

WHO developed a *Checklist of Essential Features* of age-friendly cities.<sup>27</sup> The checklist is a tool for a city's self-assessment and a map for charting progress. As with other checklists, the Age-friendly Cities' includes a number of topic areas with series of descriptors under each.

Topic areas are:

- outdoor spaces and buildings
- transportation
- housing
- social participation
- respect and social inclusion
- civic participation and employment
- communication and information
- community and health services.

Other models also encourage local governments to consider the wellbeing of older residents. For example:

- Communities for a Lifetime – 73 towns, cities and counties in the State of Florida are participating in this initiative to strengthen relationships between local ageing organisations and community partners to make civic improvements in the areas of housing, transportation, health care and efficient use of natural resources. The initiative involves an assessment of services and other opportunities that encourage the quality of life and independence for older adults.
- Environmental Protection Agency (EPA) Aging Initiative – a division of the EPA that focuses on protecting environmental health for older adults. One project is the development of the National Agenda for the Environment and the Aging, which prioritises environmental stressors that affect older Americans. This group promotes Smart Growth as a way to protect the environment and to prepare communities for an increasingly older population.
- Aging in Place Initiative in America – an 18-month commitment with eight selected communities providing technical assistance to enable older adults to age in place. Includes a *Toolkit for Local Governments*, which describes three components –

<sup>27</sup> Other technical documentation is available to help implement changes that may be required, such as the United Nations Human Settlements Programme, 1993. *Improving the quality of life of the elderly and disabled people in human settlements* <http://www.unhabitat.org/pmss/getElectronicVersion.asp?nr=1634&alt=1>  
 I'DGO Consortium, 2007. Inclusive design for getting outdoors. Design guidance. Edinburgh, <http://www.idgo.ac.uk/>

healthcare, environment, planning and zoning – which are essential to an ageing-in-place strategy.

- The AdvantAGE Initiative – based on a survey taken by older adults in 10 US communities to assess their needs and concerns about growing older and ageing in place. The data gathered from the survey are used to advise communities on how to be ‘elder-friendly’ by meeting criteria in four areas: basic housing and security needs; maintenance of physical and mental health; independence for the frail, disabled and homebound; and opportunities for social and civic engagement.

In New Zealand the *Positive Ageing Strategy* was developed in 2001 as a response to issues related to the projected growth of older people. Its purpose is to improve opportunities for older people to participate in the community in ways that they choose. The strategy has 10 goal areas:

- income – secure and adequate income for older people
- health – equitable, timely, affordable and accessible health services for older people
- housing – affordable and appropriate housing options for older people
- transport – affordable and accessible transport options for older people
- ageing in place – older people feeling safe and secure while ageing in place
- cultural diversity – a range of culturally appropriate services to allow choices for older people
- rural – older people living in rural communities are not disadvantaged when accessing services
- attitude – people of all ages have positive attitudes to ageing and older people
- employment – elimination of ageism and the promotion of flexible work options
- opportunities – increasing opportunities for personal growth and community participation (Office of Senior Citizens, 2007).

The strategy is intended to guide the development of policies and services across central, regional and local government. The *Positive Ageing Strategy Action Plan*, that is produced two-yearly as the mechanism for achieving the positive ageing goals, includes actions by 31 local authorities (Office of Senior Citizens, 2007).

A number of councils have also produced positive ageing strategies. Hastings District Council<sup>28</sup> stated that the determinants of positive ageing include stable and secure income, the ability to ‘age in place’, being able to participate, being productive and having lifestyle choices available.

There is also a considerable body of research on the impact of local government roles and functions on quality of life for older people. These are too numerous to summarise here.

However, the key criteria that emerged were that an age-friendly community:

- facilitates strong connections among the different aspects of city living
- co-ordinates actions across different areas of city policy and services so that they are mutually reinforcing
- promotes a life-course approach which includes all ages in the process of promoting active ageing
- encourages solidarity between generations and within communities, including fostering social relationships in local services and in the activities that bring together people of all ages
- provides opportunities for older people to participate in the community in ways that they choose
- fosters opportunities for neighbours to get to know each other
- ensures that infrastructure is planned with older people’s needs in mind
- reaches out to older people at risk of being socially isolated
- minimises economic, linguistic or cultural barriers hindering some older people.

The literature stressed the need for up-to-date and relevant information about older people.

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<sup>28</sup> <http://www.hastingsdc.govt.nz/community/ageing/pas.pdf>

## Safe communities

Living without physical and emotional harm, or the fear of harm, is fundamental to reaching one's potential, participating in society and enjoying life. This includes freedom from intentional injury by others, in the form of violence and abuse, as well as freedom from avoidable injury. Perceptions about safety are important to the overall health of communities. If people feel unsafe, they are less likely to participate in community life.

Safe Communities is a WHO model that recognises safety as a 'universal concern'. The Safe Communities model aims to create an infrastructure in local communities to increase action on injury prevention and safety promotion through the building of local partnerships. Over 100 communities throughout the world are designated as Safe Communities of the WHO Safe Community Network. Five of these are in New Zealand (Waitakere, Waimakariri, New Plymouth, Whangarei and Wellington), and a number of other territorial authorities are supporting injury prevention coalitions to achieve accreditation.

In order to be designated as a Safe Community, communities are required to provide the following:

- an infrastructure based on partnership and collaborations, governed by a cross-sectoral group that is responsible for safety promotion in their community
- long-term, sustainable programmes covering both genders and all ages, environments and situations
- programmes that target high-risk groups and environments, and programmes that promote safety for vulnerable groups
- programmes that document the frequency and causes of injuries
- evaluation measures to assess programmes, processes and effects of changes
- ongoing participation in national and international Safe Communities Networks (Safe Communities Foundation New Zealand, 2007, p. 1).

The Ministry of Justice, supported by Local Government New Zealand, has led a project to adapt international Crime Prevention Through Environmental Design (CPTED) principles to suit the New Zealand environment. CPTED is a crime prevention tool that uses urban design and effective use of the built environment to help prevent crime by reducing opportunities for crime to occur. The guidelines are based on international best practice CPTED principles, and have been adapted for New Zealand public spaces (Local Government New Zealand, 2007a).

There are four key overlapping CPTED principles:

- surveillance – people are present and can see what is going on
- access management – methods are used to attract people and vehicles to some places and restrict them from others
- territorial reinforcement – clear boundaries encourage community 'ownership' of the space
- good-quality environments – good-quality, well maintained places attract people and support surveillance (Ministry of Justice, 2005).

The National Guidelines define seven qualities that characterise well designed, safer places:

- access: safe movement and connections
- surveillance and sightlines: see and be seen
- layout: clear and logical orientation
- activity mixture: eyes on the street
- sense of ownership: showing a space is cared for
- good-quality environments: well designed, managed and maintained environments
- physical protection: using active security measures.

The CPTED guidelines also suggested that integrated planning makes a significant contribution to tackling crime:

Good design alone cannot be expected to solve crime. However, considered positive planning, particularly when co-ordinated with other measures, can make a significant contribution to safety. Taking an integrated approach to each development, where professional disciplines and key stakeholders work together, is important (Ministry of Justice, 2005, p. 9).

CPTED guidelines have also been developed in other countries. The Western Australian Planning Commission has recently developed CPTED guidelines (Foster et al, 2006). The key principles in their guidelines are surveillance, access control, territorial reinforcement, target hardening and management and maintenance (Western Australian Planning Commission, 2006).

There was a considerable amount of local government literature discussing community influences on crime. Research suggested that several interrelated socio-economic factors – in particular, lack of educational achievement, unemployment, poor health, low socio-economic status and a negative peer environment – are all risk factors for criminality. The risk factors for offending include family problems; having few social ties; performing and attending poorly at school; abusing drugs and alcohol; lacking vocational skills and a job; and living in a poor neighbourhood with high rates of crime and frequently changing living conditions.

Shirley et al's (1998) study for the Auckland City Council concluded that the conditions that have generated increasing crime rates in New Zealand include:

- increased social inequality
- a sharp division between household incomes
- labour segmentation leading to high unemployment in working-class neighbourhoods and among Māori and Pacific Island populations
- an increasing number of individuals and households who do not participate in the formal economy
- an increase in relative poverty
- educational disparities.

Researchers have emphasised the importance of various forms of social connectedness in limiting neighbourhood crime. For example, Kawachi et al (1999) found the incidence of crime may, to some degree, reflect the level of social capital in the local community. Both violent and property crime have been associated with relative deprivation and low social capital. Similarly, Sampson & Groves, 1989 found a strong negative association between collective efficacy and violence, after controlling for social composition (Sampson & Groves, 1989).

Crime is associated with disorganised communities, since disorder undermines the informal processes whereby communities realise common values and maintain social control. This disorder then spirals into more serious criminal activity.

Just as community regeneration affects community safety, the residents' perceptions of safety affect their ability to build a strong community. The evaluation of *Healthy Boston* noted that fear of crime had a disruptive effect on community development processes. It observed that communities with high crime rates must develop strategies which prioritise community safety: "A primary focus for community efforts should be reducing crime, reducing the community's fear of crime and addressing indications in the community that crime is an acceptable part of the fabric of the community" (Miller, 1997, p. 163). Miller concluded that communities which residents perceive to be unsafe tend to function less successfully: ultimately the fear of crime makes community development very difficult.

Observations from the literature included:

- Many interrelated socio-economic factors – in particular, lack of educational achievement, unemployment, poor health, low socio-economic status, attitudes and a negative peer environment – are risk factors for criminality.
- Risk factors for offending include living in a poor neighbourhood with high rates of crime and frequently changing living conditions.

- Fear of crime is a significant issue in communities and it affects personal wellbeing by raising anxieties, restricting social and physical access and threatening the cohesiveness of communities.
- Multi-dimensional approaches are required to address safety and security outcomes, with inter-agency co-operation and planning, as well as intervention at organisational, institutional and community levels.
- Interventions should be gender-appropriate, culturally appropriate and address the relevant domains of influence, such as family, schools and peers.

## **Liveable communities, smart growth and sustainable cities**

There are other models implemented at a local government and community level. This report does not attempt to describe these models. However, this section does report some of the common themes within these models.

### **Liveable community**

*Community liveability* refers to the environmental and social quality of an area as perceived by residents, employees, customers and visitors. This includes safety and health (traffic safety, personal security and public health), local environmental conditions (cleanliness, noise, dust, air quality and water quality), the quality of social interactions (neighbourliness, fairness, respect, community identity and pride), opportunities for recreation and entertainment, aesthetics and the existence of unique cultural and environmental resources (historic structures, mature trees and traditional architectural styles).

The term 'liveable communities' has been adopted by local governments overseas. The Local Government Commission in the US developed a set of principles for liveable communities.<sup>29</sup>

#### Community principles

- All planning should be in the form of complete and integrated communities containing housing, shops, work places, schools, parks and civic facilities essential to the daily life of the residents.
- Community size should be designed so that housing, jobs, daily needs and other activities are within easy walking distance of each other.
- As many activities as possible should be located within easy walking distance of transit stops.
- A community should contain a diversity of housing types to enable citizens from a wide range of economic levels and age groups to live within its boundaries.
- Businesses within the community should provide a range of job types for the community's residents.
- The location and character of the community should be consistent with a larger transit network.
- The community should have a center focus that combines commercial, civic, cultural and recreational uses.
- The community should contain an ample supply of specialised open space in the form of squares, greens and parks whose frequent use is encouraged through placement and design.
- Public spaces should be designed to encourage the attention and presence of people at all hours of the day and night.
- Each community or cluster of communities should have a well-defined edge, such as agricultural greenbelts or wildlife corridors, permanently protected from development.
- Streets, pedestrian paths and bike paths should contribute to a system of fully-connected and interesting routes to all destinations. Their design should encourage

<sup>29</sup> Realising that economic vitality and liveability are inextricably linked, the LGC followed up in 1997 by developing the Ahwahnee Principles for Economic Development (see [http://www.lgc.org/ahwahnee/econ\\_principles.html](http://www.lgc.org/ahwahnee/econ_principles.html)). Recognising that cities and counties face major challenges in providing clean, affordable water to their communities, the LGC developed a new set of principles in 2005 to assist them. The Ahwahnee Water Principles for Resource Efficient Land Use (see [http://www.lgc.org/ahwahnee/h2o\\_principles.html](http://www.lgc.org/ahwahnee/h2o_principles.html)) address the disconnection between land-use decisions and water resources, and will help cities and counties reduce costs while improving the reliability and quality of water resources.



pedestrian and bicycle use by being small and spatially defined by buildings, trees and lighting; and by discouraging high speed traffic.

- Wherever possible, the natural terrain, drainage, and vegetation, of the community should be preserved with superior examples contained within parks or greenbelts.
- The community design should help conserve resources and minimise waste.
- Communities should provide for the efficient use of water through the use of natural drainage, drought tolerant landscaping, and recycling.
- The street orientation, the placement of buildings, and the use of shading should contribute to the energy efficiency of the community.

#### Regional principles

- The regional land-use planning structure should be integrated within a larger transportation network built around transit rather than freeways.
- Regions should be bounded by and provide a continuous system of greenbelt/ wildlife corridors to be determined by natural conditions.
- Regional institutions and services (government, stadiums, museums, etc.) should be located in the urban core.
- Materials and methods of construction should be specific to the region, exhibiting a continuity of history and culture and compatibility with the climate to encourage the development of local character and community identity.

#### Implementation principles

- Rather than allowing developer-initiated, piecemeal development, local governments should take charge of the planning process. General plans should designate where new growth, infill or redevelopment will be allowed to occur.
- Prior to any development, a specific plan should be prepared based on these planning principles.
- Plans should be developed through an open process and participants in the process should be provided visual models of all planning proposals (Local Government Commission, 2001, p. 1).

In Australia, new suburban developments are increasingly planned according to new urbanism design principles. Western Australia has introduced the *Liveable Neighbourhoods Design Code* (Foster et al, 2006).

The term has also been used by Auckland City. Auckland has a *Growth Management Strategy* that outlines where, when and how Auckland will grow, and the strategies that will ensure this happens in a managed and effective way. Liveable community plans deliver many of the objectives of the *Growth Management Strategy* at a localised level. Areas such as Avondale, Glen Innes, Panmure and Newmarket already have liveable community plans in place. The process to develop a plan is underway in Ellerslie.

#### **New urbanism**

New urbanism was developed in the 1980s in response to suburban sprawl, which has been blamed for car dependence, pollution and traffic congestion, loss of green belt land, isolation of women and children, social and economic segregation and the erosion of sense of place and community (Talen, 1999).

New urban design theoretically promotes interaction between residents and a sense of community through access to services and facilities, walkable streets and site design. A new urban subdivision combines elements of traditional housing design in dense mixed-use subdivisions which are pedestrian- and car-friendly, and are ideally linked to public transport. New urbanism aims to make streets safe and inviting for pedestrians through housing design that promotes natural surveillance (Congress for New Urbanism, 2007).

Core elements of a new urban community are:

- diverse (mixed residential, business and retail developments and, ideally, mixed demographics facilitated, for example, by putting a modest apartment over a garage or above a ground-floor shop)
- walkable (shops ideally within a five-minute walk from home, walking paths and streets laid out in a grid pattern, with no cul-de-sacs)
- not automobile-centric (for example, with garages hidden in a back alley and parallel parking rather than parking lots)
- not gated
- marked by a clear centre and edges (Sander, 2002).

### **SMART growth**

Smart growth is strongly associated with new urbanism. It is characterised by higher density; more contiguous development; preserved green spaces; mixed land uses and walkable neighbourhoods; limited road construction balanced by transport alternatives; architectural heterogeneity; economic, racial and ethnic heterogeneity; a balance of development and capital investment between central city and periphery; and effective, co-ordinated regional planning.

### **Sustainable cities**

Urban sustainability is defined as a process of managing urban change to improve our quality of life by delivering better social, environmental and economic outcomes for all people, in the present and in the future (Hargreaves & Davies, 2003).

Loomis (2005) undertook a comprehensive review of the literature on sustainable cities, focusing on government's evolving role in building strong communities. On the basis of his review, Loomis suggested that 'a sustainable community' is one that:

- recognises that human activity is constrained by the carrying capacity of the natural environment
- maintains a balance of all its capitals and resources for the wellbeing of present and future generations
- has the capacity to work together to address problems and pursue opportunities
- employs a balanced, integrated approach to planning, decision-making and measuring results that encompasses all dimensions and sectors of the local society and environment and their interrelationships
- provides a quality of services sufficient to support a good quality of life for all inhabitants
- ensures inclusiveness and equity, seeking a better quality of life for all citizens
- considers wider links and influences on the community, and does not compromise the sustainability of other communities
- owns and drives its own development (Loomis, 2005, p. 19).

Work on sustainable development and environmental justice often includes community empowerment and participation.

Literature on liveable communities, sustainable communities and new urbanism has common elements, such as:<sup>30</sup>

- encouraging the scale and form of places to be responsive to people's needs and aspirations
- valuing and protecting diversity and local distinctiveness
- strengthening local community and cultural identity
- accommodating and supporting the activities that people might want to engage in and their changing social and cultural needs and expectations

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<sup>30</sup> Derived from the consultation paper prepared by the UK Department of the Environment, Transport and the Regions entitled '*Sustainable Local Communities for the 21st Century: Why and How to Prepare an Effective Local Agenda 21 Strategy*', 1998.

- providing opportunities for culture, leisure and recreation that are readily available to all
- creating a physical environment that is relatively free from nuisance, overcrowding, noise, danger and pollution, and allows people to live and work in reasonable comfort
- ensuring availability of public and private places that cater for all sections of the population and that provide for a diverse range of activities and experiences
- creating or improving places, spaces and buildings that 'work well, wear well and look well'.

A considerable body of literature developed the idea of the urban form generating a sense of community. However, as discussed previously, there is some debate about whether a sense of community can be created by physical design factors.

Talen (1999) argued that the claims are weakened by the fact that a sense of community and a shared emotional connection have been found to exist and even thrive under a variety of conditions, some of which appear to be adverse to new urbanist design ideology (for example, within dispersed, auto-oriented suburban environments).

On the basis of existing research, it is not implausible that sense of community is unaffected by physical surroundings, or that non-territorial and non-architectural solutions offer better hope for building a sense of community. Environmental effects depend on particular social situations and the relationship between environment and behaviour is complex. It is possible that liveable communities do not create a sense of community, but rather attract individuals with a certain predisposition for social interaction and the need for local community attachment. See Talen (1999, p. 1375) for further discussion on this issue.

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