

# Community Experiences of Te Ara Mua – Future Streets: Walking and cycling for transport in Māngere, Auckland



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## AIM

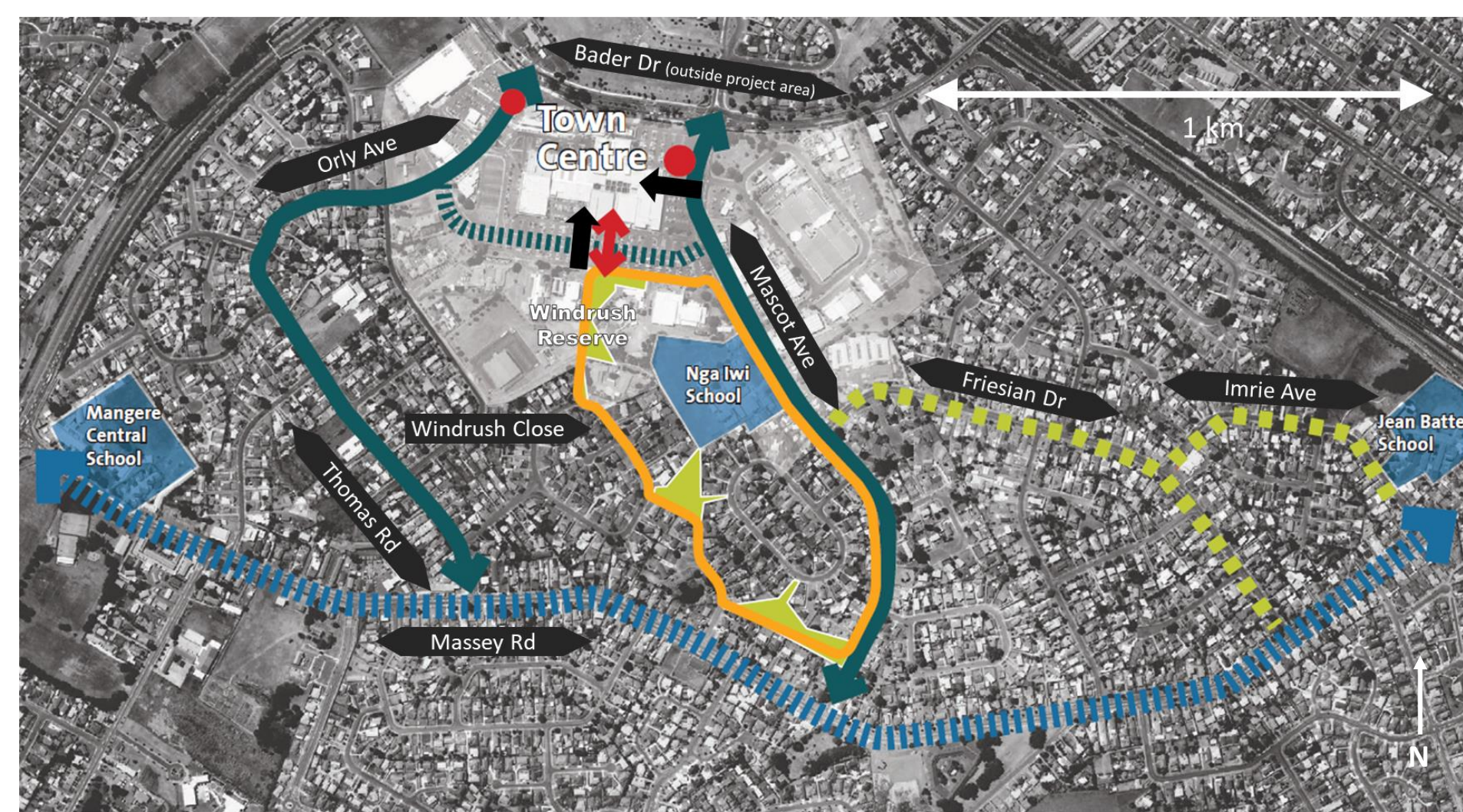
To understand how Māngere community members experienced Te Ara Mua – Future Streets, and what this means for making walking and cycling for transport accessible and desirable in low socioeconomic, ethnically diverse neighbourhoods.

Walking and cycling for transport have the potential to improve population health, particularly through increased physical activity<sup>1,2</sup>. As a predominantly low-income, Pacific and Māori community with high rates of diabetes, cancer, and cardiovascular mortality<sup>3,4</sup>, as well as high traffic injury risks<sup>5</sup>, the Māngere Central community has the potential to benefit substantially from increased levels of active transport.

## CONTEXT

Te Ara Mua – Future Streets was an infrastructure project implemented between 2015 and 2017 in Māngere Central in South Auckland. It aimed to make walking and cycling safer and easier while reflecting cultural identity.

The physical changes included a community walking and cycling trail loop, painted walkways and crossings through the town centre car park, raised zebra crossings, bike lanes – physically separated along some streets (e.g. Mascot Ave) and partially separated along others (e.g. Friesian Drive), a variety of traffic calming features, a partial street closure on Windrush Close, an upgraded playground, carved pou, wayfinding signage, and plantings (see figure below and images on right).



Map of Māngere Central showing the Te Ara Mua - Future Streets infrastructure. Modified from Mackie et al.<sup>6</sup> (p215), used under CC BY-NC-ND 4.0 / Street names added from original.

## METHOD

Transcripts from two types of data were thematically analysed:

- key informant interviews with 8 community stakeholders
- 3 focus groups with local residents

Interviews and focus groups were conducted between June and October 2018 (approximately one year after the infrastructure was completed).

<sup>1</sup> Sahlqvist S, Song Y, Ogilvie D. Is active travel associated with greater physical activity? The contribution of commuting and non-commuting active travel to total physical activity in adults. *Prev Med.* 2012;55(3):206-11.

<sup>2</sup> Shaw C, Keall M, Guiney H. What modes of transport are associated with higher levels of physical activity? Cross-sectional study of New Zealand adults. *J Transp Health.* 2017;7:125-33.

<sup>3</sup> Auckland District Health Board (2016). Local health profile: Ōtāhuhu. Retrieved from: <http://www.adhb.health.nz/assets/Documents/About-Us/OtahuHealth-Profile.pdf>

<sup>4</sup> Warin, B., Exeter, D. J., Zhao, J., Kenaley, T., & Wells, S. (2016). Geography matters: The prevalence of diabetes in the Auckland Region by age, gender and ethnicity. *NZ Med J.* 129(1436), 25.

<sup>5</sup> Auckland Transport. Te Ara Mua Future Streets [Internet]. 2019 [cited 2019; Jan 7]; Available from: <https://at.govt.nz/projects-roadworks/te-ara-mua-future-streets/>

<sup>6</sup> Mackie H, Macmillan A, Witten K, Boas P, Field A, Smith M, et al. Te Ara Mua - Future Streets suburban street retrofit: a researcher-community-government co-design process and intervention outcomes. *J Transp Health.* 2018;11:209-20.

## FINDINGS

Six key themes were identified in participant narratives. These are presented below.

### SOCIAL AND CULTURAL NORMS

Walking and cycling for transport as unusual. Walking for transport was described as a symbol of poverty. Cycling was felt to be for kids and youth, while the bike lanes were seen as catering to more 'serious' and culturally unfamiliar cycling. However, a local cycling advocate was challenging these ideas.

"You rarely see people walking to the town centre, unless [...] you're broke" (M/I)

"This is Māngere no one ever wears helmets [and] they all still bike on the footpath" (M/GM)

"Could you imagine riding a bike again now that there are cycleways?" (Q) "Yeah coz I know [local cycling advocate] does the biking thing around and I know he's trying to get young kids, not just young kids but young and old people to start biking now" (F/GF)

### PERSONAL SAFETY

was a major ongoing concern. Changes made to local parks and alleyways were appreciated but were not perceived to have reduced the risk of attack, harassment, or theft when using them.

"I walk through here go to work, it's about 10 minutes. It looks friendly but basically when you look closer [...] Drinking still happens everywhere" (F/GF)

"Going back to the wheelchair my friend [...] said it's just so much more accessible, and it is better, but then the disadvantage was he was mugged, because he went through" (M/GM)

## CONCLUSIONS

- Financial and time constraints, personal safety concerns, and negative perceptions of active transport present significant barriers to uptake in the Māngere community.
- The new infrastructure improved pedestrian access, especially for people with restricted mobility, but was not felt to cater to local cycling habits.

## IMPLICATIONS

- For active transport to contribute to better climate, road safety, and health outcomes, walking and cycling programmes should...**
- Understand and respond to **socioeconomic** and **cultural factors** in disadvantaged communities.
  - Consider how **active transport infrastructure** may be **tailored to better meet community needs** while still being **safe and effective**, for instance, by providing safe bike parking.
  - Combine infrastructure improvements with **programmes to normalise and make walking and cycling for transport easier** for local families, for example, by increasing access to different types of bikes and accessories and addressing personal safety concerns.

## TRAFFIC SAFETY

discussions often focused on reduced driver comfort and safety. However, walking was felt to be much safer and easier than previously, particularly for older people and those using mobility devices. The on-road bike lanes were felt to have improved cycling ease and safety somewhat; but were viewed by non-cyclists as designed for confident cyclists, and by confident cyclists as too restrictive and slow.

"If you use the bike lanes then you're either a serious cyclist or, you know, you're going to and from work. But if you're just going for a leisurely ride, you just ride on the footpath. Ain't gonna risk my life on the road with the, even with the, um, the islands, the concrete bollards" (M/I)

"The doing of the roads and especially where the paths are for people to walk, there are walkways and footpaths and it is very good [now]. It is safer, especially for the older citizens for them to walk outside off the road, it really is" (M/GD)

## CONNECTIVITY

provided by the community trail for walking, running, and beginner cycling was viewed positively. However, long **DISTANCES** to common work, shopping, and leisure destinations, together with a lack of bike lane connectivity beyond Māngere Central limited the perceived viability of active transport.

"I do like the walking and cycling trail, and the idea that there's something laid out for the community to walk around, I think that's quite an exciting idea, and the core concept of like, you know, well if you want to go out, we're gonna make these streets connective" (M/I)

"It's all very well having this [biking infrastructure] here but, it doesn't really lead anywhere does it" (M/I)

Tensions were apparent between a sense of appreciation for government 'investment' in Māngere and perceptions of the project as 'experimentation' that did not reflect **LOCAL PRIORITIES**. **COMMUNITY ENGAGEMENT**, particularly around the bike lanes, was also described as insufficient.

"To the average resident who is ill-informed, i.e. just didn't, hasn't had the chance to engage or read about what's going on, for them just to wake up one day and go 'hey, why are they building these concrete things', then you can imagine the angst" (M/I)

"Some of the playgrounds are really awful, so it's just nice that there has been some investment into recreational stuff that looks quite good" (F/I)

"I think the frustration occurred when they started doing too many bike lanes [...] I was going 'what the hell no one's going to be in this'" (F/GF)

Participant gender and data source are noted in brackets at the end of each quote: Gender: F = female; M = male; Source: I = key informant interview; GF = focus group female; GM = focus group male; GD = focus group disabilities and older people, Q = Interviewer

For more information on Te Ara Mua – Future Streets and further research, visit [www.futurestreets.org.nz](http://www.futurestreets.org.nz)

