Childhood neighbourhoods as third places: Developing durable skills and preferences that enhance wellbeing

Carolyn May Hooper *, Vivienne Chisholm Ivory, Geoff Fougere

University of Otago, Wellington, Wellington School of Medicine and Health Sciences, Department of Public Health, 23a Mein Street, Newtown, PO Box 7343, Wellington 6242, New Zealand

ARTICLE INFO

ABSTRACT

Study purpose

The social environment is an important new area in neighbourhoods and health research that complements existing research on the built environment and household characteristics. Through a narrative analysis of the life-stories of 16 women we explored the influence of the neighbourhood social environment on social wellbeing.

Principal results: In order for adults to capitalise on local health-enhancing social opportunities they require particular social skills and preferences. We found one way the attainment of those skills and preferences comes about is through the experience of the childhood neighbourhood as a third place, with preferences and practices being carried forward to adulthood, influencing wellbeing through different modes of neighbourly engagement.

Major conclusions: The experience of the childhood neighbourhood as a third place provided the opportunity for establishing a durable, taken-for-granted template of how to *do* 'neighbourhood'. Without such a template, the benefits to well-being associated with local social connections are difficult to access in adulthood.

© 2015 Elsevier Ltd. All rights reserved.

1. Introduction

Social wellbeing is an important aspect of health (World Health Organization, 2006). Nevertheless it is somewhat overlooked in research about the relationship between neighbourhoods and health, with greater attention being given to clinical health problems and the demographic and built environment dimensions of neighbourhoods. This article reports on research undertaken to deepen our understanding of how the social aspects of neighbourhood become embodied, developing a durable influence on social wellbeing. Using elicited life-stories from 16 women, our narrative inquiry asked how neighbourhood social environments in childhood contribute to the development of skills and preferences that support wellbeing in adulthood.

Wellbeing has been described as a "slippery" concept (Gatrell, 2013), with three prominent versions apparent in the literature. One version focuses upon personal growth, purposefulness, and high-quality relationships. Another is concerned with positive affect, such as having pleasure and happiness through an energetic engagement with one's world. A third version emphasises access to resources and the acquisition of skills that enable the individual to flourish. It is this third conceptualisation that fits most tidily with another 'slippery' concept: social capital.

Social capital has varying definitions (see Bourdieu, 1986; Coleman, 1988; Putnam, 1993, 1995) and varying forms beneath the umbrellas of these definitions (see Putnam, 2000; Szreter and Woolcock, 2004). (For an overview, see Poortinga (2012) or Weller and Bruegel (2009).) The data at the core of the study reported here are participant reflections upon the experience of social relations with nearby others: 'neighbours'; relations that are characterised by either the presence or absence of indicators such as interpersonal trust, norms of reciprocity, social engagement that fosters a sense of community, and social participation. Whilst some theorists, such as Putnam (1993, 1995, 2000) (following Coleman, 1988), refer to such indicators as aspects of social capital, others such as Carpiano (2006, 2007) (following Bourdieu, 1986) use the term 'social cohesion' to group these indicators of sociality. In this paper we conceptualise social wellbeing to come about through participation in social networks that are based upon a personally agreeable level of mutual trust arising through norms and values that are sufficiently shared to generate a perception of commonality.

The 'neighbourhood' of interest to our research is the social-interactive dimension:

Local friend and kin networks, degree of inter-household familiarity, type and quality of interpersonal associations, residents' perceived

* Corresponding author. Tel.: +64 4 385 5541x4614.
E-mail addresses: carolyn.hooper@otago.ac.nz (C.M. Hooper),
vivienne.ivory@otago.ac.nz (V.C. Ivory), geoff.fougere@otago.ac.nz (G. Fougere).

commonality, participation in locally based voluntary association, and strength of socialisation and social control forces, etc. (Galster, 2001, p. 2112). There is usually a cross-sectional focus in studies concerning neighbourhood sociality, and health and wellbeing, with much attention given to adulthood (for example, Altschuler et al., 2004; Popay et al., 2003; Toohey et al., 2013; Weden et al., 2008), or to adolescence (for example, Boone-Heinonen et al., 2010; Cohen et al., 2006; Dupéré et al., 2012; Plumridge et al., 2002). Somewhat overlooked, however, is the childhood phase of the lifecourse. Children are sometimes positioned as catalysts for adult sociality, with opportunities that foster wellbeing, such as reciprocity, often arising through child-focused neighbourhood resources, such as playgrounds, schools, and children's sport clubs (Grannis, 2009; McCreanor et al., 2006; Witten et al., 2009; Wood et al., 2013).

When the wellbeing of children is considered, objective and measurable indicators concerning deviance or neighbourhood safety are often used, focusing on factors that limit rather than foster social wellbeing (Coulton and Korbin, 2007; Rogers, 2012; Vyncke et al., 2013). Parent's perceptions of their neighbourhood regarding the lives of their children are often drawn upon, for example (Kimbro and Schachter, 2011; McDonell, 2007). The neighbourhood as a socially cohesive entity in the lives of children is the concern of Witten et al. (2003), who interviewed the caregivers of children under age 10 years living in Auckland, New Zealand. They explored how access (or the lack thereof) to health-enhancing community amenities (recreational facilities, transportation, and health, educational, and social services) influenced social cohesion. While such studies reveal the caregiver's perspectives, they remain mute to the perceptions of the children at the core of the accounts.

When their voices *are* central to research it is apparent that children are active and conscious contributors to their neighbourhoods, with neighbourhood-based social relationships being grounded in local shared spaces (Morrow, 2001). Lived experiences matter in ways that are difficult to capture through objective and measureable indicators: "children's evaluations of neighbourhood quality were more important than objective neighbourhood stressors in explaining childhood depression," (Schaefer-McDaniel, 2009, p. 154). In Dunedin, New Zealand, a qualitative mixed-methods study including 92 children found that those who attended a nearby school had greater levels of social connection with others living nearby than those who attended schools beyond their area; and children who were more autonomous in their travel and play had the most and the strongest local social connections (Freeman, 2010). Children's sense of neighbourhood belonging develops when unstructured, unsupervised play is fostered amongst children who live nearby, in the open spaces within and surrounding their neighbourhood (Rogers, 2012). Rogers observed that children utilise their neighbourhoods in different ways to adults, "effectively 'colonising' the outdoors in ways that are more diverse and extensive than older ages groups and fundamentally different to the way that adults and older adolescents do," (2012, p. 485). Notably, however, studies such as these, from Morrow (2001), Schaefer-McDaniel (2009), Freeman (2010), and Rogers (2012) do not take a lifecourse perspective, constraining theoretical development about the importance or otherwise of early neighbourhood experience to later neighbourhood practices that influence health and well-being.

Researchers who have explored children's own relationships with the places they live, (for example Freeman, 2010; Morrow, 2001; Rogers, 2012; Weller and Bruegel, 2009) have described these relationships in a manner that is coherent with Oldenburg's concept of 'third places'[1] or "hangouts at the heart of the community" (Oldenburg, 1999). However, the literature on third places is confined to adult lives, with children barely visible and decidedly not presented as active

developers of social cohesion. Third places characteristically include opportunities for chance encounters between locals (Baum and Palmer, 2002), within settings that entice people to linger (Mehta and Bosson, 2010). Frequenters of third places experience an antidote to loneliness and social isolation (Oldenburg, 2003) through chance encounters with others in regular attendance, enhancing social wellbeing. In developing the 'third places' concept, Oldenburg and Brissett (1982) drew upon a description of 'at homeness' put forward by Seamon (1979), for whom feeling 'at home' arises through five characteristic perceptions:

- Rootedness: an intimate physical knowledge of the place, arising from the reoccurring cycle of departure and return.
- Appropriation: a taken-for-granted right to be present, and to determine who else 'belongs' and who does not.
- Regeneration: a place of restoration, refreshment, and psychological recuperation.
- At-easeness: an ability to express vulnerability as well as joy, and personalising the place to make it one's own.
- Warmth: companionship, emotional support, and care and concern.

When Seamon's conditions for feeling 'at home' were met in neighbourhood-based public places frequented by adults, Oldenburg and Brissett described these as 'third places'. However, children were positioned only as an appendage to their mothers. This oversight appears to have continued in subsequent research, with the focus remaining on adult relationships within third places, and the positive effects of those relationships beyond third places.

Chance encounters can facilitate neighbourhood sociality, with Grannis (2009) referring to 'passive' contacts and Witten et al. (2003) noting the value of 'serendipitous' contacts for establishing each other as 'local': someone who lives *nearby*. Recognising others as living *nearby* whilst being similarly recognised by them in return, introduces the possibilities for *nearness*, which is a relationship status rather than an indicator of proximity (Heidegger, 1982). Nearness is apparent through actions that demonstrate mutual trust which manifests in matters as mundane as checking each other's mail boxes. Such agreements demonstrate a degree of social connection or community belonging (Carpiano and Hystad, 2011) that is positively associated with psycho-social benefits (Kearns et al., 2000) and better self-rated health than is reported by people without a relationship of nearness with someone living nearby (Carpiano and Hystad, 2011; Chappell and Funk, 2010; Pampalon et al., 2007; Poortinga et al., 2008).

Just as relationships of nearness are positively associated with adult wellbeing, so too are engagements with third places (Gagné, 2011; Gardner, 2011; Glover and Parry, 2009; Jeffres et al., 2009). Adults who report living amongst third places also report a better quality of life within their community than do those unable to identify local third places (Jeffres et al., 2009); and engagement with local third places is beneficial for the wellbeing of older residents (Gardner, 2011). Finally, third places literature has been expanded through findings suggesting improved wellbeing amongst cancer patients using a purposely designed drop-in centre, with the centre having the characteristics of a third place despite very particular membership criteria and a vast catchment area (Glover and Parry, 2009).

The literature highlights three gaps in the knowledge. Firstly, childhood is overlooked in third places theory. Secondly, the childhood experience of the neighbourhood as a social setting is relatively overlooked in the public health focus on neighbourhoods and health, despite the literature suggesting childhood to be a fruitful research space for developing a better understanding of the complex relationship between health and place. Thirdly, the

---

[1] One's home being the 'first place', and one's occupational setting (work or school) being the 'second place'.