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Auckland City Council
Attn Parks and Recreation Policy
Submission on Tākaro - Investing in Play

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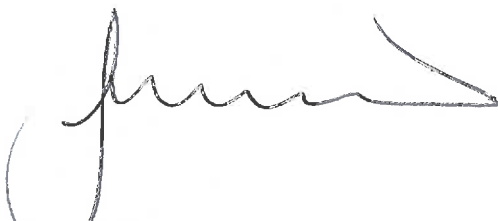
Thank you for the opportunity for Auckland Regional Public Health Service (ARPHS) to provide a submission on the discussion document Tākaro – Investing in Play.

The following submission represents the views of ARPHS and does not necessarily reflect the views of the three District Health Boards it serves. Please refer to Appendix 1 for more information on ARPHS:

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Yours sincerely,



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Summary

1. The Auckland Regional Public Health Service (ARPHS) strongly supports Auckland Council's (Council) proposal to re-evaluate its current approach to play investment across the region.
2. ARPHS' interest in play investment is due to its clear link to improved public health outcomes through environmental, social, economic, cultural and health benefits.^{1,2}
3. ARPHS supports the use of a hierarchical framework to ensure investment occurs across an integrated play network, and suggests that the greatest emphasis be placed on developing play opportunities within local neighbourhoods and communities.
4. We agree with seven out of the nine 'proposed potential prioritisation criteria' to underpin play investment across the region, and have also suggested a new criterion titled, "future-orientated".
5. To address the current disparity of existing asset provision (i.e. the quality, concentration and distribution of play provisions across the Auckland region), investment at the regional level will need to be readjusted, and we acknowledge that this may present implementation challenges.
6. More robust information gathering, monitoring and evaluation³ is required to ensure objective allocation of funding.

¹ Regional Public Health (2010): *Healthy Open Spaces: A summary of the impact of open spaces on health and wellbeing*, Regional Public Health Information Paper March 2010, Lower Hutt.

² Penny Gordon-Larsen et al., "Inequality in the Built Environment Underlies Key Health Disparities in Physical Activity and Obesity," *Pediatrics, Journal of the American Academy of Pediatrics* (Feb. 2006): 417–24.

³<http://www.aucklandcouncil.govt.nz/EN/planspoliciesprojects/plansstrategies/Councilstrategies/Documents/iamacklandstatusreport.pdf>

Comments in relation to questions posed

1. Which benefits of play are the most important?

7. As described in the New Zealand active play guidelines for under-fives⁴, play is essential for children's physical, cognitive, emotional and social development. Its importance is recognised to such an extent that play is heralded as a right for every child.⁵
8. ARPHS endorses Council's stated perspective that play has a wide-ranging impact across the health, social, community, environmental and economic domains, and we agree with the associated benefits of play as presented in the discussion document.
9. From a public health perspective, the most important benefits of play are realised at a local level through providing a diversity of green spaces that are accessible and usable. Green space interventions provide diverse benefits that other infrastructure interventions cannot attain. Interventions at the local level have potential benefits in social cohesion, health and wellbeing, physical and emotional development, behaviour and lifestyle, quality of life and social equity. Therefore, our choice of criteria to underpin play investment includes community centric, inclusive and an integrated nature of play spaces that may include formal playgrounds within multipurpose greenspace (Q9).
10. Māori models of health highlight the interdependency of the dimensions of health.⁶ As such, we support taking a holistic approach to the health benefits, allowing communities to take ownership over their unique assets and the 'most important' benefits they wish to realise. Ensuring that Māori and community participation is an essential component of the design principles will support a sense of identity, ownership and relevance - supported by research that highlights how successful play spaces must be tailored to address the needs and aspirations of the community that will use it.⁷

⁴ Ministry of Health. 2017. *Sit Less, Move More, Sleep Well: Active play guidelines for under-fives*. Wellington: Ministry of Health.

⁵ Ibid

⁶ Rochford, T and Signal, L. *Using a framework of Māori models for health to promote the health of Māori*. Accessed from: <http://www.hauora.co.nz/resources/Hauora%20KeepinguptoDate3-09.pdf>

⁷ Shackell A, Butler N, Doyle P, Ball D. *Design for Play: A guide to creating successful play spaces*. Play England. Accessed from: <http://www.playengland.org.uk/media/70684/design-for-play.pdf>

2. *Should council investment continue to target a particular demographic group, such as young children, or should it seek to cater for all ages, and backgrounds equally?*

11. As noted in the discussion document, access to play in Auckland is presently inequitable based on age, ability, ethnicity and geographic location.
12. Council's new investment approach should aim to be more inclusive of all ages (young children – young adults) and support inclusive design principles to reduce barriers and improve accessibility to play spaces for people of all abilities.
13. One in four New Zealander's identify as having a disability, with this figure expected to increase with our ageing population. There is unrealised potential for people with disabilities to contribute to Auckland's social and economic future. Barriers that prevent this, such as attitudes and physical access should be addressed.⁸
14. A universal design approach used in transport systems to accommodate people with disabilities could be translated to play spaces and would ensure the most vulnerable in our communities are not excluded. Planning for the needs of people with disabilities has the added benefit of improving access for older people, and other groups with special access needs, increasing their opportunities for engaging with the natural environment, physical activity and social interaction.⁹
15. The discussion document should provide an engaging vision for inclusive and accessible multifunctional play spaces, which could be as simple as ensuring that a local green space has a wide path entrance, drainage is taken into account when designing pedestrian routes, seating is available for parents, older adults, and community members to connect. The overall design of the play area needs to be creative so it is attractive to all abilities and ages. Therefore, the initial design of play areas should consider equipment and features as interconnected rather than individualised items.

3. *Should the council prioritise investment in areas of high socio-economic deprivation over other areas?*

16. Section 3-5 of the discussion document highlights the current challenges created by previous legacy funding and a lack of policy direction, noting that the Council's current investment in play infrastructure has been poorly distributed when considering the relationship between the allocation of funding to local boards and the percentage of

⁸ http://www.stats.govt.nz/browse_for_stats/health/disabilities/DisabilitySurvey_HOTP2013.aspx

⁹ <http://www.rph.org.nz/content/d893f45e-9d35-4906-bde7-c4912036c97e.cmr>

the population under 25 years of age in each local board. This has widened the inequitable opportunities for play in our communities. A strategic focus and prioritisation of funding to the areas of the city where high proportions and numbers of children live will maximize the benefits of play investment.¹⁰

17. We endorse an investment perspective that prioritises a rights-based approach. A rights-based approach to investment would ensure that every asset contributes to reducing any inequitable spending by prioritising areas of high socio-economic deprivation.
18. Research suggests that over one-third of Auckland children aged 0 to 14 live in areas of high socio-economic deprivation, with a similar distribution among young people aged 15 to 24.¹¹ Nearly a quarter of Auckland's children and young people reside in the Southern Initiative area.
19. A growing body of evidence highlights the positive correlation between levels of green space and parks in neighbourhoods, and population health. There is a clear association between proximity to parks, and greater levels of physical activity and lower risk of obesity.^{12,13}
20. Māori and Pacific children have higher levels of obesity than the general population. In 2014/15, 14.8% of Māori children and 29.7% of Pacific children were classed as obese compared to 7.2% Asian and 7.7% European.¹⁴ Children living in the most socioeconomically deprived areas of New Zealand (as indicated by socio-demographic quintiles) were five times as likely to be obese as children living in the least deprived areas, when adjusted for differences in age, sex and ethnicity.¹⁵
21. People living in high socio-economic deprivation have lower private vehicle ownership rates¹⁶ and are more likely to rely on public transport and walking, affecting their ability to access quality green spaces and playgrounds.
22. Providing equitable access to play must include addressing not only a lack of proximity to play spaces, but a reduction of the existing barriers that effect usability, including perceptions of safety, quality, attractiveness, ease of access and connectivity.

4. What is an acceptable level of risk in play?

¹⁰<http://www.aucklandcouncil.govt.nz/EN/planspoliciesprojects/plansstrategies/Councilstrategies/Documents/iamaucklandstatusreport.pdf>

¹¹ Reid, A and Rootham, E (2016). A profile of children and young people in Auckland. Auckland Council technical report, TR2016/022

¹²<https://ijbnpa.biomedcentral.com/articles/10.1186/s12966-015-0288-z>

¹³http://www.fitnessforlife.org/AcuCustom/Sitename/Documents/DocumentItem/01_toftager_JPAH_20090248.pdf

¹⁴<http://www.health.govt.nz/publication/annual-update-key-results-2014-15-new-zealand-health-survey>

¹⁵<http://www.health.govt.nz/publication/annual-update-key-results-2014-15-new-zealand-health-survey>

¹⁶ Ministry of Health, 2008. Atlas of Socioeconomic Deprivation in New Zealand NZDep2006, Public Health Intelligence, Occasional Bulletin No.50,

5. ***Where does the council's responsibility to manage risk end and personal responsibility begin?***
6. ***What happens if something goes wrong? How should the council respond?***

23. As research indicates, we endorse the need to find a balance between protecting children from risk, and allowing them to elicit the benefits of play.^{17,18,19,20}
24. Sound design guidelines and play theory should be considered to support operational risk and safety best practice. A thorough approach is needed to risk management, including a play policy, values, principles, criteria and risk-benefit assessment to create a framework for objective decision making about play provision.²¹

7. ***How can the council provide a play network that welcomes and accommodates:***
 - ***youth?***
 - ***adults?***
 - ***families?***
 - ***seniors?***
 - ***the disabled?***
 - ***culturally diverse communities?***

25. The discussion document mentions a 2016 audit that noted “the council does not collect any information about the age group a play space is targeted at, rates of play space utilisation, natural play opportunities nearby, or the quality of the route to the play space”. This lack of information makes it difficult to know how accessible play spaces are for specific populations. An opportunity exists to develop a more robust data gathering and monitoring plan to inform decision making, and identify gaps and overlaps in the provision of play space. Analysis of play space quality, utilisation, barriers to community access, and local facilities, should support decision making and prioritisation at a local and regional level.
26. ARPHS recommends utilising existing mechanisms such as RIMU, or partnering with academic institutions and research centres, as a possible aid to effective monitoring and evaluation.
27. ARPHS also recommends that Council assess how well the play network is utilised, and combine this information with census data on population projected growth, density,

¹⁷ Play Safety Forum. *Managing Risk in Play Provision: A Position Statement*. Play Safety Forum: London, England, 2008.

¹⁸ Brussoni M, Olsen LL, Pike I, Sleet DA. Risky play and children's safety: balancing priorities for optimal child development. *Int. J. Environ. Res. Public Health* 2012; **9**(9): 3134-48.

¹⁹ Auckland University of Technology (AUT), Human Potential Centre. (2015). *State of play survey: Executive report*. Auckland; AUT

²⁰ Ball D, Gill T, Spiegel B. *Managing Risk in Play Provision: Implementation guide*. Published for Play England on behalf of the Play Safety Forum by NCB. Accessed from: <http://www.playengland.org.uk/media/172644/managing-risk-in-play-provision.pdf>.

²¹ Ibid

and children as the proportion of the total population, to support informed decision making, assessment, and prioritisation of future investment.

28. The application of Te Ao Māori is mentioned in the discussion document under inclusion (Q7) indicating it will be addressed at an implementation level. Te Ao Māori should be viewed as a foundational perspective that is required at all levels to provide on-going direction and acknowledgement of manawhenua. Manawhenua should play a big role in sharing knowledge of Te Ao Māori and tikanga Māori when planning and implementing play space. Te Ao Māori when understood in this perspective should underpin the strategic direction of tākaro investment, and should be avoided as a discrete add-on during implementation.

8. What opportunities do you see for partnerships between the council and private providers of play?

29. We agree that schools are a natural partner given their inherent position as a hub for community participation, play infrastructure and community sport engagement.
30. The Council has made considerable progress in achieving social procurement outcomes. Play investment provides multiple avenues for social procurement spending in areas such as maintenance, landscaping, cleaning paths, waste and recycling, construction and building through social enterprises to maximise the social and economic benefits. Alternatively, it may be possible to include a social benefit component as part of procurement contracting.²²

9. What criteria should underpin Auckland investment in play?

31. We agree with the following potential criteria to underpin investment in play:
- Equity - presently access to play is not distributed equitably throughout the city and its population. Priority should be given to improve equitable outcomes for investing in play across Auckland.
 - Inclusive: providing opportunities for safe and healthy play for all ages and abilities through universal design principles.
 - Integrated: each new investment should support the development of a coherent, well-connected network of play across the region.

²² <http://socialprocurementaustralasia.com/wp-content/uploads/2013/09/Social-Procurement-Toolkit.pdf>

- Community-centric: community needs can be met by involving them in the planning, design and construction of play spaces. This will create spaces in the local community that are meaningful and relevant.
- Diverse: provide a wide range of play opportunities. Formal fixed playgrounds should be viewed as only one component of play spaces. A diverse network of well located, designed and maintained play opportunities could include a hierarchy of destination, neighbourhood and community level play.
- Evidence-based: investment decisions are informed by relevant qualitative and quantitative evidence (Q7) - allowing objective prioritisation of investment in terms of cost effectiveness.
- Tolerant of risk: build in opportunities for children to experience risk and challenge.

32. We also suggest the inclusion of a “future-orientated” criterion that takes into account the changing demographics and the needs of the community:

- Future-oriented: play spaces allow for change and evolution, are sustainable and appropriately maintained. The demographics and needs of communities, as well as how they interact with play spaces may change over time. Play investment should be viewed as a long term commitment that begins with adaptive and flexible design.

14. In what situations should the council prioritise play activation:

- **seasonally?**
- **to promote existing play spaces?**
- **where there are no other play opportunities?**
- **to activate underutilised spaces?**

33. The World Health Organisation²³ recently reviewed the impact and effectiveness of green space interventions, and concluded that the most promising intervention approach is when a physical improvement is coupled with social changes (e.g. participatory design, implementation, activation and/or promotion).

34. Activation should be viewed as one of a set of tactics to promote completed or upgraded play spaces, along with signage, promotion, social media or local champions. If communities are engaged in play spaces through planning, design or construction,

²³ The World Health Organisation. “Urban Green Space Interventions and Health”. Accessed from: http://www.euro.who.int/data/assets/pdf_file/0010/337690/FULL-REPORT-for-LLP.pdf?ua=1

there may be no need for facilitated activation. Tactics addressed above should be included in the design guidelines to support development and implementation of successful play spaces.

15. What priority should be given to investment provision of temporary play experiences over permanent play assets?

16. Does Auckland need an adventure playground?

35. Priority should be given to creating an integrated green network rather than focusing on major destination investments. The demand placed upon these large scale investments may be to the detriment of their quality and the benefits they provide.²⁴
36. Destination investments, although attractive from a visitor's perspective, should be viewed as less important than supporting communities to engage in play opportunities in their local community.

17. Which are the most important supporting facilities which council should provide at play spaces?

37. To promote and encourage Aucklanders to drink more water; tap water should be accessible, appealing and available in all play areas. Currently, with around 300 drinking water fountains in public places, Auckland is poorly serviced in comparison to comparable cities. Melbourne has 1600 drinking water fountains in an area with 1.8 million people. Brisbane City Council has 1,466 in parks alone, with 845 of these in the central city area.²⁵ This equates to one fountain per 4,600 people in Auckland, compared to one per 1,125 people in Melbourne, and one per 1,600 people in Brisbane.
38. In recent years Auckland Council has taken a lead in providing more public drinking water fountains. ARPHS supports further improving the availability and accessibility of water, particularly for children and young people living in areas of high socioeconomic deprivation where convenience could displace sugar sweetened beverage consumption. For instance, drinking water fountains could be located in local parks on routes to and from school.

²⁴The World Health Organisation. "Urban Green Space Interventions and Health". Accessed from: http://www.euro.who.int/_data/assets/pdf_file/0010/337690/FULL-REPORT-for-LLP.pdf?ua=1

²⁵<https://www.data.brisbane.qld.gov.au/data/dataset/public-drinking-fountain-taps/resource/57a4a014-4196-45d0-8bae-284e40cc2720>

39. We endorse an approach to shade that is financially viable. Where shade is a barrier to usability this should be addressed through good design with a preference for natural shade in the first instance.

Appendix 1 - Auckland Regional Public Health Service

Auckland Regional Public Health Service (ARPHS) provides public health services for the three district health boards (DHBs) in the Auckland region (Counties Manukau Health and Auckland and Waitemata District Health Boards).

ARPHS has a statutory obligation under the New Zealand Public Health and Disability Act 2000 to improve, promote and protect the health of people and communities in the Auckland region. The Medical Officer of Health has an enforcement and regulatory role under the Health Act 1956 and other legislative designations to protect the health of the community.

ARPHS' primary role is to improve population health. It actively seeks to influence any initiatives or proposals that may affect population health in the Auckland region to maximise their positive impact and minimise possible negative effects on population health.

The Auckland region faces a number of public health challenges through changing demographics, increasingly diverse communities, increasing incidence of lifestyle-related health conditions such as obesity and type 2 diabetes, infrastructure requirements, the balancing of transport needs, and the reconciliation of urban design and urban intensification issues.