METROPOLITAN COMMUNITY PROFILE

WORKING DOCUMENT

MARCH 2000

CHRISTCHURCH
CITY COUNCIL · YOUR PEOPLE · YOUR CITY

INTRODUCTION

The purpose of this report is to present information to Councillors and staff of the Christchurch City Council. The report covers many of the areas of involvement of the Metropolitan Community Development Team and the Policy Unit. The report also provides a general discussion of community development and advocacy within a Council context. It does not specifically address the activities of the Service Centre based Advocacy Teams, the Children's and Youth Advocates or the Third Age project as these are dealt with in separate reports. Similarly, where employment is mentioned, it is to highlight the social issues related to work and income rather than to analyse economic development or employment themselves, which are primarily the brief of the Canterbury Development Corporation.

All the issues discussed, and the groups described, are constantly changing so this report will need to be continually updated. However we hope that this 'snapshot' of activities and issues in Christchurch is a useful starting point for consideration of Council's role in these areas.

This profile is an introductory document only and further information is available through the reference section and the selected list below.

Further Reading

Christchurch City Council 1998. *Christchurch City Update '97*. Christchurch City Council.

Christchurch City Council. 1999. *Profile of Christchurch City Residents Report*. Prepared by the Environment Policy and Planning Unit.

Health Funding Authority. 1998. *The Health of People in the South.* Christchurch: FA.

Jamieson, K. 1999. "Poverty and Hardship in Christchurch: Findings from In Depth Interview Data Policy Directorate, Christchurch City Council Christchurch.

National Advisory Council on the Employment of Women and Department of Labour. 1999. *Childcare, Families and Work: The New Zealand Childcare Survey 1998.* Wellington: Labour Market Group, Department of Labour.

New Zealand Network Against Food Poverty. 1999. *Hidden Hunger. Food and Low Income in New Zealand.* Wellington.

Refugee Resettlement Policy in New Zealand. 2000.: *A Report for the 1999 Incoming Coalition Government from the NGO Sector.*

Richardson, Mike. 1999. *Community Governance Resource Kit.* Christchurch City Council.

4

CONTENTS

COMMUNITY ADVOCACY, DEVELOPMENT AND GOVERNANCE

This section examines why Council is involved in community building, for example the contribution communities make to social wellbeing.

It then examines community development, community advocacy and community governance within the Council context.

1. How are 'Communities' Defined?

Community describes a social group usually identified in terms of common identity, interest, purpose and locality. Community has also been described as a belief or set of values (Champlin 1997).

The understanding of community has varied and changed through time:

> Our location of community has changed, even in a physical way, that the sense of community as a neighbourhood, which is an allegedly physical space, has dropped off the screen. 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).

There are currently two broad definitions of community:

1) community as a network of relationships based on a common identity, interest or purpose, for example ethnicity, religion, sport, or profession

2) community as a territory or place where people interact

Almost all communities embrace aspects of both definitions, for example, territorial communities contain multiple communities created by common ties and purposes. Some boundaries are rigidly maintained while others are more open and fluid.

Community implies a degree of co-operation and interaction; it is where people's actions have repercussions on others - where the rights of some may equate to the hardships of others (Short 1989). The degree of community spirit depends, in part, on the extent to which people find their identity, stimulation and support there. In properly functioning communities people take responsibility for one another.

Strong communities are those communities that are not only collectives of shared sentiment but are able to take on activities consistent with these sentiments/values. They have the ability, commitment and resources to achieve common goals and to solve problems: they have high levels of social capital[1] and financial capital.

---

[1] Social capital pertains to features of social organisations, social relations or social structures and is the product of peoples' relationships with one another. It describes the networks, norms and trust that enable people to act together more effectively to pursue shared objectives.

Communities however can also be parochial and particularistic with little concern for wider society. Local communities can be oppressive, intolerant and stifling of initiative. Within communities people can group together to exclude other people. Communities may be where people learn to be good neighbours, but community associations also teach people to operate on the 'NIMBY" (Not In My Backyard) principle when it comes to the location of community houses and public facilities and may attempt to keep out 'undesirable' groups (Winner 1986, Kymlicka 1992). Churches can promote deference to authority and intolerance of other faiths. Networks can be instruments of protection and exclusion (Kymlicka 1992) or lead to downward levelling mechanisms (Portes 1998, Fletcher 1998). Voluntary groups can be instruments of privilege or of particularistic perceptions of the public good, facilitating interest articulation rather than interest aggregation (Salamon 1994, Phillips 1991, Evans 1989, World Bank 1997).

A critical question is why and how some communities maintain members' interests and commitment, and function in way which generally provides positive experiences for members, while other communities do not attract a broad level of involvement or appear unable to resolve internal conflicts.

2. Strong Communities and Social Wellbeing

What contribution to communities make to social wellbeing?

Communities provide benefits in two respects: firstly they provide support and services to community members. Secondly participation by people in community activities builds social capital which is essential for social cohesion, population health, economic growth and successful democracy (Putnam 1993, Fukuyama 1995, Blakeley 1997, Cox, 1995, Kawachi 1997, Walzer 1995).

Social capital refers to the creation of networks, goodwill, trust, shared values, norms, and generalised reciprocity which arise from interactions between people. Social capital acts as a resource that can be used to help realise certain interests. Forms of social capital facilitate, through multiple channels, the achievement of goals unattainable in its absence, or achieved only at a higher cost.

Research has shown how social capital affects a broad range of outcomes including education, income, health, performance of firms, collective action at the community level, effective democratic governance, and economic performance.[2]

For example, it is argued that prosperity and effective democracy depend on the accumulation of social capital as levels of civic engagement affect political behaviour and lead democracy either to flourish or remain static:

> For political stability, for government effectiveness, and even for economic progress, social capital may be even more important than physical or human capital (Putnam 1993:183).

Putnam (1993) provided empirical evidence that the networks of civic engagement, along with the social trust/capital that they generate, is the key element which determined the differences in performance of regional governments: "Virtually without exception, the more civic the context, the better the government" (Putnam 1993:182).

It is also argued that social capital creates the right conditions for prosperous societies. It underpins the transactions which take place within the market place and is therefore critical to a prosperous economy:

---

[2] References include: for education Teachmann et al (1997), Knaul and Partinos (1998), Braatz and Putnam (1998), and Francis et al (1998); for income outcomes Burt (1997), Montgomery (1991), Belliveau et al (1996), Narayan and Pritchett (1997), Grootaert (1998), Robison and Siles (1997), and Simpson et al (1992); for health outcomes Kawachi et al (1997) and Braum (1999): for performance of firms Barr (1998), Fountain (1997), Kantor (1995), Brautigam (1997), Fafchamps (1996), Weidenbaum and Hughes (1996), Gulati (1995); for collective action at the community level Narayan and Nyamwaya (1996), Molinas (1998), and Grootaert (1998): for opening up economic and employment opportunities within ethnic groups, gender and racial equality Zhoou (1992), Nee, Sanders and Sernau (1994) and Waldinger (1995)

> Social capital is critical to prosperity...but its more important consequences may not be felt in the economy so much as in social and political life (Fukuyama 1995:355).

Lack of social capital can act as a tax on economic and social activity. For example, if there is a low level of trust in society this could mean that some are investing in security systems and insurance schemes at the expense of investment in more productive assets.[3] A low level of trust also impacts on people's willingness to co-operate to produce mutually beneficial outcomes. There is a flow-on effect of increased costs of certain services. It has an inflationary effect as if trust is low perceived risk is high as people expect a higher return on risk activities.

Does the aggregate of cohesive neighbourhoods and communities translate into a cohesive society?

An aggregate of cohesive/strong neighbourhoods does not necessary translate into a cohesive community or cohesive society. Social groups within societies can be rich in social capital while the societies experience debilitating poverty, corruption and conflict due to lack of connectedness or cross-cutting ties between groups.

Residential segregation can sort people into communities with unequal resources and social capital can be used by residents of some communities to keep others out. A sole concentration on neighbourhood or geographical communities' cohesion can perpetuate inequalities and impact on societal wellbeing.

Empirical evidence suggest that local government and state actions are required to negate the effects of exclusionary or conflictual forms of social capital and to develop connections or bridging social capital between communities and groups within communities (Narayan 1999). Evidence also identifies that governments have a vital role of investing in organisational capacity of poorer communities[4] (Narayan 1999) and providing large scale responses to widespread social need including safety net and services for those unable to purchase their own.

Why is the Council involved in community development work and in investing in community infrastructures?

Internationally, researchers have used empirical evidence to argue for an active role for the central and local governments in building synergistic relationships where active governments and mobilised communities enhance one another (Evans 1996, Dahendorf 1996, Klein 1997, Fox 1996, Nugent 1993, Heller 1996, Buroway 1996, Ostrum 1996 and Skocpol 1996). For example Fox (1996) provided evidence of local government involvement in capacity building and showed how the day to day interaction between public officials and communities can build social capital. Nugent (1993) provided evidence that government can strengthen local organisations and institutions.

These researchers demonstrated that government and civil society mutually legitimate one another and that markets can not survive without "extensive public goods provided by government agencies" (Ostrum 1996:1063). They argue that state enhancement of local resources was important, as these can be segmented across "spatial and ethnic divides" and discontinuously distributed across societies and from local to national levels of organisation (Fox 1996, Heller 1996). Researchers have identified that provision of services and social support by 'microsocial institutions' or families could result in a loss of equality within and between communities.

This research would support the active role played by the Council in social and economic spheres and in community building.

In it's strategic objectives Council has recognised that strengthening communities is a means to enhance community cohesion and wellbeing. It has identified it will do this through:

---

[3] Klein et al (1978) outlined how a lack of trust can lead to a "premium" payment to prevent post-contractual reneguing: "if the premium necessary to eliminate reneging is too costly, the particular transaction will not be made" (Klein et al 1978:305).

[4] Communities of low economic status, which lack adequate money and resources, are hindered from participating in formal and voluntary organisations and therefore suffer from a weaker organisational base. There is strong evidence that low socio-economic status seriously affects communities' ability to form a strong organisational basis (Shaw and McKay 1942, Tumin 1953, Kornhauser 1978). Neil Day, George Moyer and Geraint Parry (1992) argued that there were striking correlation between individuals' political participation and their wealth, education and organisational ties.

- funding and supporting community initiatives, festivals and community organisations

- initiating and supporting community development projects

- facilitating collaboration between public, private and community agencies

- advocating for an equitable share of national resources

- advocating for provision of social and income support that is adequate to meet residents needs and allow them to participate in the life of the community

- working with community groups, government agencies and other funding bodies to address key areas of social need

3. The Council's Roles with the Community

3.1 INTRODUCTION

In the early 1960s local authorities began to extend their community services to include community work. In the early 1970s the Auckland, Wellington and Christchurch City Councils each appointed community advisors. By the end of the 1970s approximately 40 community workers were employed by local authorities (Wilkes 1982, Maguire 1995). Initially these staff tended to be attached to Planning Departments. As they became more accepted as an integral part of Council's business, Community Development/Services Departments were established in their own right (Maguire 1995).

The Local Government Act 1974 allows local authorities to provide for the social needs of their communities (Johns 1995). Section 37k of the Act, as amended in 1989, set out the purpose of local government, including:

- Recognition of the existence of different communities in New Zealand

- Recognition of the identities and values of their communities

- Definition and enforcement of the appropriate rights within those communities

- Recognition of communities of interest

- Scope for communities to make choices between different kinds of local public facilities and services

Distinct orientations in community work have now developed: Community Service, Community Development and Community Action (Gunn 1992).

- **Community Service** where the intent is to do something for those who request it or 'need' it (e.g. Meals on wheels, council housing officer) - where the recipient cannot always do this for himself or herself.

- **Community Development** where the intent is to give people or groups the skills so they can do things for themselves and to do so in a way that empowers rather than lectures. Catalyst, co-ordinator, facilitator, supporter, trainer techniques and participative and self-discovery processes are often used.

- **Community Action/Advocacy** where the aim is to create social change through direct intervention in decision-making processes (Gunn 1997). Here there is a belief that no matter how many skills are given to a person or community there are external forces that prevail. Community advocacy/action involves taking action to influence external structures and processes.

Any one of the options is not better or worse that the other. All three are needed in any community. The absence (or relative weakness of one) weakens the whole.

While Council workers span all three, and use elements of each, the Community Relations Unit predominantly adopts the community development approach to its work in the community.

3.2   COMMUNITY DEVELOPMENT

There are a range of definitions and understandings of community development.   "Community Development" has been used to describe a process, programme, profession or outcome.

The United Nations defined community development as:

> Community development is a process of social action in which the people of a community organise themselves for planning and action; define their common and individual needs and solve their problems; execute the plans with a maximum of reliance upon community resources; and supplement these resources where necessary with services and materials from government and non-government agencies outside the community (United Nations 1955).

The Association of Metropolitan Authorities in the United Kingdom in its definition of community development stated that

> Firstly it is based on the importance and ability of people to act together to influence and assert control over social, economic and political issues which affect them. In this sense, community development focuses on the relationship between people and a range of institutions and decision-makers (public and private) which govern their every day experiences. Community development aims to effect a sharing of power and create structures which give genuine participation and involvement.
>
> Secondly, community development is about involving the skills, knowledge and experience of people in taking initiatives to respond to social, economic and political problems. This will usually involve co-operation or negotiation at some level with statutory agencies.
>
> Thirdly, community development must take a lead in confronting the attitudes of individuals and practices of institutions which discriminate against disadvantaged groups. Community development is well placed to involve people in these issues which affect all of us. Community development can be seen as a key element in any democracy since it stimulates and support participation and involvement and thereby encourages active citizenship.

In New Zealand community development processes have drawn on the work of Saul Alinsky, Paulo Freire and Phillippe Fanchette.[5] This has resulted in a commitment to the principles of participation, empowerment, equity and social justice (Church 1990) and a commitment to working with oppressed and marginalised communities.[6]   Central and local Government policies have historically used community development processes and programmes targeting disadvantaged groups as a way of maximising limited resources.

Community development is not expected to solve all the problems faced by local communities, but to build up confidence and capabilities to tackle such problems as effectively as any local action can. It is based on the premises that
- Communities define their own problems and issues
- The community sector plays a key role in social wellbeing
- The continued independence of the community sector is critical
- There is value and viability in improving the effectiveness of the community sector
- Communities are already trying to improve their conditions
- People are the solution not the problem
- Actions should increase the self reliance of the community and its individuals rather than increase dependency on others
- Community resources are supplemented through services and materials supplied by government and non government agencies outside the local community.

---

[5] Saul Alinsky worked with poor and black communities in the United States, particularly Chicago. Wrote Reveille for Radical 1946. Paulo Freire worked in South American communities in the 1960s and 70s. Phillippe Fancette is from the INODEP Institute in Paris

[6] Operating parallel to this there has been an indigenous approach involving whanau, hapu and iwi.

While community development may assist in building communities we should be wary of placing too much emphasis on it or of viewing it in isolation from other important factors (Joblin 1997). There needs to be an analysis of how socio-economic status accounts for variations in the capacity of communities and sub-communities. Providing new forms community building without addressing the structural problems in the economy that have generated increased inequality, is unlikely to solve the problems of today's society (Tarrow 1996, Lemann 1996, Civic Practitioners Network 1997). Community building strategies need to be based on sound foundations that reflect wider social and economic realties.

The Treaty of Waitangi adds another dimension to community development frameworks. However, iwi and hapu development deriving from Maori cultural frameworks should not be confused with community development, which has roots in Western concepts (Scotts et al 1998). Iwi development concepts include aspects of whaka whanaunagatanga, kaitaikitanga, turangawaewae, Papatuanuku me Ranginui, manakitanga hoki. Those participating in this model are whanau, hapu and iwi. The vision is rangatiratanga.

3.3 COMMUNITY ADVOCACY

Community Advocacy involves acting as a bridge or connection between communities and external organisations, institutions or other influences.

It includes encouraging people/communities to clarify the issues, articulate their needs and develop skills, resources and organising ability to do something about it. At times it also involves speaking out for communities and citizens if they are unable to express themselves (Scotts et al 1998, Benjamin 1998).

Advocacy differs from community development work as advocates do not have a "hands on" role in community projects but work with institutions to ensure they are responsive to local communities, including challenging present structures or creating counter structures.

Community development and Community Advocacy are complementary, not competing, alternatives.

3.4 COMMUNITY GOVERNANCE

To date a number of interpretations of community governance and its application persist. Proponents provide varying explanations of the components of community governance.

The Council has interpreted Community governance as a recognition that "ownership" of the "key issues" rests with the community as a whole - individuals and organisations from the private sector/ society at large, the public sector/governments and the community/not-for-profit sector (Richardson 1999).

Drawing on the work of Clarke and Stewart, the City Manager identified six key principles underlying effective community governance:

> The concern of government extends well beyond the services provides to the overall welfare of the area.
>
> Government's role in community governance is only justified if it is close to and empowers communities and their citizens.
>
> Government must recognise the contribution of other organisations – public, private and voluntary and see its task as enabling (not controlling) that contribution.
>
> Government should ensure that the whole range of resources in a community is used to the full for the good of its area.
>
> To make the best use of those resources, there must be ongoing review (learning) as to how needs are best met and a willingness to act in innovative ways.
>
> In showing leadership, the government must seek to reconcile, to balance and, in the final resort (when it is the funder), to judge the diversity of views and interests.

This is recognition that many of the seemingly intractable problems in health, education, welfare and employment are not going to be solved by agencies working in isolation. These problems are more

likely to be solved by people in local communities, who have direct access to the information needed, the support of the when and the community, and strong incentives to get the decisions right - because they have to live with the consequences of the decisions.

> Communities are part of good governance because they sometimes address problems that cannot be solved either by individuals acting alone or by markets and governments (Bowles 1999).

Based on this understanding Community governance involves a wide variety of agencies and organisations structures carrying out specific tasks and purposes. It emphasises increasing interdependency and interplay between various actors on different levels. The emphasis is on how the tasks are settled and how the interrelationship between the agencies and organisations is managed. The nature of relationship depends upon the extent to which local choice was possible and the interrelationship of that service to other services. (Clarke and Stewart 1994).

As the only democratically accountable body representing geographical communities local government is well placed to work with agencies to identify issues and broker coordination and collaboration between sectors. As local multipurpose and multi disciplinary organisations local governments can gain economies of scale and increased coordination among activities.

Tools include
- Mobilisation (networking and building coalitions);

- Empowerment – giving more power to communities over the compass of their lives through better administrative structures and improvement social arrangements (Short 1989).

- Engagement – involvement of people in all the various activities of their public lives and a democratisation in the way we arrive at our social goals including engagement in forms goal formation and implementation. [7]

Community development and community advocacy have been identified by Council as key processes for enabling community governance.

---

[7] Empowerment without engagement is power without responsibility and engagement without empowerment is responsibility without power.

COMMUNITY INFRASTRUCTURE

The section provides information on the Community/Voluntary sector including metropolitan groups operating in Christchurch. It provides a brief abstract of the key community networks and government interagency networks. It also provides a summary of the public sector agencies and statutory agencies which have a base in the city.

1. Community Voluntary Sector

The 'community sector' means all the joint activity undertaken by people on the basis of shared concerns or interests. Its includes informal and invisible activities that connect people together in common effort and the variety of other ways which people participate in communities other than through voluntary organisations. Within Christchurch 67% of residents took part in a community-based activity in the 12 months prior to the Annual Survey (national average at 45%).[8]

The community sector's most sustained and visible expression is community groups and organisations.

Within New Zealand there are thousands of community groups and organisations of various size, scope and function. There are approximately 22,500 incorporated societies and 9,000 charitable trusts in New Zealand.

In Christchurch there are 4000 incorporated societies and 1470 charitable trusts. There is also a large number of community organisations that are not legal entities as well as an unknown number of Maori organisations (established under legislation such as the Maori Trusts Boards Act, the Maori Community Development Act and the Te Ture Whenua Act). These organisations have been created by people to pursue what they have identified as important ongoing work in the community.

Of particular relevance to the Community Relations Outputs is the section of the community sector defined as the 'voluntary social service sector'.

1.1 VOLUNTARY SOCIAL SERVICE SECTOR

Voluntary welfare organisations differ in the size and nature of their operation and organisational structures. Some operate at a local level while some have a national structure. Many have a strong volunteer input while others, due to the nature of their work, require paid professional staff.

The majority of voluntary welfare organisations are concerned with direct service delivery, usually to disadvantaged people. The sector's role is often providing for the gaps in government services or providing services for those people whom would otherwise miss out. In addition to delivering services community organisations provide opportunities for learning and skill enhancement, engage communities in identifying and addressing local needs, play a vital role in promoting social justice, provide a voice for the disadvantaged and facilitate participatory democracy.

Funding requirements and sources of funding also differ markedly. Some organisations are able to access funding from fees for services, donations and fund-raising efforts; others are more reliant on external funding. Some provide a service which is considered essential by government and are therefore in a stronger position to gain government funding. Others are involved in activities which, although desirable and even essential, are not close to the priorities of government funding agencies. These organisations find it more difficult to secure funding and the proportion of funding received from government funders therefore varies between groups.

---

[8] Nationally in the four weeks prior to the 1996 census, 1.1m people did some form of voluntary unpaid work; 45% of adults belong to a club in order to take part in sporting or other physical activities; Overall turnover of the sector is conservatively estimated[8] to be $1b;

There are a number of factors that affect the sustainability and capacity of the voluntary sector. Current funding and purchasing arrangements pose a number of problems for voluntary organisations. Changes in the national economy and economic restructuring have also impacted on the sector; increasing the demand for social services and level of voluntary contributions.

1.2   VOLUNTEERING

There are no precise figures for the contribution provided by the voluntary sector but the approximate figure estimated by Saville Smith (1994) was $594 million worth of goods and services and the employment of 1.5 percent of the paid workforce. Statistics New Zealand "Time Use Survey 1991" study indicated that unpaid work would have a market values of, depending on the valuation method used, between 30 and 68 percent of the Gross National Product.[9]

The Canterbury Volunteer Centre is a community group which facilitates the participation of volunteers in other organisations. In its annual statistical report (1 April 1998 to 31 March 1999) the Centre recorded the following information:

- 7985 volunteers have registered with the Centre since 1988,

- Of the 1102 volunteers who registered during the 1998/99 year 79% were women and 19% were under 20 years of age,

- Many registered volunteers are students (34%) or not in paid work (22%),

- Male volunteers are most commonly referred to administration, handiwork, work with children and young people, befriending and driving,

- Female volunteers most commonly take positions in administration, working with children and young people, special needs and counselling.

The Canterbury Volunteer Centre obviously does not have contact with all volunteers in Christchurch so these figures suggest that there are significant numbers of people undertaking voluntary work.[10]

---

[9] The Time Use found that 44 percent of the population participated in some form of unpaid work for organisations or groups in the previous year. However the Hillary Commission *Life in New Zealand Commission Report* (1991) would indicate that the majority of this volunteering was in sports (34%), recreation (10%) and education (25%). There are gender difference in the type of voluntary work; women are more likely to be involved in education, health and welfare and support services while men are more likely to be involved in sports coaching and administration (MacGibbon 1997).

For Christchurch the community participation rate is higher with 67% of residents reporting that they took part in a community based activity in the 12 months prior to the Annual Survey. The difference between Christchurch and national figures may be due to differences in reporting.

[10] Source: Canterbury Volunteer Centre Statistical Report 1 April 1998 to 31 March 1999.

2.   Community Sector Networks

This section provides a brief outline of many of the key metropolitan networks operating in the city. It does not include local networking groups as these are discussed in the annual Community Plans.

2.1   REFUGEE AND NEW MIGRANT FORUM

Networking group for individuals and organisations working with refugees and new migrants in Christchurch. The forum meets every six weeks and has four subgroups which meet in between forum meetings to progress issues. These are Education, Employment, Media and Health. The Forum also has an advocacy role and contributes to national policy development. The Forum is co-convened by Crown Public Health and the Christchurch City Council.

2.2   ASSOCIATION OF CANTERBURY YOUTH GROUPS

Networking groups for (leader) representatives from uniformed youth organisations (including Guides, Boys Brigade etc). The Association meets occasionally and its purpose is to share information and resources and co-ordinate training.

2.3   YOUTH MENTAL HEALTH NETWORK

Representatives from youth and other agencies who have an interest in the mental health of young people. The Network has six weekly meetings to network, share information and advocate on youth mental health issues. The organising committee of the Network also organises the annual Youth Mental Health Forum.

2.4   VOICE

Representatives from government and non-government mental health organisations meet monthly to network and make submissions on mental health issues.

2.5   LIKE MINDS, LIKE MINE

District advisory group which co-ordinates the 'Christchurch Movement Against Stigma and Discrimination Associated with Mental Illness' project.

2.6   CANTERBURY YOUTH WORKERS COLLECTIVE

The mission is to support youth workers to provide a professional service to young people and to promote youth worker self-care. The Collective does this by providing monthly networking meetings and monthly training opportunities. The Collective has also developed a code of ethics that member organisations and youth workers agree to uphold.

2.7   COUNCIL OF SOCIAL SERVICES/ TE KAUNIHERA KAUPAPA ORANGA KI OTAUTAHI (COSS)

COSS brings together central government, local government, voluntary agencies and community groups involved in the social services. It meets monthly and is concerned about the impact on social and community services of policy changes made in local and central government.

2.8 CHRISTCHURCH ETHNIC COUNCIL

The Christchurch Ethnic Council holds monthly networking meetings of representatives of a wide variety of ethnic groups in Christchurch. It discusses issues of concern and organise cultural events. The Council is a member of the Federation of Ethnic Councils.

2.9 COMMUNITY EMPLOYMENT INITIATIVE GROUP (CEIG INC.)

This is a network of not for profit organisations with a focus on employment which meets monthly to share information, promote community responses, lobby government on employment issues and raise public awareness about unemployment

2.10 CANTERBURY ALCOHOL AND DRUG ADVISORY GROUP (CADAG)

CADAG is a network of alcohol and drug service providers and other related organisations. It meets monthly to share information and promote co-ordination in the drug and alcohol field.

2.11 OUT OF SCHOOL CARE AND RECREATION NETWORK (OSCAR)

OSCAR aims to support, promote and network safe, quality, accessible out of school care and recreation services which centre around the needs of the child and its whanau.

2.12 PACIFIC ISLAND EXECUTIVE COUNCIL OF CANTERBURY

The Pacific Island Executive Council provides a vehicle for communication between Council and Pacific Islands communities on matters of mutual interest.

2.13 AGE CONCERN

Age Concern is a Council of representatives from government and community organisations with an interest or responsibility in older person's issues. It has service delivery, advocacy and information sharing roles.

2.14 CANTERBURY FOOD BANKS ASSOCIATION

The Canterbury Food Banks Association has been operating for several years. It currently has a membership of over 40 individual food banks. The Association meets monthly for information sharing, including discussion on issues relevant to food bank clients, current trends in food bank usage (and their causes and impacts), joint advocacy and lobbying and to provide an avenue for support and co-operation amongst food banks.

2.15 CHRISTIAN COUNCIL OF SOCIAL SERVICES

The Council of Social Services represents the social service bodies of the Anglican, Baptist, Catholic, Methodist, and Presbyterian churches and the Salvation Army. Its role is to represent the common interests of these bodies as a local and national level, provide information to members, and advocate for polices which will assist poor, vulnerable and disadvantaged members of society.

2.16 CHRISTCHURCH HOUSING FORUM

The Christchurch Housing Forum is a networking forum for all groups and individuals interested in housing issues in Christchurch. The purpose of the forum is to provide information (through guest speakers) and the opportunity for discussion and action (where appropriate) on current housing issues. The Forum is convened by the Tenants Protection Association (TPA) and the Christchurch City Council.

3.   Interagency Networks

3.1   SOCIAL POLICY INTERAGENCY NETWORK

The Network exists to facilitate linkages between locally based central government agencies and the Council, monitors social policy impacts and interventions, and ensure social policy gaps are identified. It has representation from Christchurch City Council, Policy, Te Puni Kokiri, Justice, Education, HFA, CYPFA and WINZ.

3.2   STRENGTHENING FAMILIES

Aims to achieve:
- better outcomes for children by helping families meet their care, control and support responsibilities

- improvements in families' abilities to resolve difficulties and problems, and maximise the outcomes and opportunities for their children

- clearer definitions and better collaboration between the health, education and welfare sectors locally and nationally

- better use of existing resources.

There are two main areas of work:
- National level co-ordination - co-ordination of policy work across the social services sector.

- Local Level co-ordination - a seamless service providing effective local co-ordination of direct and contracted services to families at risk.

National level co-ordination focuses on work at a national level to improve the overall cost effectiveness, co-ordination and accountability of policies and services for families at risk. The projects under this stream aim to prioritise and realign funding at a national level.

Local co-ordination is designed to improve outcomes for individuals and families art risk through collaboration and co-operation. It involves:
- Interagency case management approach where more than one of the three sectors is or should be working with families at risk

- Identifying gaps and overlaps in services

- Joint initiatives to use resources more effectively.

Local co-ordination groups have been established throughout the country. These are at different stages of development, and each has developed its own approach. The Christchurch project was initiated in 1997. A set of protocols was developed by workers from across agencies and signed off by the senior management group in early 1998.   The Christchurch project now includes a number of agencies including CYPFS, Healthlink South, Canterbury Health, WINZ, Police, SES, Ministry of Education, Christchurch City Council, Corrections, ACC, Courts, Internal Affairs, Justice, CFA, HFA, and Housing NZ.

3.3   CHRISTCHURCH SAFER COMMUNITY COUNCIL

The mission of the Council is to "work as a catalyst to address community safety through crime prevention". The Council works to promote an effective partnership between the CSCC, central government, local government and the community so as to facilitate and co-ordinate safer community activities in the city. Membership is currently representative of: the Christchurch City Council, Christchurch Police, Christchurch Community Probation, Age Concern, Alcohol Drug Association,

WORKING DOCUMENT

Canterbury Youth Workers Collective, Department of Social Welfare, Maori, Pacific Island, Anglican Care, Women's Refuge and Children (through the Children's Advocate, Christchurch City Council).

3.4   COMBINED FUNDERS

This is a network of major funding agencies which share information about funding decisions, policies/ changes and issues. Its membership comprises Department of Internal Affairs, Contracting Group – Department of Children, Young Persons and Their Families, Canterbury Development Corporation, Crown Public Health, Health Funding Authority, Community Trust, Christchurch City Council, Community Corrections, Christchurch Safer Community Council, and Community Employment Group.

3.5   LOCAL EMPLOYMENT CO-ORDINATION GROUP

A network, initiated by WINZ, of public, private and community sector organisations and agencies involved in employment and economic development. Aims to co-ordination initiatives and develop local solutions to local problems. The co-ordinator is funded by WINZ.

3.6   CANTERBURY ABUSE INTERVENTION PROJECT (CAIP)

CAIP is a networking group of organisations working in the are of domestic violence prevention (such as Courts, Police, Women's Refuge, Department of Children, Young Persons and their Families, and the Corrections Department).

4. Ngai Tahu

In 1996 Te Runanga o Ngai Tahu was established as the "legal personality" of the Ngai Tahu people. Te Runanga o Ngai Tahu operates for the benefit of the members of Ngai Tahu Whanui. Te Runanga inherited all the assets, liabilities and responsibilities of the old Ngai Tahu Maori Trust Board which was dissolved by the same Act which established Te Runanga.

Ngai Tahu undertook Hui-a-iwi between 1987 and 1990 to determine a structure which is both consistent with Ngai Tahu history and tino rangatiratanga and appropriate to the present and future needs. The structure was confirmed in the final Hui-a-iwi in 1990.

The Ngai Tahu structure has separated the operational activity into wealth generation functions under the management of Ngai Tahu Holding Corporation Ltd. and wealth distribution functions under Ngai Tahu Development Corporation.

The Corporation is charged with developing the people assets through education, cultural and social initiatives for the 18 traditional Runanga and its 20,000 descendants.

4.1 NGAI TAHU RUNANGA

The 18 Runanga are as follows:
- Kaikoura Runanga
- Kati Waewae Runaka (Hokitika)
- Te Runanga o Makawhio (Greymouth)
- Onuku Runanga (Akaroa)
- Te Runanga o Koukourarata (Tutehuarewa Marae)
- Wairewa Runanga
- Te Hapu o Ngate Wheke
- Te Ngai Tuahuriri Runanga
- Te Taumutu Runanga
- Te Runanga o Arowhenua (Temuka)
- Te Runanga o Waihao (Timaru)
- Te Runanga o Moeraki (Moeraki)
- Kati Huirapa Runanga ki Puketeraki (Otago)
- Te Runanga Otakou (Dunedin)
- Hokonui Runaka (Gore)
- Waihopai Runaka (Invercargil)
- Oraki Aparima Runaka (Riverton)
- Awarua Runanga (Bluff)

4.2 ROOPU WHANAU AND ASSOCIATED GROUPS

There are also a number of roopu whanau and other groups associated with Ngai Tahu, for example the Maori SIDS Prevention Programme and Hauora Matauraka.

5. Taura Here and Maata Waka Groups

Within Christchurch there are a number of Taura here groups including Otautahi Social Services, Nga Maata Waka, and Maori Women's Welfare League.

These groups are involved in a range of social, employment and cultural activities. They are included in the sector list in attachment.

6. Government Agencies in Christchurch

There are a number of government agencies with local or regional offices in Christchurch. A summary of the key roles and functions of the government agencies operating in Christchurch is in the Appendix.

7. Statutory Committees & Ministerial Advisory Bodies

The Appendix provides a summary of the functions and roles of the key statutory agencies and Advisory Bodies impacting on the work of the Community Relations Unit.

COMMUNITY ISSUES

This section provides information relating to some key issues and trends impacting on Christchurch communities. For each issue the national trends are discussed followed by Christchurch trends.

From the mid 1980s to the late 1990s the major assumption by New Zealand policy makers was that economic growth was of paramount importance to social progress. There was a drive towards efficiency and it was claimed that if New Zealand could increase production, social problems would eventually be resolved (New Zealand Government 1994).

In the early 1990s economic restructuring was accompanied by social assistance reforms "to improve efficiency, increase choice and target subsidies to those most in need, in order to provide more effective and sustainable services" (New Zealand Government 1994:7). Individuals were seen as the most important 'unit' in society and it was argued that individuals should be left to rely on their own resources and promote their own purposes. This is evidenced by the withdrawal of public services by central government and 'user pays' becoming the norm (Kelsey 1995). During this period Christchurch City Council often went against the trend and provided services to cover the shortfalls in social and economic areas. It continued to emphasis the importance of communities as well as individuals and recognise residents' citizenship rights as well as consumer rights.

By the late 1990s the costs of the economic market model outweighed the benefits. There was not only growing disparities in wealth and wellbeing but also social disengagement (Shirley 1994, DSW 1999, Dalziel 1999). There has also been a corresponding decline in trust by the public in government and public institutions (Riddell 1997, Heylen 1993).

The social implications of recent economic policies have now even been acknowledged by some of their earlier proponents. For example, Treasury reported that the OECD Forum for the Future (1996) predicted that "pressures on societal cohesion are expected to evolve over the next decades, as unemployment, earnings inequity, demographic shifts. Technological progress, open trade and greater competition in less constrained market places, continue to contribute to economic and social turbulence" (Treasury 1992:2).

In 2000 then, New Zealand society is pressured at every level. Individuals have had an overall decrease in access to services previously provided by government and communities have suffered the effects of the increasing stresses of unemployment, and declining health.

> As the material well being of hundreds of thousands is undermined, and the bonds of community eroded by the cancer of rampant individualism, the emerging material poverty is matched by a poverty of spirit. Having a thought for the needs of others is no longer fashionable; lending a helping hand only encourages dependency; to give away what one has gained for oneself undervalues the worth of one's own skills and efforts. It is this kind of self-centred mindset which many sense today is bringing a spiritual impoverishment upon New Zealand (Randerson 1992:51).

1. Employment and Unemployment

It is through work that incomes are generated and economic independence is achieved. Work also provides avenues for social participation, a sense of belonging, contributing and social well being.

> What happens in the labour market is one of the key determinants of the need for income support and the fiscal cost to Government of providing that support, and has important implications for the distribution of income. Labour market conditions also underpin the social well-being of individuals, families and communities. Lack of work has been associated with increased risk of marital disruption,[11] reduced likelihood of couple formation or couple stability,[12] and a range of indicators of reduced well-being.[13] (Social Environment Scan 1999:28)

1.1 EMPLOYMENT NATIONALLY

Nationally employment growth from 1984-99 was only 0.6 per cent per annum and with the labour force rising at 1.4 percent p.a.

Output and employment levels
Change since June 1986
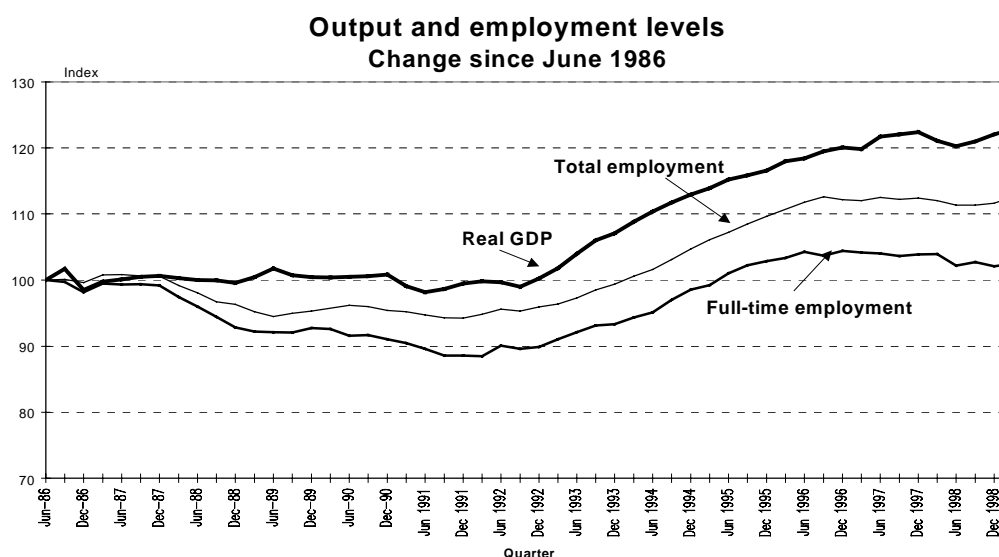
Sources: Ministry of Social policy Environmental Scan 1999. Statistics NZ, Quarterly seasonally-adjusted GDP (production-based) at constant 1991-92 prices; Household Labour Force Survey, seasonally-adjusted total and full-time employment.

There has been a growth in people working part time, and also indications that of those working full time, more people are now working longer hours than they did five years ago.

For the year ended December 1998, an average of 1,327,100 New Zealanders were employed in full-time work and 397,900 in part-time work.[14] Compared with five years ago, full-time employment has grown by 11.2 percent and part-time employment by 24.5 percent. Over the last decade full-time employment has grown by 7.9 percent, while part-time employment grew by a massive 42.8 percent. (Statistics New Zealand 1999).

---

[11] Hernandez, D.J. (1992) *Studies in Household and Family Formation: When Households Continue, Discontinue and Form.* US Bureau of the Census, Current Population Reports, Special Studies. Series P-23, No. 179, p.13.

[12] Callister (1998) "Some Geographic Dimensions of Being Work-rich and Work-poor: Changes between 1986 and 1996", in *Social Policy Journal of New Zealand*, Issue 11, December.

[13] Davey, J. (1998) *Tracking Social Change in New Zealand.* Wellington: Institute of Policy Studies.

[14] People whose usual hours of work are 30 or more per week are classified as working full time, whereas those whose usual hours of work are between 1-29 hours per week are classified as working part time.

Table: Employed persons by actual working hours,[15] 1993 and 1998

Actual hours worked per week	Males		Females	
	1993	**1998**	**1993**	**1998**
				(000)
0 hours	53.7	60.3	53.8	64.1
1 – 9	27.8	32.6	60.8	77.7
10-19	28.7	40.5	80.1	94.9
20-29	37.3	46.8	82.5	107.6
30-34	50.3	55.2	62.5	70.2
35-39	44.4	49.7	60.0	62.5
40	247.8	236.7	155.7	156.6
41-44	43.8	46.7	21.8	28.5
45-49	94.2	116.0	32.4	43.5
50 and over	217.7	263.1	55.6	71.9
Not specified	1.3	..	..	..
Total	**847.1**	**947.5**	**666.1**	**777.5**

Source: Household Labour Force Survey

1.2   UNEMPLOYMENT NATIONALLY

Unemployment rates have more than doubled from 3.3 per cent in 1984 to 7.5 percent (annual average) for 1999 (Philpott 1999).[16]   Unemployment rose and fell in the decade to 1996 as the economy contracted and then 'recovered'. In the last two years, unemployment has begun to climb once more. Trends in the proportion of the working aged population in receipt of unemployment and training benefits have followed these changes.[17]

**Unemployed and benefit recipients
as a proportion of the population aged 15-64, 1986 to 1998**
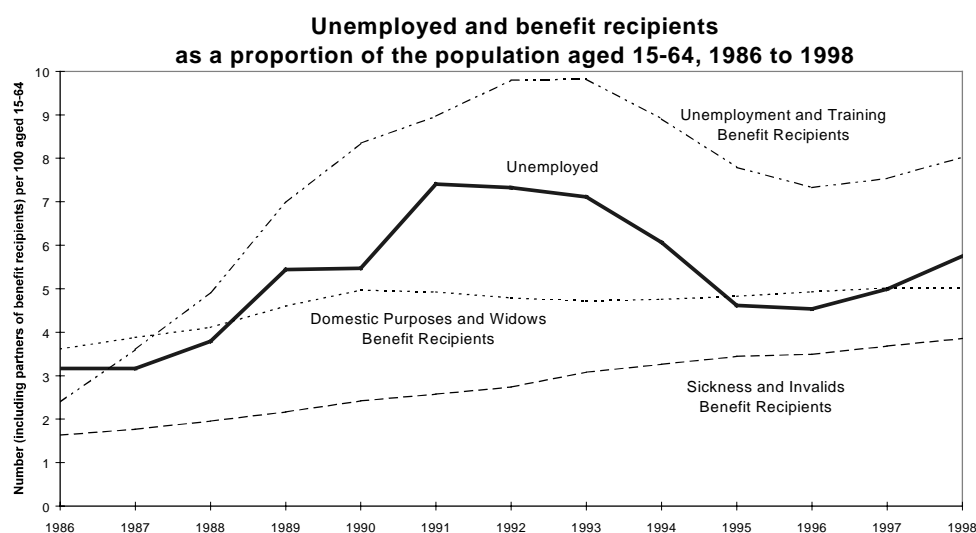
Source: SWIFTT; HLFS, March Quarters to 1989, June quarters 1990 onwards.

---

[15] Annual average for the year ended December. .. Denotes estimates fewer than 1,000 and subject to sampling errors too great for most practical purposes. Some discrepancies may exist between totals and the sum of their component items due to rounding

[16] The New Zealand Institute of Economic Research has produced comparable data which suggest that in June 1984 the unemployment rate was 3.7 per cent, having peaked at 4.6 per cent in September the previous year. The official figures indicate that by September 1991 the unemployment rate rose to 10.9 per cent, fell back to 6.1 per cent throughout 1996, but rose again to 7.7 per cent by the end of 1998.

[17] . Trends in other benefits appear less directly linked to unemployment. The rate of receipt of domestic purposes, for example, remained constant over the year to June 1998 in spite of rising unemployment. This was partly the result of a slight drop in DPB take-up rates among women under 35 over that period and population decline in the age group 20-34 years, which has the highest rates of DPB receipt.

1.3   EMPLOYMENT AND UNEMPLOYMENT IN CHRISTCHURCH

The majority of people aged 15 years and over in Christchurch City work in services and sales occupations, the most popular occupational group in New Zealand as a whole   The unemployment rate in Christchurch City is 7.6%, very close to the 7.7% figure for New Zealand as a whole.[18]

Labour Force

Source: Statistics New Zealand

---
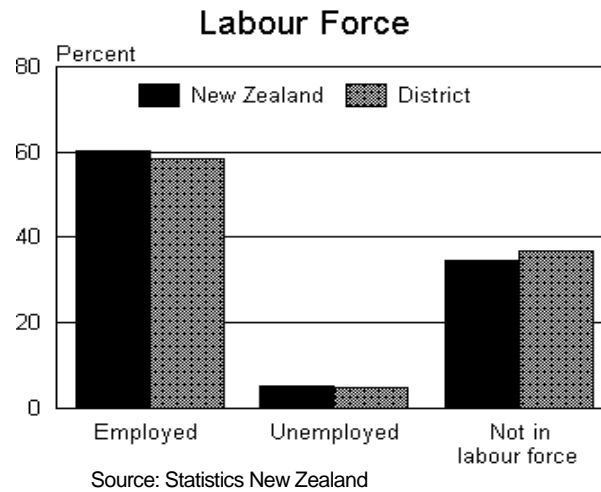
[18] The majority of Maori people aged 15 years and over in Christchurch City work in services and sales occupations, the most popular occupational group for all Maori in New Zealand. The unemployment rate of Maori in Christchurch City is 14.7% compared with 17.5% for all Maori in New Zealand

2.   Future of Work

A key trend is the continuing and increasing exclusion of segments of society from full economic participation.   The global economy is undergoing a fundamental transformation in the nature of work brought about by the new technologies of the Information Age. Computers, robotics, telecommunications and other technologies are replacing human labour in virtually every sector and industry. It appears that we are moving towards a near 'workerless' society;

> Redefining the role of the individual in a near workerless society is likely to be the single most pressing issue in the decades-ahead (Rifkin 1995).

Low skilled jobs began to disappear from developed economies since mid 1970s. Over last decade people with no formal qualifications have found it harder to find and retain work and have become increasingly over-represented among the unemployed and those not participating in the labour market (Ministry of Social Policy, Post-election Briefing Papers 1999).

Table: Unemployed persons by educational attainment, 1998[19]

	Number of unemployed		
	Male	**Female**	**Total**
Educational attainment	(000)		
No qualifications	30.3	21.0	51.3
School qualification	18.0	16.7	34.7
Post-school but no school qualification	9.2	6.0	15.2
Post-school and school qualification	19.7	17.9	37.6
Not specified	..	..	..
Total	**77.4**	**61.8**	**139.1**

Source: Household Labour Force Survey

New technologies have created opportunities in some industries and occupations and reduced them in others. Until recently it was assumed that rising unemployment figures represented only short-term adjustments or that displaced workers would find jobs in the service sector or knowledge industry. However the service industry is also beginning to be automated and jobs which are created are often low paying, temporary or part-time positions. There will never be enough jobs in the elite knowledge sector to absorb the numbers displaced by automation.

Worldwide unemployment is now at the highest level since the depression of the 1930s. The number of people underemployed is rising sharply. This brings a widening gap between the haves and have-nots which may lead to social unrest, more crime and violence and ultimately economic stagnation.

> We need to move beyond the delusion of retraining for non-existent jobs. We need to start to grapple with the question of what to do with the growing number of displaced or disinherited workers (Rifkin 1995).

---

[19] Annual average for the year ended December 1998. Denotes estimates fewer than 1,000 and subject to sampling errors too great for most practical purposes. Some discrepancies may exist between totals and the sum of their component items due to rounding

3. Incomes and Income Distribution

3.1 INCOMES AND INCOME DISTRIBUTION NATIONALLY

New Zealand's per capita income stands at about 86 percent of the OECD average and is well below that of Australia, Japan and the USA.[20]

GDP per head of population
1976 to 1998
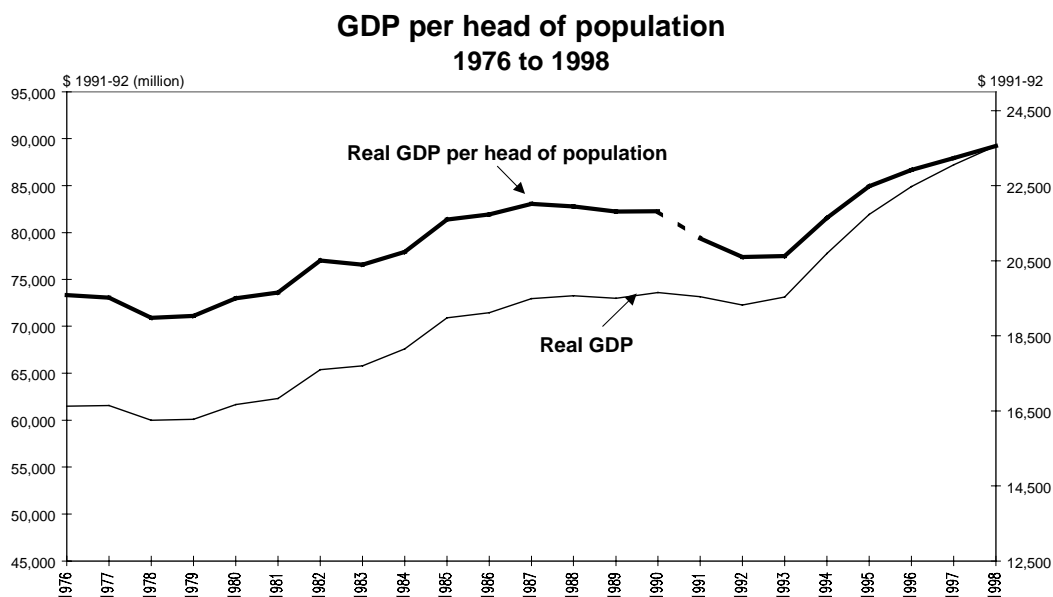
Sources: Statistics NZ, Annual Gross Domestic Product (production-based) at constant 1991-92 prices; estimated population as at 31 March (de facto 1976-90, resident 1991-98).

3.2 INCOME DISTRIBUTION NATIONALLY

In the decade 1983 - 1993 household income inequality increased in New Zealand more than for any other OECD countries. It now matches that of the UK, Italy and USA.

International Comparisons of Trends in Gini Coefficients, 1970s-1990s
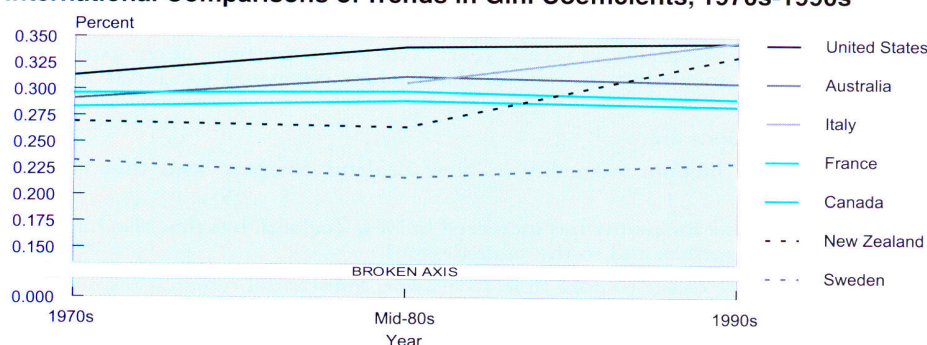
Source: Statistics New Zealand, Household Economic Surveys, OECD

While inequality nothing new in New Zealand what is new is the sudden increase. A tiered economy has expanded, with prosperity at the top and decline in the middle and at the bottom. There has been an ever increasing gap between top level salaries and average wages (DSW 1999). A smaller and smaller proportion of society is enjoying the profits of growth and a substantial proportion of the population is subsisting on minimum incomes, often below the poverty line.

---

[20] OECD Economic Surveys, New Zealand, 1998, p14.

Since the mid 1980s the highest income families have increased their share of incomes, while the share of all others, except the very poor, has declined. The decline is most pronounced in the low to mid income ranges. The top 10% of households are now considerably better off in absolute terms than they were ten years ago (the highest household income quintile group typically receives about five times the share of the lowest group). The next 20% have not moved position significantly. But the bottom 70% are generally worse off that their counterparts ten years ago.[21]

Converting these findings into absolute dollar figures (rather than as income shares), between 1984 and 1996 the bottom 40 per cent of the income distribution experienced a fall in their spending power of more than three per cent. The cut in spending power for the bottom 10 per cent was a staggering 8.7 per cent (Dalziel 1999:67).

Shares of disposable income by household income quintile
1988 to 1996
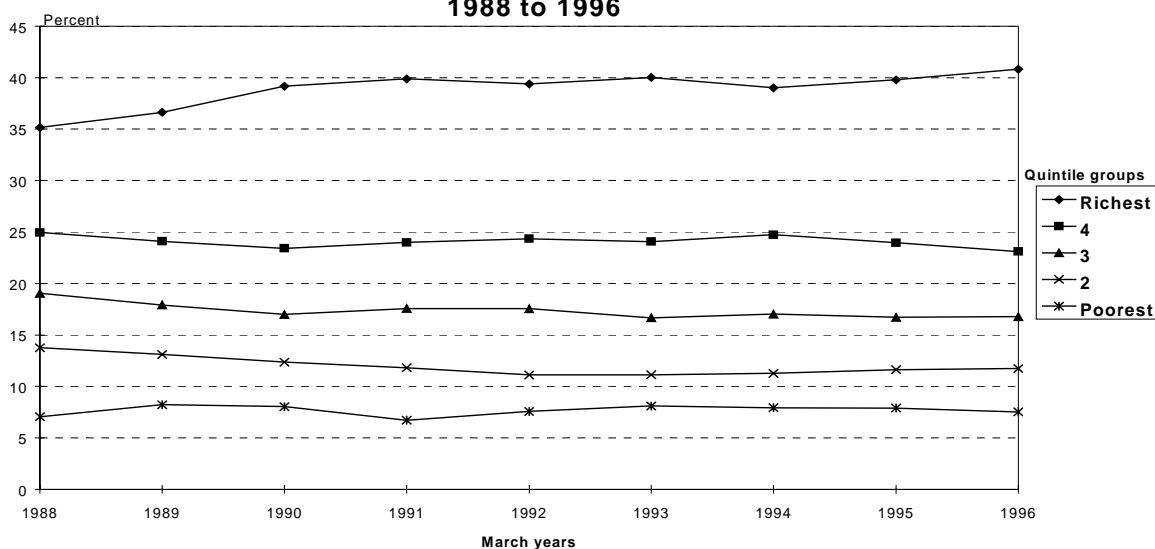
Source: DSW; Statistics NZ, Household Expenditure and Income Survey/ Household Economic Survey.

Real mean equivalent disposable household incomes
March years, 1988 to 1996
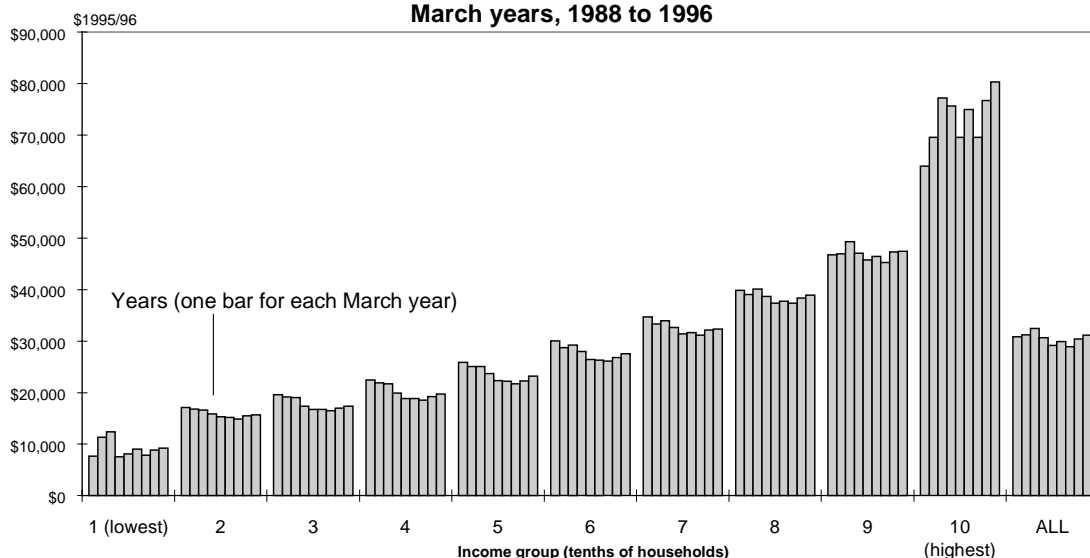
Source: Mowbray, M. (forthcoming) *Incomes Monitoring to 1996*. Wellington: Social Policy Agency.

---

[21] The share received by the lowest income quintile group remained between 7 and 8 percent, apart from a temporary decline in the year to March 1991.

A similar pattern of widening incomes is seen whether one considers earning of individuals, the market incomes of households, or the disposable incomes of households (The Treasury 1999, Briefing to the Incoming Government)

.3.2.1 Changing Characteristics of Low-Income Households Nationally

Over the decade to 1996, there was a change in the composition of households which fall into the bottom fifth of the income distribution (the lowest household income quintile group). In the late 1980s, superannuitant households made up nearly half of all households in the lowest equivalent income quintile group. In the early 1990s, superannuitant households fell to just under a third as other types of household began to replace them.

In recent years, real incomes of households with children have risen above 1988 levels, with the exception of one-parent households. However, households with children have lower equivalent incomes, on average, than those without children.

**Composition of the lowest income quintile group
by household type, 1988 to 1996**
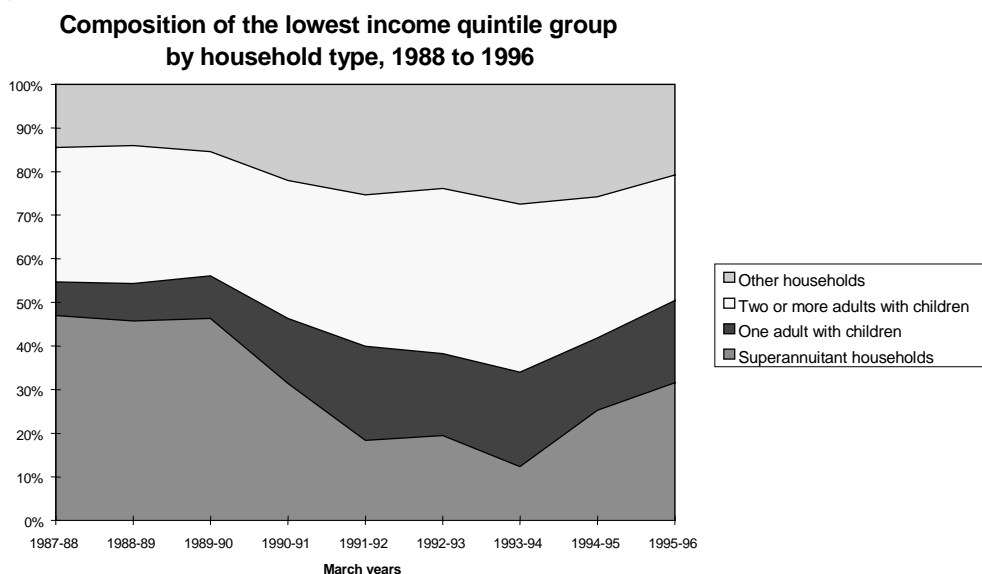
Source: Mowbray, M. (forthcoming) *Incomes Monitoring to 1996*, Table 13.

.3.2.2 Incomes of Households with Children Nationally

The income gap between one-parent and two-parent households has continued to widen, for example, the ratio of the mean equivalent disposable income of households with two adults with one child and that of one adult with children (which stood at 1.4 in March years 1988 and 1989) increased to 1.9 in 1991. Although the gap lessened slightly in subsequent years, it was still wider in 1998 (1.7) than it had been a decade earlier.

One-parent households rose from 10 to 22 percent of the lowest income quintile group between March years 1990 and 1992. Over the same period, all households with dependent children rose from 38 to 56 percent of households in the lowest income quintile group; by 1994 they had increased further to 61 percent. In the following two years, households with children declined as a proportion of households in the bottom income quintile, but their representation remained relatively high (48 percent in 1996 compared to 38 percent in 1990). Moreover, they remained over-represented as only 40 percent of households contained children in 1996. One-parent households remained substantially over-represented. In the year to March 1996, one-parent households made up 7 percent of all households but 19 percent of households in the lowest income quintile group.

**Mean equivalent disposable household income
Households with children, 1988 to 1998**
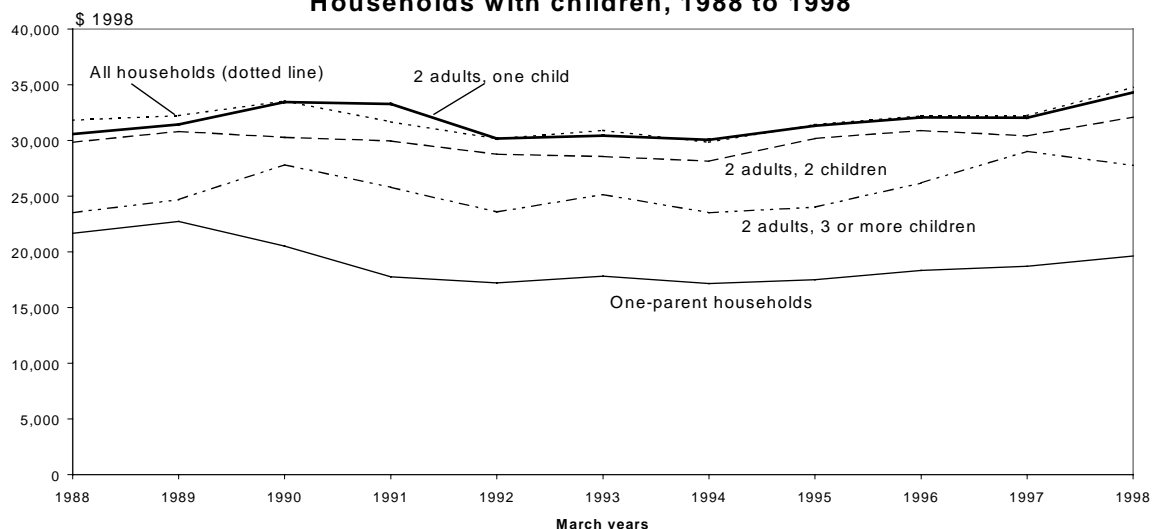
Source: Mowbray, M. (forthcoming) *Incomes Monitoring to 1996*, Figure 6, updated to 1998.

The distribution of pre-tax income for couples with children varies widely according to the number of parents employed. While the majority (63 percent) of households with at least one parent employed had incomes of $43,000 or more in the year ended March 1997, the proportion was much lower for couples in which only one parent was employed (45 percent) than where both parents were employed (72 percent).

**Income distribution of couples with children
by number of parents employed, 1996/97**
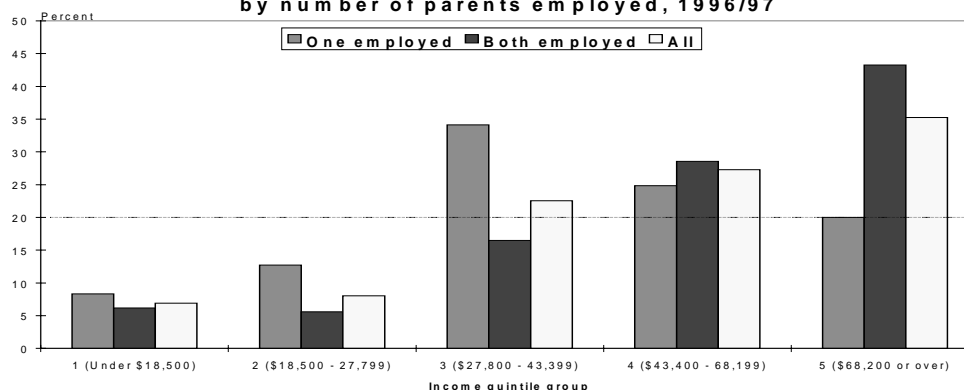
Source: Statistics NZ, Household Economic Survey. NB: The incomes in this graph are not adjusted for the number and ages of children. Couples in which neither parent is employed are not included.

The Ministry of Social Policy identified a number of factors which could account for the decline in the income of one-parent households after 1989:

- Firstly, on 1 April 1989, the benefit rate for sole parents with one child (who made up 55 percent of sole parents on DPB at that date) was increased by less than the rise in price inflation.

- Secondly, there was a decline in the employment rates of sole parents between 1986 and 1991 (although there was rise in the employment of sole parents between 1991 and 1996).

- Thirdly, the real value of family assistance declined over the late 1980s and early 1990s. Family Support was not increased between 1986 and 1993, except to compensate for the withdrawal of Family Benefit in 1991[22] (Ministry of Social Policy 1999)

3.3   CHRISTCHURCH INCOMES AND INCOME DISTRIBUTION

---

[22] The only increase was for the small number of children aged 16-18, which took effect on 1 April 1989.
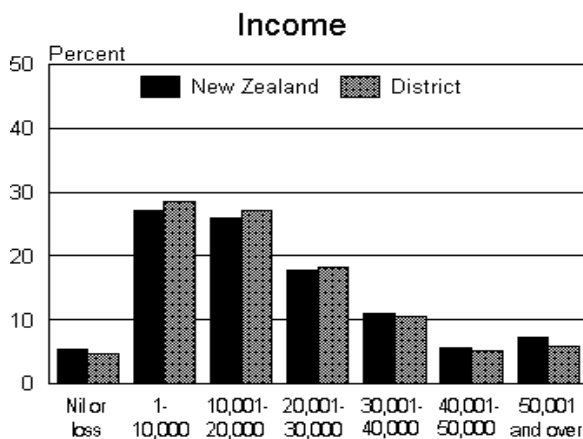
Income

Source: Statistics New Zealand

60.3% of people aged 15 years and over in Christchurch City have an annual income of $20,000 or less compared with 58.6% for New Zealand as a whole. 5.9% of people aged 15 years and over in Christchurch City have an annual income of more than $50,000 compared with 7.3% for New Zealand as a whole

47,955 (20.1%) of people aged 15 years and over in Christchurch City said they received a government benefit in the 12 months before the 1996 Census (for New Zealand as a whole 19.6% of people aged 15 years and over were in receipt of a government benefit).

65.9% of Maori people aged 15 years and over in Christchurch City have an annual income of $20,000 or less compared with 67.8% for Maori in New Zealand as a whole. 2.6% of Maori people aged 15 years and over in Christchurch City have an annual income of more than $50,000 compared with 3.0% for Maori in New Zealand as a whole. 5,004 or 36.5% of Maori people aged 15 years and over said they received a government benefit in the 12 months before the 1996 Census. For Maori in New Zealand as a whole 39.5% of people aged 15 years and over were in receipt of a government benefit

3.4   CONSEQUENCES OF INCOME INEQUALITY

The Ministry of Social Policy has identified a number of factors that attribute to the widening of income distribution:
- higher levels of unemployment since the 1980s

- reductions in the top personal income tax rate

- reductions in the real rate of benefits and pensions

- growing concentration of employment in some households and unemployment in other households

- tax changes since the March 1996 year (likely to have contributed further to household income inequality because they favoured households with more than one earner with earnings subject to the top tax rate) (Ministry of Social Policy 1999e).

In the absent of some major national effort to change the trends the inequality is likely to continue.

> Policies aimed at making the country more responsive to competitive pressures would be likely to lead to some widening in the distribution of market incomes as a way of identifying skill shortages and rewarding valued talent… Increasing income inequality itself does not necessarily create a problem for social cohesion if people regard the distribution of incomes as fair. To the extent that income is seen as a just reward for talent, time invested in education or extra hours at work, it will not threaten cohesion. However, cohesion may be reduced if inequalities are perceived to be excessive of unfairly generated. And there may be consequences for other social outcomes if socio-economic disparities widen (The Treasury 1999:42)

An increasing number of studies provide evidence that income inequality:

- manifests in increasing sickness and premature death (Kaplan 1996, Bobak et al 1999, Fiscella 1997, Kawachi and Kennedy 1995, 1997, Wilkinson 1994)

- eats at the core of civil society (Sandel 1997, Cox 1998, Raphaele 1999)

- means societies show social disintegration: declined participation and decrease in community infrastructure (Sampsoon 1990, Crawford 1995)

- ultimately impedes productivity and economic growth (Glyn and Milband 1994)

- impairs functioning of democracy (Cox 1995, Kawachi 1997)

> It isn't just that it is unfair to those at the bottom; it's that too great a gap between the haves and the have-nots hollows out civic life. It diminishes the possibility that we can share and live a common life, sufficient to foster shared values, sufficient to the kind of life and the kind of citizenship wherein we can deliberate about common purposes and ends (Sandel 1997:6).

Income inequality threatens shared citizenship and creates an 'apartheid economy" (Freeman 1999). Recent research suggests that reducing income inequality offers the hope of revitalising social capital and a prospect of greater social cohesion. For example, Kawachi and Kennedy argued that the widening gap between rich and poor can damage the social fabric.

> The recent surge in income inequality in many countries has been accompanied by a marked increase in the residential concentration of poverty and affluence. Residential segregation diminishes the opportunities for social cohesion. Income inequality has slipover effects on society at large including increased rates of crime and violence, impeded productivity and economic growth, and the impaired functioning of representative democracy. The extent of inequality in society is often a consequence of explicit policies and public choice. Reducing income inequality offers the prospect of greater social cohesiveness and better population health (Kawachi and Kennedy 1997:1037).

They claimed that the rise of an "underclass" of citizens meant that society would ultimately pay the price through low production, slow economic growth and threats to democracy.

> To a large extent it is a matter of public choice as to how much inequality a society should tolerate. The danger is that a society that becomes depleted of its stocks of social capital could enter into a vicious cycle in which lack of trust and civic engagement reinforces a kind of democracy in which public policy is no longer the outcome of collective deliberation about the public interest, but rather the residue of campaign strategy. The alternative is to put a halt to the growth of income inequality which offers the hope of revitalizing social capital at the same time as improving the health of the whole population (Kawachi and Kennedy 1997:1040).

Other studies have identified that the degree of income inequality in society effects the population health (Marmot 1997, Wilkinson 1989, 1990,1994,1997 Kennedy et al 1996 , Davey –Smith 1990, 1999, Kaplan et 1996). Studies comparing life expectancy between nations found that the average amounts of income available to each member of a population, is less strongly related to life expectancy in whole countries that is the distribution of that income. (Willkinson 1986, Davey-Smith et al 1990, Marmot et al 1991). Some researchers assert that even a modest reduction in inequality could improve population health.[23]

More recently trans-national studies of international income distribution and health suggest that the same amount of income may benefit even those who are reasonably well off less when they live in a country with a high level of income inequality (Bartley et al 1998). This means that the most well off in Britain reportedly have higher death rates among adult mates and infants holding other things constant (Lean et al 1992).

---

[23] In earlier studies Kennedy and Kawachi examined the *Robin Hood index* (proportion of aggregate income that needs to be redistributed from the rich to the poor so as to achieve equality of incomes) in America in 1990. That study found that a 1 percent rise in the Robin Hood Index was associated with an excess mortality of 21.7 deaths per 100,000 (95 percent confidence interval 6.6 to 36.7) (Kawachi and Kennedy 1996).

Graphs

4. Poverty

The 1990s have seen rapid changes in social and economic policy in New Zealand, including state sector restructuring, widespread welfare benefit cuts, the introduction of market rentals in state housing, the Employment Contracts Act and requirements that people work for welfare payments.

4.1 POVERTY NATIONALLY

By the mid 1990's in New Zealand poverty had become obvious particularly amongst the elderly, Maori, and Pacific Island people. Research into poverty found that one in five families lived in poverty (Stephens et al 1995, O'Hare 1996, Waldergrave et al 1996[24]): 73 percent of all single parents, over 91 percent of whom were women, lived below the poverty line (DSW 1995), and 32 percent of all children in New Zealand were living below the poverty line (Stephens et al 1995). The incidence of poverty was more than two and a half times greater among Maori, and more than three and a half times greater among Pacific Island families than Pakeha families. The proportion of Maori households in the bottom quintile increased from 14 percent to 42 percent between 1984 and 1992 (Hira 1994).

There has been an unprecedented increase in the demand for foodbank parcels and DSW Special Needs Food Grants and throughout New Zealand people are going without meals because they can not

---

[24] Department of Social Welfare's Social Policy Agency research analyst put the number of New Zealand households below the poverty line at 19.6 percent which is one percent more than what Waldegrave estimated (O'Hare 1996).

afford them (Social Policy Agency 1994, Salvation Army 1997, The Christchurch Press 1996, Public Health Commission 1995, Waldergrave et al 1996).[25]

Poverty is not simply low income; it is an inability to influence outcomes in a regular and meaningful way. Within New Zealand there is a growing proportion of the population that are alienated by a sense of disengagement and distrust. Many felt that they no longer have control over events, the society they worked for has disappeared and things no longer made sense.

4.2   POVERTY IN CHRISTCHURCH

Amid growing anecdotal evidence that government policies were having an increasingly negative impact on limited income people, the Christchurch City Council in 1995 initiated the Social Monitoring Programme research to respond to the lack of data on poverty and hardship issues in Christchurch.

The research programme, completed in 1998, looked at the:
- impacts of government policies on people on limited incomes and indicators of hardship

- groups most likely to be experiencing poverty and hardship in Christchurch

- degree of hardship being experienced in different areas of the city

- main reasons why people seek assistance from social service agencies

- Christchurch City Council's role in addressing poverty and hardship

While the research does not provide the definitive statement on poverty and hardship in Christchurch (because it made use of targeted samples), it does give a clear indication that people on limited incomes in this city are experiencing significant quality of life problems. There are many people who are not able to provide for their general and most basic of living needs. These people are often socially isolated from family and from other support structures, are heavily reliant on outside assistance for their survival and are unlikely to be able to make adequate provision (if any) for their future. This has implications for our city in an age where government social policy calls for increased personal and family responsibility for support and well being.

Summary findings from the two main components of the research (the target week survey and the in-depth interviews) are presented below:
- Results show that where poverty and hardship exist, people are often experiencing multiple problems

- High accommodation costs as a proportion of limited incomes play a critical role in poverty and hardship in Christchurch.

- Mental and/or physical health problems appear to be a common factor in the lives of many of those in Christchurch who are experiencing hardship.

- One of the most insidious and destructive components of modern urban poverty in Christchurch is social isolation and alienation.

- Families with children were highlighted consistently throughout the research as being more likely than many other groups to be experiencing hardship and they were often experiencing it to a greater extent than others.

- It is important to note that our poverty research also identifies single people without dependants as being more likely than some groups to experience poverty and hardship.

---

[25] The *Christchurch Press* reported on 10 January 1996 that from December 1994 to November 1995, 268,045 Special Needs Food Grants were approved (Press 1996). Foodbanks in New Zealand reported increasing requests for food assistance including requests from people in paid work, whose wages did not enable them to cover unanticipated expenses and bills. The Salvation Army, for example, reported an increase in their distribution from 4,000 to 65,000 by 1997 (The Christchurch Press 1997). The Social Policy Agency estimated more that 40,000 food parcels were being distributed to New Zealand households each month at a cost of $25 million per year (Social Policy Agency 1994). In 1995, the Public Health Commission reported that 39 percent of schools nationally estimated that up to ten percent of children were regularly hungry and throughout New Zealand three point four percent of children (approx. 22,600) were perceived to be regularly hungry at school. Waldergrave et al (1996) found that, of the people involved in their study, 75 percent had problems paying for food, and 24 percent had major problems and 64 percent stated they went without meals because they could not afford them.

- Refugees in Christchurch are often experiencing hardship problems to a greater degree than other limited income people.

- Christchurch may well face significant poverty problems amongst its older population in the next two decades, particularly as our population ages.

- Barriers to employment were hindering many of our respondents.

- Some people are missing out on targeted supplementary assistance.

- Poverty and hardship are occurring throughout Christchurch, often in 'hot spots' that occur in all ward areas, not just in areas traditionally associated with poverty and hardship. However, there is still a clustering of effect with a concentration of people experiencing multiple forms of hardship in some areas: inner city east;; southern belt (Sydenham and Addington); eastern suburbs (Aranui, Wainoni and Avondale); Bishopdale and Casebrook, Bryndwr and Aorangi; St Albans; and Hornby and Hei Hei.

5. Disparity (Maori and Non Maori)

Maori make up an estimated 15% (573,500) of the total population. They are expected to represent nearly 20% (855,000) by the year 2031. The median age for Maori is around 22 years (compared to around 35 years for non-Maori) and 317,900 Maori are under 25 years (Te Puni Kokiri 1999).

Maori, like Pakeha, are not a homogeneous group. Maori belong to diverse communities and identify themselves in a variety of ways. Some identify with a particular iwi, hapu and whanau, others wish to identify with their tribal connections but do not know their ancestry or whakapapa, while others prefer to identify as Maori (Te Puni Kokiri 1999).

Age structure of the Maori and non-Maori populations 1996
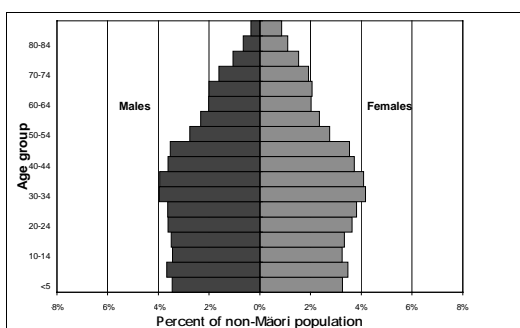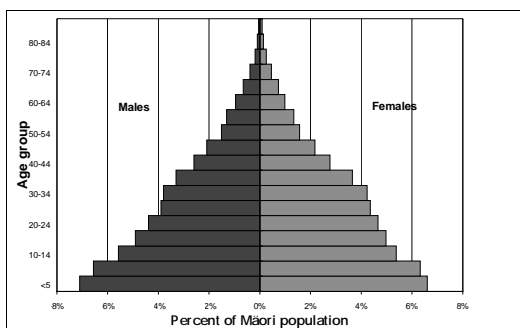
Source: Te Puni Kokiri (1998) Maori Towards 2000. Source: Te Puni Kokiri (1998)

5.1 DISPARITY NATIONALLY

Maori disparities relative to the rest of the population have remained persistent over time. It is argued that this disparity is due to historical alienation of land and other resources, the undermining of Maori economic, political, social and cultural base and other Treaty breaches.

From 1840 the Treaty of Waitangi was repeatedly breached. Prior to colonisation Maori were fully autonomous and systems that fully expressed their way of life: systems of health, justice, education, economics and politics. Iwi and hapu operated prosperous economies. Maori entrepreneurs pursued international trade and provided essential goods and services to the settlers. The process of colonisation alienated Maori land, imposed systems based on English law and undermined Maori practices of law, spirituality, education, language and culture. Settler governments encouraged rapid immigration, mostly from the United Kingdom, but later also from other European countries such as Poland and Holland and some other nations such as China, India and the Pacific. New immigrants largely understood New Zealand to be a Pakeha nation and the New Zealand way of life to be the Pakeha way of life (L'Estrange and Richardson 1989). By the late nineteenth century the Treaty of Waitangi faded from Pakeha consciousness; so too did the tangata whenua status of Maori people.

By 1980 only three million acres, 4.5 percent of New Zealand's total land area of 66 million acres, remained in Maori title. Maori comprised 10.3 percent of the population (Asher 1987). Maori incomes were lower on average than non Maori, the percentage of Maori dependent on Social Security Benefits was higher, Maori comprised a disproportionately large percentage of the unemployed, and health statistics showed wide disparities between Maori and non Maori (Royal Commission 1987).

In the 1980's Maori recognised that in the market driven economy economic power was as important as political power. From the mid 1980's iwi were re-emphasised as viable mechanisms with which to 'kick start' the Maori economy. Hui Taumata in 1984 determined that the next decade would be a decade of Maori economic development. Iwi attempted to establish an independent economic base and developed economic initiatives such as Ngati Porou Forestry, Aotearoa Fisheries, Ngai Tahu Trading Company, Muriwhenua Forestry, Te Ranginui o Te Tauihu o Te Waka a Maui, and Takahanga Trust. Iwi made determined efforts to formulate and implement iwi developmental strategies for social, economic, political and cultural growth using human and physical resources.

In some cases Government attempted to enhance the development of iwi resources through devolution of responsibility for the allocation of resources and delivery of services from central government to tribal authorities (Barnes 1996:2).[26] The National Government of the 1990's reversed the devolution process and put in its place the policy of mainstreaming: "Maori organisations tender for government funding on a contestable basis to gain contracts to deliver resources to the needs of their people...government always retains the right to establish the criteria for the transfer of resources" (Barnes 1996:2). At the same time the National Government supported iwi economic development by returning resources to iwi through the Treaty settlement process. In the last decades legislation was introduced that put an onus on public sector agencies to take Treaty issues into consideration and to consult Maori, for example the Resource Management Act and the Local Government Act.

From 1994 the Government chose to deal with Treaty claims by way of the fiscal envelope. This entailed the setting of a $1 billion cap on all claims. Despite widespread opposition from iwi (tribes) throughout the country the Government pursued this form of resolution (Kelsey 1995). By the end of the 1990s some claims, such as the Tainui settlement and Ngai Tahu settlement were finalised and others, were on the brink of settlement. Given the length of time these negotiations took and the hundreds of claims still to be addressed the then Government's aim to redress all major historical grievances by the year 2010 seemed ambitious (Ward 1997, National Party 1993). To date the Crown has transferred about $522 million in cash, fishing quota and commercial property to Maori through Treaty settlements.

---

[26] The courts became a key vehicle when the goal of Government policy was to shift resources and control from the Crown to the private sector both locally and internationally. While the Crown is the Maori Treaty partner the private sector was free from any such obligations (Kelsey 1993). This meant waiting or protesting for the return of assets from the Crown was no longer an option. Rangatiratanga needed to be claimed through the courts for example in the State Owned Enterprise Court of Appeal Case in 1989.

By late the 1990s Iwi were establishing themselves as major owners of New Zealand's natural resources. The total size of the Maori commercial asset base (not including housing) is now estimated at $5.05 billion, of which around $3 billion is based in agriculture and horticulture, and $890 million are business and commercial assets (property, investments and tourism). Maori now own more than half the assets in New Zealand's fishing industry.

The effects of recent Government policies have been contradictory for Maori. Rising unemployment, poverty and alienation occurred at the same time as resources were returned to tribes (but not urban Maori). Economic policies meant that for many it was a struggle just to survive. Increased unemployment and decline in real wages increased financial pressures. Privatisation was nearly always coupled with redundancies especially among labour intensive industries in which Maori were heavily represented. Increased benefit cuts and the deregulation of education and the labour market combined with the increased unemployment to increase the number living in poverty.

> Maori and Pacific people have not recovered the employment and participation rates they had before job losses in the late 1980s. Though there seems to be no increase in the divergence between Maori, Pacific and Pakeha employment rates at the moment, there is still a wide gap between employment outcomes between these groups (Department of Labour 1999:18)

Overall, the social and economic position of Maori relative to non-Maori has worsened over the last decade.

The official Maori unemployment rate (18%) is three times that of non-Maori. One quarter of Maori live in households in which the weekly income is below $400 compared to 15% of non-Maori. Throughout the late 1980s, marked disparities in Maori and non-Maori labour force participation and unemployment emerged. Although a reduction in the scale of these disparities had occurred by the early- to mid -990s, it was not sufficient to restore Maori employment status to the levels enjoyed before 1986.

Moreover, data for the late 1990s indicate that Maori unemployment is once again increasing. Young Maori (30% of 15-19 year olds) are more likely to be unemployed than other Pakeha (15%)

> Maori unemployment has been trending up in both net and relative terms for the past three years. This suggests that the system is more efficient at 'churning' the unemployed, but that the underlying causes of employment disparities remain unaddressed (Te Puni Kokiri 1999).

<figure>
Unemployment rate (%) chart, Māori and non-Māori, 1986–1999, Year ended June.
</figure>
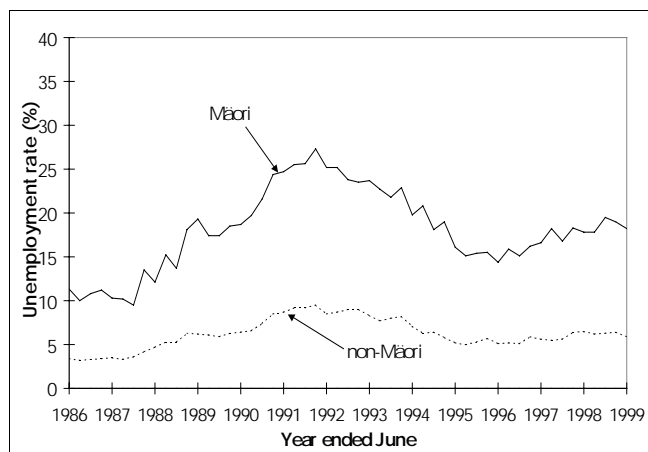
Source: Household Labour Force Survey, 1986-1999.

Around 46% of Maori households live in rental accommodation compared to around 25% of non-Maori households.   The gap between Maori and non-Maori hospitalisation rates increased four-fold between 1970 and 1997.

Maori rates within the criminal justice sector are, in most cases, four times higher than non-Maori, and around half the prison population is Maori. Between 1991 and 1997 the proportion of Maori prison inmates has remained steady at almost half of the total prison population

Number of Maori and non-Maori prison inmates, 1991 - 1997

Year	Maori	non-Maori	% Maori of Total
1991	1,633	1,904	46.2
1993	1,438	1,659	46.4
1995	1,736	1,741	49.9
1997	1,856	1,903	49.4

Source: Ministry of Justice. *Unpublished Tables.* 1999 cited in Te Puni Kokiri Briefing Papers (1991).

Compared to non-Maori, Maori are less likely to:
- attend early-childhood education; Maori participation rate for early-childhood education (0-4 years) is around 38% compared to the non-Maori rate of nearly 60%.
- remain to senior levels of secondary school;
- attain a formal qualification upon leaving secondary school;
- undertake formal tertiary training.

Qualifications attained by school leavers 1978-1998

<figure>
Bar chart of percent of school leavers, Māori and non-Māori, No qualifications and Sixth and seventh form qualifications.
</figure>
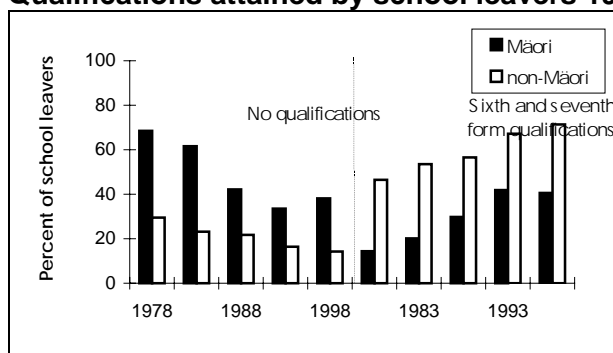
Source: Davies et al, 1993, and Ministry of Education, 1998.

40

Despite of the improvements in life expectancy and infant mortality, Maori continue to lag behind non-Maori on almost all indicators of health status.

graphs

The table below from Te Puni Kokiri's Briefing Papers (1999) provides a brief summary of Maori health trends as reported against key health indicators.

Table: Maori health trends

Age Group	Key indicator	General Trends in disparity rates between Maori and non Maori
Children (0-14 years)	• Sudden Infant Death Syndrome (SIDS) • glue ear	• Maori rate is reducing but still significantly higher than non-Maori • Maori rates of hospitalisation have fallen, but relatively larger drop in the non-Maori rate has created a disparity
Children and young adults (15-24 years)	• Asthma • Youth and teenage pregnancy • youth suicide • self-injury • motor vehicle crashes	• The disparity has widened considerably since 1997 • Since 1994, pregnancy rates amongst young Maori have increased and, as a result, the gap has widened • 1996 data indicates Maori rates of suicide are 2-3 times higher than that of non-Maori • Over 1981-97, the disparity between Maori and non-Maori self-injury hospitalisation rates almost trebled for both genders • hospitalisation rates for motor vehicle crashes has remained relatively unchanged, with Maori rates being disproportionately higher than for non Maori
Adults (25+ years)	• Cancer • Diabetes • Stroke • Pneumonia and influenza • Mental health admissions	Incidence of cancer remains higher for Maori Maori rates of diabetes have always been higher and are increasing hospitalisation rates for Maori due to stroke has widened by comparison with non Maori Hospitalisation rates for influenza and pneumonia are more pronounced for Maori than non-Maori, and the gap has widened considerably over the last ten years Psychiatric hospital admissions for Maori have increased more than non-Maori

There are widening disparities between Maori and non-Maori rates for a range of indicators which are discussed in Departmental Briefing Papers and Te Puni Kokiri Reports listed in the Bibliography;

5.2   DISPARITY CHRISTCHURCH

Maori comprise 10.8% of the city's population 35% of whom are affiliated to Ngai Tahu.

Maori in Christchurch are more likely than average to be living in socially disadvantaged areas, to be unemployed, to have poorer health and higher death rates and to have lower levels of educational attainment and lower levels of incomes.

These disparities must be addressed if Christchurch is to prosper socially, economically and democratically. Recent research suggests that reducing inequality offers the best hope for creating social cohesion. It is argued that the rise of an 'underclass' of citizens means that society will ultimately pay the price through low production, slow economic growth and threats to democracy (Kawachi et al 1999).

6.   Health

6.1   NATIONAL HEALTH TRENDS

New Zealand has made some health gains in recent years but these gains still lag behind those of more affluent countries such as Canada, Australia, and the UK. In 1997 women lived to an average age of 79.6 years and men lived to an average age of 74.3 years. This ranks 18th amongst OECD countries.

Maori males have about 8 years less life expectancy than non-Maori males and Maori females have 9 years less life expectancy than non-Maori females.

graph

In the Post-election Briefing papers the Ministry of Health (1999) identified the following health trends:

- The three leading disorders reducing the quality and length of life of New Zealanders are cardiovascular disease, cancer and mental disorders.

- Poor nutrition and lack of exercise contribute to premature mortality in New Zealand, in particular, death from cardiovascular disorders, cancer, diabetes and alcohol-related diseases. Maori and Pacific people are more than twice as likely to be diagnosed with diabetes than Pakeha. Diabetes has continues to grow in prevalence.

- Almost 80 percent of avoidable deaths occur in the 45–74 age group, and are dominated by ischaemic heart disease, diabetes, and smoking-related causes.

- About one in five New Zealanders has a disability resulting in functional or role limitation, and about 11 percent need assistance either intermittently or continuously.

- There has been good progress in reducing ischaemic heart disease, SIDS, road traffic injuries, alcohol-related harm, and cervical cancer.

- We rank 17th out of 21 OECD countries in infant mortality, with the highest sudden infant death syndrome (SIDS) – twice Australia' rate. Compared with other OECD countries, New Zealand does relatively poorly in terms of infant mortality and immunisation rates. Rates are more comparable for non-Maori.

- The New Zealand youth suicide rate is among the highest in the OECD. It has almost doubled since 1985. "It kills more 15 to 24 year-olds than anything except motor accidents, putting us third in the world behind Russia and Lithuania" (The Press, 30 August 1999).

- Road traffic accidents and suicide are the leading causes of avoidable[27] death among younger people.

---

[27] 'Avoidable' means modifiable by interventions, such as prevention, early diagnosis, treatment, or action in other sectors.

The Ministry reported that Maori, Pacific people, and people in lower socioeconomic groups have poorer health status and a higher incidence of disability than the general population (see Income Inequality and Disparity Sections). The exact reasons are not always well understood, but the Ministry identified that they are related to differences in:

- uptake of health and disability support services

- lifestyle behaviours (particularly smoking, inappropriate diet, alcohol consumption, and lack of exercise)

- physiological risk factors (obesity, diabetes, high blood pressure)

- socioeconomic circumstances, such as income and labour-force participation, education, and housing.

Once the figures are adjusted for socioeconomic status (as a proxy for need), Maori and Pacific people are shown to use primary, secondary and disability support services less than the rest of the population. This is surprising, given the significantly worse health status of these population groups. When combined with the high acute hospital admission rates, particularly in areas such as South Auckland and Porirua-Kapiti, it suggests that primary care services are not reaching some Maori, Pacific people and people in lower socioeconomic groups, or are not providing the same benefits to those groups.

6.2   NATIONAL DRUG AND ALCOHOL ISSUES

The National Drug Policy was released in 1998 [28]. It focuses on minimising the harm caused to individuals and society by the use of tobacco, alcohol and other drugs. Tobacco (mentioned above) and alcohol are the drugs that cause the greatest harm in New Zealand. The percentage of the public which uses other drugs is very small.

There are initiatives across the country which centre on several areas:
- treatment for people who have problems with drugs and alcohol

- information and research

- health promotion

- law enforcement (for example around public safety).

Public Health Issues - Public health issues concerning drugs and alcohol include the sale and consumption of alcohol at public events and the risk of blood borne diseases such as Hepatitis C and HIV being transmitted by injecting drug users.

Treatment - There is difficulty is accessing detailed national treatment data.[29] This is because even where numbers of treatments are known this does not reveal how many people accessed a service nor the overall need for the service.

In general, more men than women require alcohol and drug treatment and the 15-44 year age group is over-represented relative to the overall population. Twenty per cent of drug and alcohol treatment clients are Maori (Health Funding Authority 1998).

Law related issues - There have been recent changes to both the sale of liquor and the drinking age. The impact of these changes has yet to be evaluated.

---

[28] Ministry of Health. (1999). *Briefing for incoming Minister.*
[29] Sandra Kirby. (2000). Personal communication.

6.3   CHRISTCHURCH HEALTH PROFILE

This section makes some brief comments about the health of Christchurch people compared to the national population where there are differences of note. This information is drawn from the Health Funding Authority's 1998 report on the southern region.[30]

In many areas of health, Christchurch's overall status is similar to that of New Zealand overall. However, within the city, there are often differences which do not show up in 'city' statistics. As in New Zealand overall, Christchurch people's health is closely linked to their socio-economic situation including their housing, income, education and family support. Life expectancy is higher than the national average in more 'advantaged' areas of Christchurch (in the HFA definition) and lower in the less advantaged areas.

Christchurch has higher than average population of people aged 75+ and this group will continue to grow. Christchurch can therefore expect increasing demands on a wide range of health and disability services.

Although the southern region (as defined by the HFA) has a lower proportion of Maori (7%) than the country overall (14.5%), in Christchurch 10.8% of the population is Maori. As elsewhere, Maori are more likely than average to be living in socially disadvantaged areas and therefore also more likely to have poorer than average health.

Health issues relating to lifestyle (such as alcohol consumption and diet) tend to reflect national trends. However environmental health is strongly affected by the quality of air in Christchurch, particularly in the winter months.   A report by the Canterbury Regional Council[31] concluded that air pollution in Christchurch could have contributed 21-29 deaths each year and to 8-17 hospital admissions per year for respiratory and cardio-pulminory disease. This conclusion is still a contentious one.

Christchurch has more residential drug and alcohol treatment facilities than anywhere else in the country. The needs of people requiring treatment are generally well met although the needs of men are better met than are those of women. Christchurch has a higher proportion of intravenous drug users in its population than other cities. This could be because of the concentration of prisons and treatment services (such as the Methadone Programme) in Christchurch or other reasons which are as yet unclear.

During the 1980s and 1990s the need for adolescent treatment facilities was identified.[32] The Health Funding Authority has recently begun funding facilities for young people but the extent to which the HFA will meet the broader needs of clients in these services is still being established. A continuing need in Christchurch is for services which meet the needs of young people with A&D problems who are also involved in the criminal justice system.

In general, the efforts of the Alcohol Drug Association (formerly CCCAD) have meant that Christchurch has had a more co-ordinated approach to the provision of drug and alcohol services in Christchurch than have other parts of New Zealand (Sandra Kirby 2000). [33]

6.4   PREDICTED HEALTH TRENDS

The Ministry of Health predict that in the future there will be a higher incidence of infectious diseases and risks of antibiotic resistance, more ageing-related diseases, and growing numbers of people with a high degree of disability and chronic illness, mental illness, diabetes, and some cancers (Ministry of Health 1999, Krieble & Middleton 1997). For instance:

Informal health care – the majority of care during sickness and disability is provided by informal carers who in the main are family members. The provision of informal care may be rendered more problematic with changing work structure

---

[30] Health Funding Authority. (1998). *The health of people in the south*.
[31] Foster, E. (1996). Health effects of suspended particulate. *Technical Report R(96)2*, Christchurch: Canterbury Regional Council.
[32] Macdonald, J. (1997). *Drug and alcohol residential services for young people*. Christchurch City Council.
[33] Sandra Kirby. (2000). Personal communication.

Women's health – the shift in the distribution of demands on women's bodies, from child rearing in early adulthood to paid employment plus domestic labour throughout life, may erode women's life expectancy advantage over men and produce a morbidity profile for women which increasingly resembles that of men.

Health in early adulthood - the growing divergence between biological and social adulthood may foster lone motherhood, hazard exposure in the unregulated informal economy and a youth culture which include psychotropics and risk taking.

Health of elderly – diseases such as Parkinson's, Alzheimer's and CVA, which primarily affect the elderly, will form an increasingly large proportion of clinical work.

Graph

Social inequality – inequality in health with population will continue to pose major challenge. As in other OECD countries, a large share of the difference in health status between groups is linked to socioeconomic indicators, particularly differences in family income, employment, education, and housing conditions. Ethnic differences in mortality, disability and self-rated health status are reduced but not eliminated by adjusting for socioeconomic status. One of the key factor affecting health is income (Brieseman 1999). This was illustrated by Health Funding Authority figures which in the mid-1990s showed death rates among men aged 45 to 64 living in one of the poorer suburbs of Christchurch to be 89 percent higher. Life expectancy in affluent suburbs was also four years higher for men and 2.6 years higher for women, than their counterparts in poorer suburbs (The Press, 30 August 1999:5).

7.   Multiple Disadvantage

There is evidence that there is a small, but increasing and significant number of children growing up in households experiencing persistent and multiple disadvantages, including poor health, and low school attainment.

> These households typically have some combination of low incomes, inadequate and/or frequent changes in housing, intra family problems, poor health, and low school attainment. A number of them are long term benefit dependent. Maori and Pacific peoples are highly over-represented amongst this group....These families are vulnerable to becoming entrenched in this position of multiple disadvantage, and there is a risk of intergenerational transmission (Ministry of Social Policy, Post-election Briefing Papers 1999:45).

In addition to those who are currently experiencing persistent multiple disadvantages, there are others who are considered to be at some risk of becoming so (Ministry of Social Policy 1999).

The Christchurch Health and Development Study, a longitudinal survey of a birth cohort of 1265 children, estimated that approximately 25,000 families (5%) nationally are at high risk of being caught in a cycle of entrenched disadvantaged. A further 45% of families are in situations where some of these risk factors are present – unforeseen events such as illness could push these families into a position of entrenched disadvantage.

This study has identified a strong association between childhood history and adolescent problems. It identified that children who developed early onset multiple problem behaviours were offspring of seriously disadvantaged, dysfunctional and disorganised family and childhood environments, including:

- Social and material disadvantage

- Parental criminality, substance abuse and other problems of adjustment

- Impaired parenting and lowered standards of child care

- Family instability, change and martial conflict

The study indicated that these factors act accumulatively to influence problems of adjustment in adolescents.

> What, however, was of interest was the strength of this association and, particularly, the apparent effects of generally advantaged home environment in protecting children from developing multiple problem behaviours (Fergussson et al 1994:1135).

This suggested that the nature of childhood family circumstances act as a strong determinant of vulnerabilities to teenage multiple problem behaviours:

> … the "black sheep" teenagers who show serious problem behaviours despite an advantaged background are rare and the present study suggests that these teenagers occur at a rate of about one in every four to five hundred children reared in generally advantaged home environments. … However, further analysis suggested that the impression that children reared in seriously disadvantaged home environments frequently escape the consequences of their upbringing was largely illusory. Detailed examination of the outcomes of children reared in seriously disadvantaged home environments suggested that by the age of 15 years, 87% of these children had developed at least one behaviour or mental health problem and that only 13% were problem free teenagers. In contrast, of the children reared in the most advantaged 50% of the sample, 80% were problem free teenagers.

The study identified that while the strong association between childhood history and adolescent problems could be due to nature or nurture it was unrealistic to assume that genetic factors play a predominant role in the development of such behaviours. Whilst genetic factors may play some role in predisposing young people to multiple problem behaviours, the effects of a disadvantaged, disorganised and dysfunctional childhood probably make a far greater contribution to the development of such behaviours (Fergusson et al 1994:1136, Rutter et al 1990).

Fergusson et al concluded that solutions to the problems of increasing antisocial behaviours among young people are macrosociological:

> In general, the findings of this study tend to support the conclusion that, if solutions to the problem of increasing antisocial behaviours among young people exist, these solutions are likely to lie with microsociological changes and process of social reconstruction which attempt to minimise that number of seriously disadvantage, dysfunctional and disorganised families within the community (Fergusson et al 1994: 1137)

Other studies also indicate that attempts to change and modify the behaviours of seriously disturbed teenagers have limited success (Kazdin 1987). Short-term attempts at behavioural intervention are of limited success in modifying patterns that have developed over a lengthy period.

8.   Sole Parents and Poverty/Disadvantage

On occasion the association between sole parenthood and disadvantage is interpreted as a causal relationship.   While sole parenting is associated with poverty there is in fact no evidence that sole parenthood is a contributing factor to poverty.   In the absence of social or family disadvantage sole parenting is not a factor that makes a major contribution to childhood risk.

> The Christchurch Child Health and Development study found that, as a group, children reared in one-parent families have higher levels of exposure to social and economic disadvantage, family dysfunction, stress and impaired or compromised parenting and childrearing. However, these factors are often present prior to parental separation rather than being a consequence of separation. Collectively, the findings suggest that single parenthood in the absence of social or family disadvantage is not a factor that makes a major contribution to childhood risk.[34] (Ministry of Social Policy 1999:51)

If family structure becomes the exclusive focus for policy analysts and social researchers then the true picture of poverty in New Zealand is unlikely to be revealed. As the Ministry of Social Policy (1999) noted, many two parent families are also subject to social and economic disadvantage. This also signals that the relationship between disadvantage and family wellbeing is likely to be a complex one.

9.   Dependency Ratios

Many families are facing increasing demands to care for other family members due to:
- delayed entry of young people to economic independence (due to economic and policy changes)[35]

- deinstitutionalisation of a number of individuals with disabilities

- ageing population

- employment patterns

Dependency ratios are summary measures of the age structure of populations and can take a number of different forms. The simplest version is the population-based dependency ratio, defined as the number of children plus the number of older people for every person in the main working ages. A weakness of this measure is that it gives equal weight to the resource demands imposed by the young and the old and does not take account of the number of people of working age who are dependent on income from the state or from other family members. However, it is useful as a guide to broad changes in levels of age-related dependence over the long term.

Overall, the total dependency ratio is expected to decline in the next decade. The current ratio is 52 children and older people per 100 people aged 15 to 64 and it is anticipated that this will decline to 49 per 100 by 2011. The ratio is then expected to rise to 64 per 100 by 2031.[36] The consequences of this change are difficult to assess as there may continue to be changes in sources of support for individuals and families.

---

[34] Fergusson, D. M. (1998) "The Christchurch Health and Development Study: An Overview and Some Key Findings", in *Social Policy Journal of New Zealand,* Issue 10, June, pp158,171.

[35] Extended dependency – a longer transition to adult roles and the combination of changes in the labour market and changes in educational policies mean a significant number of young people are dependent for longer on their family than those of previous generations (Ministry of Youth Affairs 1999).

[36] The ratio of children to adults (aged 15 to 64) will continue to decline. By 2011 the ratio is expected to have declined from 35 children under 15 for every 100 adults (aged 15 to 64) to 29 children in 2011. However this does not necessarily mean reduced child dependency as the nature of family assistance has changed over time.

There are currently 18 people aged 65 and over for every 100 people aged 15 to 64 years and this ratio is expected to rise to 20 per 100 by the year 2011. Beyond that, the ratio will continue to increase; in 2031 there will be 36 older adults (aged 65 and over) for every 100 other adults.

Dependency ratios
1936 to 2051

Number per 100 persons aged 15-64
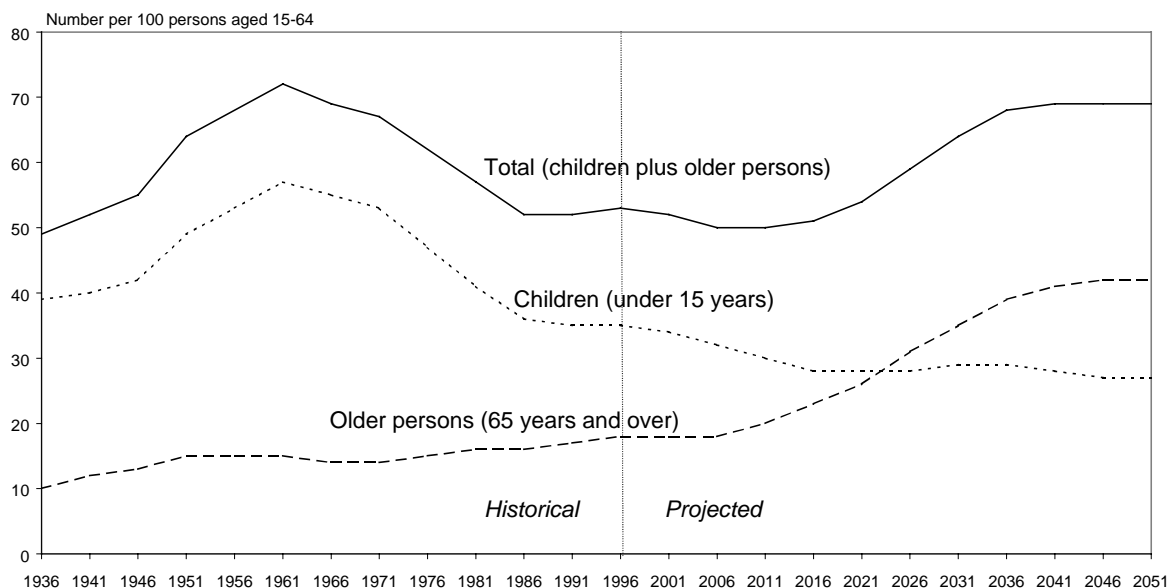
Source: Statistics New Zealand (1997) *The Population Conference: Statistics for Presenters*, Table 1.10. Projections assume medium fertility and mortality and net annual migration of 5,000.

10. Refugees

10.1 NATIONAL TRENDS

New Zealand accepts refugees for humanitarian reasons. The commitment to help them build a new life must extend beyond the offering of visas and limited assistance. (Refugee Resettlement Policy in New Zealand, 2000: ii).

Between July 1994 and June 1999 New Zealand accepted 3 442 refugees for resettlement. They came primarily from Iraq, Somalia, Ethiopia and Vietnam. Over 1500 of these refugees resettled in Auckland, with the remainder going to Wellington (1091), Christchurch (364) and Hamilton (245). Around 100 refugees resettled in other smaller centres.

The NGO (Non Governmental Organisation) sector recently compiled a report on refugee resettlement policy for the incoming government[37]. The following is a brief summary of the issues and recommendations outlined in this report.

Establishing homes – establishing homes for refugees is often an urgent matter. Only some refugees are eligible for the Re-establishment Grant and volunteers are required to contribute a great deal towards establishing homes. Recommendations include:

- ensuring adequate resourcing of NGO agencies
- re-examining the amount of the Re-establishment Grant
- widening eligibility for the Re-establishment Grant
- increasing the responsibilities of Housing New Zealand in ensuring appropriate stock and formally acknowledging a refugee liaison role

Reuniting families – the desire for family reunification is of paramount importance to refugees and there is a need to develop programmes to ensure this need is accommodated. Until family reunification

---

[37] *Refugee Resettlement Policy in New Zealand: A report for the 1999 Incoming Coalition Government from the NGO Sector.* (2000).

issues have been addressed refugees are unable to get on with their own resettlement. The report recommends:

- developing a programme to address the special needs of refugees

- establishing a special NZ based processing unit for refugee family reunion and humanitarian applications

Physical health – refugees and asylum seekers face unique health problems and need to catch up to the health standards taken for granted by many other New Zealanders. This means there is a need for early health screening. The report recommends:

- implementation of a national TB prevention programme

- withdrawal of the Government's policy to screen for HIV from July 2000

- development of an HIV education programme for refugee communities

- development of recommendations for immunisation, and

- development of the role of specific primary health providers in services to refugees.

Mental health – Refugees are a very vulnerable group. In particular, young people require early intervention programmes to respond to their needs, Other requirements are:

- implementation of The Mental Health Commission's 1998 "Blueprint" Report addressing access, integration with other services and staffing ratios

- delivery of mental health services to refugees through specialist services supporting by continuously upskilling mainstream services

Belonging in a Community – Co-ordinated services for both quota and non-quota refugees are essential. The combined involvement of government sectors, NGOs and volunteers are crucial to enabling good integration into the community. Assistance may be required for up to 5 years – this will depend on the opportunities available to (for example) learn English and find employment. Recommendations are:

- resourcing specialist NGO agencies to enable them to provide 'case managed' family support

- ensuring availability and resourcing of local orientation programmes in all major centres of resettlement

Learning English – Proficiency in English is one of the most important factors in successful resettlement. Entitlement does not in itself ensure refugee access to educational services. Recommendations are:

- addressing access issues (including cost, transport, proximity) to early childhood education

- funding support for longer than three years for pre-literate refugee children

- training teachers about the needs of their refugee students

- implementing a case-managed approach to planned, funded, long-term education provision, recognising the special needs of pre-literate refugees

- ensuring that refugees can readily access quality educational programmes

Employment – Refugees are enormously disadvantaged in the labour market. Recommendations are:

- developing partnerships between central government, local government and the business sector

- developing regional approaches to employment services

- collecting employment data about refugees

- contracting specialist refugee case managed employment initiatives to NGO groups

Asylum Seekers and Convention Refugees – This group receive few of the services provided for 'quota' refugees. They are part of a humanitarian responsibility NZ has accepted by signing the 1951 UN Convention on Refugees. Recommendations include:

- establishing programmes to address the backlog of refugee claims

- ending the current inequity between the treatment of quota refugees and asylum seekers and Convention refugees

Overall, the Report calls for a comprehensive policy on resettlement. The consequences of leaving refugee and resettlement issues unaddressed are far reaching.

10.2 CHRISTCHURCH

Refugees who have resettled in Christchurch are primarily Somali, Ethiopian, Afghani, Kurdish, and Iranian.

A number of organisations and individuals in Christchurch have responded to the needs of resettling communities. These include, for example, Christchurch Community ESOL Tutors, the Community Law Centre (which is funded to provide free legal services to refugees by the Legal Services Board), and Crown Public Health. The Refugee and Migrant Centre (initially established through a grant from the Christchurch City Council) houses three of the main services working with refugees. These are PEETO (Pasefika Education and Employment Training Organisation), the Refugee and Migrant Service and Refugee Resettlement Support. The efforts of all these groups are supported by a co-ordinating forum called the Refugee and New Migrant Forum convened by the Christchurch City Council and Crown Public Health.

Members of the Forum were major contributors to the report to the incoming government discussed in the previous section. All the issues raised in the report are relevant to the Christchurch situation. One of the groups has also noted that there is a need to grow and consolidate the current resettling communities so they are large enough to develop their own proper community infrastructure.

11. Domestic Violence

11.1 DOMESTIC VIOLENCE IN NEW ZEALAND

The Domestic Violence Act, 1995 signalled a change in approach to addressing domestic violence in New Zealand. The Act provides for the granting of protection orders and the provision of programmes for protected persons and respondents. The Ministry of Justice (1999) has noted that this legislation has considerable resource implications for the Government.

The Women's Safety Survey (1996) aimed to explore violence against New Zealand women by their male partners. More than two fifths of women with current partners and the vast majority of women with recent partners reported they had experienced at least one type of controlling behaviour. Some women also commented that the cumulative effects of psychological abuse were more damaging for them than the effects of physical abuse. About one quarter of the women with current partners and almost three quarters of women with recent partners reported that they had experienced at least one act of physical or sexual abuse by their partner. The survey also looked at the seriousness of physical abuse. One percent of the women with partners and 8% of the women with recent partners reported that they had been treated or admitted to hospital as a result of their partner's violence. Further, 3% of women with current partners and 24% of women with recent partners reported that they had been afraid that their partners might kill them. The reported incidence of all these elements was higher among Maori women than among non-Maori women.

Of the women surveyed just over a tenth of the women who disclosed any level of physical violence had ever asked the police to come to their home to deal with their partner's violence. The most common influences mentioned by women in changing their partner's behaviour were 'fear of losing me' and

'counselling'. Neither 'police action' or court action' featured in the top five influences which women believed might change an abusive partner's behaviour.[38]

The Ministry of Justice also reports that these findings will be used in evaluating strategies and policies across a range of Government agencies.

11.2 CHRISTCHURCH

Christchurch agencies working to address domestic violence are co-ordinated through the CAIP network (Canterbury Abuse Intervention Project). Agencies include Community Corrections, Stopping Violence Services, Christchurch Police, Women's Refuge and the Family Court

The numbers of domestic incidents reported to the Canterbury Police in recent years were:

1996	2774
1997	3860
1998	3860
1999	3114

12. Early Childhood Education and Out of School Care

12.1 EARLY CHILDHOOD EDUCATION NATIONALLY

The Department of Labour and the National Advisory Council on the Employment of Women recently conducted a national review of childcare.

Data from the survey indicated that
- Higher use of ECE and care arrangements among pre-school children (estimated 60%) than among school aged children (20%)

- Pre-school children are more likely to have formal ECE and care arrangements, while for school aged children the most common arrangements are informal

- Patterns of use increase by age for pre-schoolers

- The amount of childcare used by families increases with income

- The type of service chosen varies with the amount of paid work undertaken and differed according to income

- Pre-school children with a parent or parents receiving unemployment benefit, use of ECE and care arrangements is lower than average(39%). For children with parent on DPB use was estimated 55%.

- Children from families earning over $70,000 were more likely to use childcare centres than children form other families

- For 27% of all children who use ECE and care, this was provided by unpaid relatives. For both pre-school and school aged children, care by unpaid relatives was the most common care types used during the school holidays

- Almost half of pre-school children with ECE, and care arrangements use 10 hours or fewer of ECE and care per week

The report identified that:

---

[38] See comments about methodology in the Ministry of Justice report for information about the ability to extrapolate these findings to the general population.

For both pre-school and school aged children, patterns of use vary by parental labour force status, family income, number of parents in the household, and ethnicity. Higher income families particularly two parent families in which both parents worked, were more likely to make use of formal arrangements for both pre-school and school aged children. Conversely, low and middle income families made greater use of low cost services (such as kindergarten and playcentres), but also relied heavily on informal care arrangements. These families were more likely to have one or more parents who were not in employment (Children, Families and Work 1999: 57)

A 1995 report by Te Puni Kokiri found that while participation in ECE by Maori pre-school children has increased for every age group, Maori children are still less likely than other children to participate in ECE (Te Puni Kokiri, 1995).

12.2 OUT OF SCHOOL CARE NATIONALLY

Until recently central government has had no clearly defined role in Out of School Programmes. A 1988 government working party report identified that there was a role for central government in supporting Out of School Progammes and made a number of recommendations on how to achieve this. Few of these were actioned.

Out of School programmes are currently the responsibility of Ministry of Women's Affairs but administration is carried out by Work and Income New Zealand (WINZ), with Child Young Persons and Their Families (CYPFA) carrying out checks on service standards. This exemplifies the lack of a clarity in the government's approach and was highlighted at the recent National Association for OSCAR Conference.

More recently a number of factors, including increased demand for Out of Schools Programmes and changes in Social Welfare policies, have influenced the development of some new government initiatives for Out of School Programmes. These include:
- Out of School Programme fee subsidy for low-income parents
- Voluntary national minimum standards
- Small amount of one-off contestable establishment funds (appendix A)

While these initiatives provide some support for Out of School Progammes providers and users, there are still many gaps in this support. Currently funding levels are also considered to be inadeqate.

OSCAR pays $1.80 per hour (again about 50% of the cost of care) and is limited to 20 hours per week (30 hours per week during school holidays). Many parents choose to keep their children in informal (unregulated) care settings – and are therefore ineligible for a subsidy.

12.3 EARLY CHILDHOOD EDUCATION IN CHRISTCHURCH

Early childhood education (ECE) includes childcare centres, playcentres, kindergartens, kohanga reo, Pacific Island language nests, family day care and playgroups. In 1997 Christchurch had a mix of:
- Childcare centres[39] - 124 (Overall there were 12,700 enrolments at these centres)[40]
- Other forms of ECE
    - Kindergartens[41] - 52
    - Playcentres[42] - 26

---

[39] Sessional, all day or flexible hours . Service may describe themselves as infant centre, crèches, preschools or by a name that indicates their particular philosophy and purpose. Childcare services may be privately owned; community based, non-profit making . Some centres have all trained staff while others may have a mixture of trained and untrained personal (Christchurch Review of ECE, 1998).

[40] A child can be enrolled at more that one centre.

[41] Kindergartens - Sessional early childhood education for children aged three to five years. "Free" Kindergarten means that services is open to all children regardless of their background or abilities. In general younger children attend afternoon sessions for three days a week, while older children attend five mornings a week. All teachers are trained to diploma level. Parent participation is encouraged. (Christchurch Review of ECE, 1998)

- Nga Kohanga Reo[43] - 11
- Pacific Island cultures language groups[44] - 16
- Playgroups[45] - 61

The Ministry of Education is the major funder of early childhood education services. There are also a number of private child care services.

The Christchurch City Council is currently a part-funder, through a variety of arrangements, of 21 Early Childhood Education (ECE) services (mostly community childcare), a provider of three childcare centres, and an advocate for effective provision of ECE services in the city.

Community childcare centres are supported in the main at the Community Board and Service Centre level. The Council operated facilities are the main focus of this Output with the operation of the three child care centres: Tuam Street Early Learning Centre; QEII Park Pre-school and the Pioneer Stadium Early Learning Centre.

In September 1998, Council adopted a new policy on Early Childhood Education.[46] The policy was formulated after an extensive review of ECE services in the city. This review was conducted by the Christchurch City Council in partnership with the Ministry of Education and Early Childhood Development. It consisted of a large consultation exercise with key stakeholders (including service providers, parents, City Councillors and Community Board Members, resourcing/regulating agencies, and other stakeholding organisations), a data gathering exercise of relevant statistics, and a literature review. The Review was triggered by increased requests for funding from the Council by a range of ECE services in Christchurch, indicating that there was a possible increase in unmet needs in this area. Perceived factors affecting this increased demand included:

- Increased awareness of the benefits to children of attending quality early childhood education services
- Government policies encouraging parents into the workforce
- The economic necessity for single or both parents to work
- The increased participation of women in the workforce

As identified in the ECE strategy (1999) research has "provided convincing evidence that early childhood education, provided it is of sufficiently high quality, has a lasting influence on cognitive and social adjustment in children from low income families".[47] Research also reports that early childhood education can:
- positively influence motivation and self-efficacy, social skills and responsibility, and commitment to learning;

---

[42] Playcentres – Began in 1940s. Playcentres are parent co-operatives where parents take responsibility for the management and supervision of mixed age sessions for up to four days a week, for children between birth and school age. All parents are required to help supervise sessions on a rostered basis. A playcentre trained supervisor or a groups of parent supervisors takes overall responsibility for the programme. Playcentres are administered though parent management committees at local and regional level – these are linked to a national organisation (Christchurch Review of ECE, 1998).

[43] Kohanga reo – sessional or all day Maori language immersion early childhood centres. Kohanga reo have a prime aim of the maintenance of te reo. Kohanga reo began in the early 1980s. The centres are community based and administers by local management groups which are affiliated to a national body. The national Trust receives government funding and has full control over the way in which funding is allocated among individual kohanga (Christchurch Review of ECE, 1998).

[44] Pacific Island Language Nests – centres based on the values and language of Pacific Island cultures. The centres cover a range of nationalities: Samoan, Cook Island, Niuean, Tongan, Tokelauan, Tuvaluan and Fijian. The centre range from informal family playgroups (meetings on e to two session a week) to licensed and chartered all-day centres (Christchurch Review of ECE, 1998).

[45] Community Playgroups are not for profit groups of parents who meet to provide early childhood education for their children. Community playgroups are exempt from licensing but must meet criteria set down by the Ministry of Education. The active participation of parent is required at all session. Some playgroups operate from community or church halls.

[46] This replaced its previous Childcare Services Policy (adopted in August 1993). The ECE Policy states that: " The Christchurch City Council is committed to proactively promoting equitable access for all children and their families/whanau to **quality** early childhood education in Christchurch. Priority will be given to the least advantaged and those with special needs or abilities".

[47] Smith A and Gaffney M (1997) National and International Trends Affecting Early Childhood Education (in ECE Review report: "Christchurch Review of Early Childhood Education" (1998))

- teach children to persist in the face of difficulties;
- encourage children's autonomy, commitment and aspirations.

Other research identifies enhanced interactions between parents and children, stress relief, and enhanced educational and employment opportunities for parents as positive outcomes of early childhood education:

> .. on the basis of substantial research in this field, there is now a general consensus amongst researchers from a variety of disciplines that good quality early childhood educare benefits children (of whatever social group), their families and society as a whole (Wylie 1994)

The Council recognises the educational, social, preventative and supportive role that quality early childhood education provides for families with pre-school children. The Council acknowledges the role played by other ECE providers, and aims to complement that provision. Central Government is acknowledged as the appropriate main funder and regulator of ECE services (the government's funding is a "grant in aid" and is not intended to cover the full cost of providing the service).

12.4 OUT OF SCHOOL PROGRAMMES IN CHRISTCHURCH

The Council has adopted the following definition for Out of School Programmes (Kirk Report 1997):

- Care and recreation programmes which provide regular, reliable, local care and leisure activities for children aged between five and 14 years, either
- After School programmes that operate at least three sessions per week, for two hours or more , and/or
- Holiday programmes that operate at least three days per week for 6 hours or more per day on a regular basis.

Out of School Programmes are provided by community not-for-profit organisations through schools, community centres, and churches, by commercial operators and by the Council (both directly and indirectly).

There are four Out of School Programme private providers, and 23 community not-for-profit organisations operating Out of School Programmes in the Christchurch area. Of the not-for-profit organisations, 13 provide both holiday and after school care.

The Council is involved in supporting Out of School Programmes (after-school and holiday programmes) through **funding support**, **advice**, and **resourcing** in varying degrees across different wards.

The Council has also **delivered, facilitated and contracted** Out of School Programmes, both in the form of holiday programmes (22) through the Leisure Unit and after-school programmes (two) through the Community Relations Unit (Other not for profit programmes received varying degrees of advisory support and funding from the Council). It has also **advocated** for the effective provision of Out of School Programmes in the city.

OSCAR Network provides professional support to many of these programmes, including staff training, resources and advice.[48] The OSCAR Network is a not for profit community group with a voluntary membership. The Council recognises the OSCAR Network as the professional body in the area of Out of School Programmes in Christchurch.

---

[48] A separate not for profit organisation, OSCAR Development in Christchurch, acts as a contractor to run out of school programmes or run aspects of a programme as required.

13. Children and Youth

13.1   CHILDREN AND YOUNG PEOPLE NATIONALLY

Statistics indicate that children and young people have borne the brunt of economic and social trends. A quarter of a million (or a third) of all children live in poverty. Children are almost twice as likely to be in poverty in 2000 than they were in the late 1980's.

The Ministry of Youth Affairs briefing paper to the incoming government identified the following trends:
- Young people tend to have shorter periods of unemployment than other age groups but are more likely to experience repeat periods of unemployment

- From 1986 to 1996 the median annual income of young people dropped from $14,700 to $8,100

- New Zealand has the highest OECD rate of road deaths in the 15-24 year age group

- In 1995 32.5% of deaths on the road were young people aged 15-24 years

- New Zealand has the second highest OECD suicide rate after Finland for people aged 15-24 years

- Suicide rates have been increasing since 1984

- Young people aged 18-23 consume a quarter of the total alcohol consumed in New Zealand

- Smoking is the leading cause of preventable early death in New Zealand

13.2   CHILDREN AND YOUNG PEOPLE IN CHRISTCHURCH

There are approximately 60,000 children aged 0-14 years in the City and 64,000 young people, 14-25 years. At the time of the 1996 Census there were around 36,500 families with dependent children in Christchurch, approximately 73,00 children and youth under 18 years.

In the year to March 1999, nearly 2590 children and young people in Christchurch area were subject of one or more care and protection notifications.

Most young people with personal income are on fairly limited incomes. Fifty-one percent of young people have personal incomes of less than $10,000 per annum. Nine percent of these have no personal income. Thirty-five percent are earning between $15,000 and $30,000 per annum. Only 4% are earning over $30,000.

Thirty-nine percent of young people aged between 15 and 25 years are employed full time. Another 29% are not in the labour force. Many of these young people are students engaged in secondary and tertiary education. Ten percent are considered unemployed and actively seeking work. Another 20% are employed part time.

Motor vehicle accidents contributed to 40% of young people's deaths in Christchurch City from 1984 to 1993. Suicides and self-inflicted injuries contributed to 25% of deaths. There was a trend toward increasing youth suicide rates in Christchurch City over the period of 1984 to 1993.

There has been a significant increase in the number of offenders coming to the notice of police over the past decade) numbers more than doubled) (NZ Police 2000).

Youth aged 16 – 20 comprise 20% of the total number of offenders serving community-base sentences in the Christchurch area. When the age is extended to include all those in the 16- 25 age bracket, this percentages increases to 37% (Department of Corrections 2000).

Government agencies and community groups in Christchurch have identified the following gaps in services for young people:
- Longer term residential placements providing a highly structured environment;

- Short-term respite care

- Anger/violence services

- Young people with severe attention deficit disorders

- Mental health services for youth;

- Services for youth who are unable to attend mainstream education;

- Educational services for children with mild intellectual disability, borderline intellectual impairment or multiple mild problems;

- Interagency programmes and placements for multi needs young people;

- Programmes for families who experience a child with extreme behaviour problems and other children in the family are affected by it.

14. Conclusion

The issues discussed above are not an exhaustive list. They include some of the issues which have been highlighted through the Community Services Committee in the past year and which have been raised in recent research and community forums.

It is anticipated that this section will be added to as other key issues emerge.

COMMUNITY FUNDING

This section provides information relating to the funding for community development provided by the Council.

The section provides a brief description of Council community funding. It then provides information on other funding available for the community sector: Government and non-government.

Finally it examines some of the key funding trends affecting community groups.

1. Council Funding

At present there are five main community strands of funding. These are:

1.1 ANNUAL COMMUNITY DEVELOPMENT (SMALL GRANTS) SCHEME

This grants scheme is run both through Community Boards and on a metropolitan basis. Grants tend to be in a range from $500 – 2000. There was a total of $349 000 allocated to this scheme (throughout the city) in the 1998/ 99 financial year. Community groups are asked to complete a brief application form and then applications are assessed (by funding committees of elected members and community representatives) against the outcomes of the Community Development and Social Wellbeing Policy.

1.2 COMMUNITY BOARD FUNDING

The six Council Community Boards have $50 000 discretionary funding which they may distribute to community groups or spend on other projects.

1.3 MAJOR GRANTS

The Council supports a number of organisations on an ongoing basis. These include the Council of Social Services, Christchurch Citizen's Advice Bureau, the Christchurch City Mission and the Christchurch Safer Community Council. New applications are considered as part of the annual plan process.

1.4 DISCRETIONARY FUNDING (METROPOLITAN) FOR 'EMERGENCY' OR OTHER UNUSUAL SITUATIONS

There is a total of $250 00 available to be distributed to groups working towards achieving the outcomes of the Community Development and Social Wellbeing Policy who may face a funding shortfall or some other urgent funding need. $60 000 of these funds are for children's and youth projects.

1.5 SOCIAL INITIATIVES FUNDING

In 1997 the Council decided to fund a $1.1 million package of 'social initiatives' projects. A substantial amount of this funding is administered by the Canterbury Development Corporation for its employment projects. The remainder of the funding was either distributed to community groups or remained with the Council to implement new programmes (e.g. Community Facilitators). The funding was initially for three years and the Council has agreed to roll over some of the projects to enable the Outputs and Standards Review to have an impact of whether the overall programme is continued.

1.6   CONCLUSION

These five schemes operate in a reasonably complementary manner. For example, the annual small grants scheme supports a large number of groups which cover a huge range of activities. These include support groups, social work activities, co-ordinating groups, cultural groups, educational programmes and general social services. Community Boards are similarly able to respond to issues in their local area by making grants to local groups. The major grants scheme allows the Council to commit long term (rather than annual) funding to groups it wants to support on an ongoing basis (these grants are decided by the Councillor representatives on the Metropolitan Community Development Funding Committee). The discretionary funding is available to respond to emergency situations or new initiatives. This recognises the very difficult funding environment and the need to for community groups to be able to access 'back-up' funding when other sources become unavailable or are cut back.

2.   Government Funders

Government funders provide funding assistance to, or purchase services from, voluntary welfare organisations under a number of different arrangements:

- Grants for all or part of the cost of community initiatives,

- Purchase of service for agency clients at a regional or local level (for example, programmes for offenders, bednights for young people),

- Part payment of costs of services provided by organisations, by way of contract,

- Contractual agreements with national organisations for the provision of services,

- Vouchers or allowances to clients of approved providers

- Provision of assistance in kind or advisor support.

(The Appendix includes a description of the various funding approaches in more detail).

Contracts mean that the voluntary organisation is doing what the funder wants to be done. They focus on ensuring the provision of services to meet government priorities and therefore trend to stress specific outputs or outcomes. They tend to include complex accountability and performance requirements. Grants mean the voluntary organisation is funded to do what it wishes to do. They tend to have a greater focus on supporting community defined need and are often small scale, preventative or community development activities or new initiatives.

There are at least 13 Government agencies directly funding /purchasing a wide range of social programmes from a multitude of voluntary organisations. The total figure nationally is approximately $170 million vote money,[49] (excluding HFA, Skills New Zealand and Ministry of Education), and an additional $21 million Lottery Board funding. Each government funding stream has separate mandates. Mandates range from Ministerial directive, to departmental discretion, to Cabinet minutes through to legislation. There are five separate Acts and 11 Cabinet Minutes covering this funding (Richardson 1998). *Report on Central Government Funding and Purchasing of Service From Voluntary Welfare Sector in Christchurch* provides a summary of the level of funding, mandates and funding process of these government funders (CCC Policy Section 1999).

The approximate funding provided to voluntary welfare sector in Christchurch in 1997/98 was:

Department of Internal Affairs	$953,977.00
Lottery Grants	$3,869,913.00
Dept of Prime Minister	$111,500.00
WINZ	$12,146,520.00[50]
Ministry of Youth Affairs	$348,000.00
Community Corrections	$214,661.00
Community Funding Agency	$5,490,052.00
Prisons	<$75,000.00
Department of Courts	*not available*
HFA[51]	*not available*
Crown Public Health	$75,000.00
Ministry of Education	$164,000.00[52]
	$23,448,623.00

---

[49] This is an approximate figure, as some agencies do not normally distinguish between funding for private non-profit organisations and public non-profit organisations.

[50] This figure is the funding through the Community Employment Group. WINZ also contract with organisations to provide training, however it is difficult to determine the level as the agency makes no distinction between profit and not for profit organisations.

[51] The HFA were unable to distinguish between voluntary sector and private providers but for the period 1 November 1998 to 30 April 1999 $331,482,362 was paid to Christchurch private and voluntary organisations.

[52] Ministry of Education also provide funding to schools for operations grants, truancy initiatives, special education etc (see Section 3.).

An estimated **$3.5 million** of this would have been spent on **compliance costs** (based on the Ernst Young (1996) survey in which community groups estimated that compliance costs associated with multiple Government funding sources was on average 18% of their total costs).

An estimated additional **$2.4million** would have been spent on **transaction costs** by government funders (based on funder transaction costs identified by Nowland-Foreman 1996).

The following table summarised the funding allocated by each funding agency to Christchurch. In some instances this funding is for broader purposes than social services. *Report on Central Government Funding and Purchasing of Service From Voluntary Welfare Sector in Christchurch* provides detailed information of the contracts/grants allocated by each funder/contractor including organisation, project and amount allocated.

DEPARTMENT OF INTERNAL AFFAIRS

Community Organisation Grants Scheme	$835,977.00
Youth Worker Training Scheme	$16,000.00
Community Project Worker Scheme (CPW)	$68,000.00
CPW Crime Prevention	$34,000.00
Youth Development Fund	New scheme

LOTTERY GRANTS BOARD

Lottery Youth	$1,247,360.00
Lottery Welfare	$2,169,245.00
Lottery Aged	$458,308.00

DEPT OF PRIME MINSTER AND CABINET

Crime Prevention	$111,500.00

WORK AND INCOME NEW ZEALAND (WINZ)

Community Employment Group	$ 2,146,520.00
WINZ also contracts with the voluntary sector to provide "WINZ customers" with training. For example $10m of WINZ funding is use to contract, largely with the commercial/private sector but also with a limited number of voluntary sector agencies, to provide training for "WINZ customers" in the Canterbury region (administered by Skills NZ). WINZ has a further $1.3m contracts with a mix of private and voluntary agencies to provide career training in Canterbury (estimated 70% of these are with non-profit providers).[53]	

MINISTRY OF YOUTH AFFAIRS

Youth/Conservation Corps	$348,000.00

COMMUNITY CORRECTIONS

Community Programme	$196,679.00
Maatua Whangai	$17,982.00
Community Service[54]	Not available

COMMUNITY FUNDING AGENCY[55]

Community Welfare	$168,589.00
Disabilities	$1,512,491.00
CYPFS Funding	$559,325.00
Families in Need of Support	$1,965,671.00

PRISONS

Community contracts	ESTIMATED <$75,000 PER ANNUM
Used to have funding available to distribute to organisations. Now only contract some organisations to run programmes in Prisons where there are gaps in Prisons own resources/skills. This funding covers the programme delivery costs only and is relatively small.	

DEPARTMENT OF COURTS

Courts Services For Victims	
Adult Pre-Trial Diversion Projects	not available
Domestic Violence Programme	not available

---

[53] WINZ also has funding of $10 million in Canterbury region for Employer Subsidy Products (e.g. Job Plus, Job Connection), $12 million for Business Enterprise allowance (training allowance) and uncapped funding for Community Wage, Superannuation, DPB, Invalid Benefit etc. and DPB training allowances.

[54] Community Service - when an offender is convicted to an offence punishable by imprisonment, a court may, with the consent of the offender, sentence them to Community Service. "This service takes the form of a number of hours work to be undertaken for and under the sponsorship and supervision of a community organisation" (Community Corrections, 1998)

[55] Recently merged with Children, Young Person and their Families Service to form Children, Young Person and their Families Agency

Court Ordered Counselling	not available

The Department of Courts were not prepared to make their information available as they stated that is was "commercially sensitive"

HEALTH FUNDING AUTHORITY

HFA is estimated to provide more funding for the voluntary sector than any other source and more than twice all other central government funding combined (Robinson 1995). Despite numerous requests HFA has not supplied data on funding of the voluntary sector in Christchurch. HFA figures have also been absent from central government studies due to HFA's inability to provide data. The amount HFA allocated to Health and disability services in 1996 was estimated to be $376.0million (Cabinet Paper 1998).

CROWN PUBLIC HEALTH

Small Grants	$75,000.00

MINISTRY OF EDUCATION: EARLY CHILDHOOD DEVELOPMENT

ECD Grant Funding	$164,000 (GST inclusive) 1997/98 financial year.[56]

MINISTRY OF EDUCATION: SCHOOL[57]S

Operation Grants	$63,381,707.00
Targeted funds for educational achievement (TFEA)	$2,309,979.00
Special Education Grant (SEG)	$1,978,071.00
Teachers salaries[58]	$157,000,000.00
Truancy Initiatives	$195,815.00

---

[56] This was from the Developing Centres Fund and went to playgroups, Pacific Islands language groups and unlicensed Playcentres in the area.
MOE provide a total of $18,764,090.00 for the provision for early childhood education in Christchurch city.
[57] New MOE Initiatives Include Resource Learning And Behaviour And A Behaviour Intervention Support Initiative (Special Education Policy); Funding For At Risk Early Intervention Services (Early Start) And (Project Early); New Interagency Practice Protocols (Strengthening Families); And At Risk Student Tracking Services And Alternative Education Provision (Nets).
[58] Approximate figure for salaries funding for the school sector in Christchurch. Most schools in Christchurch are centrally resourced rather than directly resourced (bulk funded).

3.   Non Government Funders

It would be a major task to determine the level allocated to Christchurch by philanthropic trusts. Additional to the approximate 340 individual philanthropic trusts, the Perpetual Trust administers a total of 179 charitable trust (established through bequests from estates) and the Guardian and Public Trusts administer many other trusts. To ascertain the level of funding to Christchurch each trust would need to be able and willing to provide data on its allocation. Robinson's survey on behalf the NZ Association of Philanthropic Trust (1998) appeared to have a response rate of only approximately 25%.

In 1996 it was estimated that approximately $50 million was given to the not for profit sector in Christchurch by way of private donations and philanthropic trusts (Earle 1996).

Funding is also provided by
- Corporate grant-making programmes which do not have a separate board of trustees and allocation procedure distinct from the company's operation.

- Specific purpose foundations including most Maori trusts, for example the Crown Forestry Rental Trust which distributed $4.5million in payments in 1997 to assist the preparation of claims associated with the Waitangi Tribunal (Robinson 1998).

- Scholarships, research and education funds.

The major statutory trust in Christchurch, the Community Trust, contributed $10.5 million to community based, non profit organisations in the Canterbury Region in 1998. It is difficult to break this down to further identify the Christchurch district form the Trust's data. *Report on Central Government Funding and Purchasing of Service From Voluntary Welfare Sector in Christchurch 1999* provides figures of the Community Trust, the Hillary Commission and Creative New Zealand.

4.   Funding Trends

The effectiveness, and in some cases survival, of the voluntary sector is under threat due to:

- Increasing demand for services including clients with more complex needs

- Increasing compliance requirements by funders[59]

- Increasing output/outcomes specification by funders[60]

- Increasing competition for available funding from other voluntary agencies and from the private sector and government agencies

- Decreasing funding levels

- No security of funding or availability of mid to long term funding

- Decreasing availability of alternative support and resources, for example volunteers, donation and sponsorship

- No investment in sectoral infrastructure

---

[59] Including various time constraints such as annualisation and multiple, conflicting deadlines that contribute to uncertainty and other job pressures; underfunding and cash flow delays; reporting, red tape, paperwork, and other accountability requirements.
[60] Including undesired restrictions on staffing, client eligibility and service methods

5.   Implications of Funding Trends

The implications of the above trends are:

- The sector is becoming more fragile and vulnerable

- Lack of creativity due to lack of flexibility; and crowding out of new initiatives

- Inefficiencies for Government from duplicated administration systems and lack of co-ordination between funding agencies

- Inefficiencies for community groups due to high compliance costs associated with short term and part funding from multiple agencies with differing requirements;

- Lack of capacity and decreased quality as groups can't retain good staff and limited capacity to support volunteers and reduced ability to generate funds except through government contracts. There is limited professional support for capacity building.

- Local needs not being met – due to funding priorities and output being determined at national level. Plus the lack of discretionary funding limits the capacity in the sector to respond to needs.

- Inconsistencies, fragmented and ad hoc approaches exacerbated by current funding arrangements for the sector.

- Lack of preventative initiatives

- Increasing tensions in the funding relationship between the voluntary sector and the Government. Cooperation between voluntary organisations and government funders and among voluntary organisations more difficult and less common; trust and transparency are also likely to diminish.

- Erosion of wider role of voluntary organisations - sectors role in developing social and human capital declining as organisations concentrate on service delivery. Pressure to sideline if not undermine opportunities for participation and leadership development, prevention, advocacy, and network building, suffering with increasing emphasis on discrete and measurable service outputs

- Lack of independence and advocacy - Funder capture - sector no longer seen as autonomous representatives of the community, they are increasingly treated as a convenient conduit for the provision of public services.

- Decrease in long term outcomes - Funders focus on purchasing specific services with little focus on the *cumulative* impact of various government purchasing and funding arrangements.

The recent funding arrangement have pushed community bodies into service delivery at the cost of community development and community building, the activity which they are best at and which is essential to healthy cities and social wellbeing (Riddell 1997).

> The problem, however, is that the community sector functions best to integrate people into the community precisely through the work that the government is now unlikely to fund because its outputs cannot be satisfactorily measured: preventative, developmental and advocacy work. By crowding out this work, and replacing it with essential and emergency services, the state redirects the resources of the community sector away from the very work that is required to counter the exclusionary affects of its policy reforms (Dalziel and Higgins 1996:15)

APPENDICES

Appendix A : Metropolitan Community Groups

There are approximately 300 metropolitan community groups which have some relationship with the Council on the Community Relation Unit's database. This is not an exhaustive list and does not include localised community groups which operate in one area or neighbourhood of Christchurch (these groups can be found in the Community Board Profiles). A list of these groups is available as a separate appendix to this report.

Appendix B: Government Agencies

Below is a brief summary of the government agencies located in Christchurch or with services extending to Christchurch. More information regarding these agencies can be found on the government website http://www.nzgovtdirectory.com/

DEPARTMENT OF COURTS

The Department for Courts vision:

> To be a recognised world leader in the provision of responsive, modern and cost-effective Court services.

The Department contributes to justice in the community through:
- Supporting the Judiciary in assuring access to justice for the people of New Zealand Ensuring high compliance with Court orders to pay fines and debts

- Providing accurate and accessible Maori land information

- Facilitating achievement of the principles of the Treaty of Waitangi

- Providing quality policy advice

MINISTRY OF CONSUMER AFFAIRS

The Ministry of Consumer Affairs provides consumer and trader information and education, provides policy advice to the Government on consumer laws, investigates unsafe products, and ensures that market transactions based on weight and measurement are accurate, fair and consistent with international standards

DEPARTMENT OF CHILD, YOUTH AND FAMILY

The Department of Child, Youth and Family Services works with children, young people and their families at risk. Its vision is to improve life outcomes of these individuals and groups through early help by providing early intervention and prevention services. Its Statutory role is defined by the Children, Young Persons and Their Families Act 1989, the Adoption Act 1955, the Adult Adoption Act 1985, the Adoption (Inter-country) Act 1997 and the Guardianship Act 1968. Its provide services directly to our clients and also funds and provides quality assurance of, and contracts with, community organisations for social services for the protection and well-being of children, young persons and their families. Its mission is to encourage, promote and develop safe children, strong families, stronger communities.

DEPARTMENT OF CORRECTIONS

The Department of Corrections is contributing to safer communities through reducing re-offending by the effective management of:
- provision of information

- policy advice

- custodial management and supervision of offenders

- community-based sentence and order management

- custodial remand services

- programmes and services which address offenders' rehabilitation needs.

The strategic goals for the Department are:

- integrated and effective sentence management of each offender

- recognition of the particular needs of Maori in terms of reducing re-offending

- development of the quality and skills of staff

- effective management of the collection and use of information

- development of a contracting framework

- reduction of drugs in prison

- establishment of a contract-managed remand facility.

The Department of Corrections was set up in October 1995 after restructuring of the Department of Justice into three separate agencies. With an overall goal of reducing re-offending, it has approximately 3,500 staff working in eight services and groups.

DEPARTMENT OF INTERNAL AFFAIRS

The Department of Internal Affairs is made up of 8 business units each with a number of roles.

Community Development Group provides advice, funding and community information through various funding and grants schemes.

Heritage Group consists of Heritage Properties, Historical branch, National Archives, and the National War Memorial and Carillon. Executive Government Support consists of Ministerial Services, The Translation Service, The New Zealand Gazette, VIP Transport Services, The Visits and Ceremonial Office, Media Communications Service and Technology Delivery.

Gaming and Censorship Regulation consists of Censorship Compliance, Gaming Compliance, Gaming Licensing, and Casino Supervision and Inspection. Identity Services provides three strands of services, Passports, Citizenship and Birth Deaths and Marriages. Emergency Management and Civil Defence are responsible for all civil defence measures including providing advice to the Minister and planning for civil defence. The Policy Group provides advice to Government on a wide range of policy issues. Strategic Management Support group provides advice and support to the Chief Executive and senior management.

MINISTRY OF EDUCATION

The main aims of the work of the Ministry are to:
- raise the achievement of all students and close the gap between the highest and lowest levels of education success;

- help design processes that create learning environments which promote students' achievement through our focus on the performance of students, schools and other institutions;

- provide a responsive education system which:

    - recognises the individual learning needs and abilities of students

    - recognises the special character and nature of different communities, cultures and values helps overcome the disadvantages some students face, through truancy programmes and school improvement initiatives

▪ assists students to achieve their potential by working closely with welfare, health and community agencies in addressing problems that students might be experiencing in their family life.

THE MINISTRY OF HEALTH

The Ministry of Health is responsible for providing the Minister of Health and the Government with advice on policy for health and disability support services and on health implications of policies in other sectors providing Ministerial and Parliamentary information and support services Acting as the Minister of Health's agent for administering public funding to the sector, negotiating and Funding Agreements with the Health Funding Authority and monitoring their performance protecting, promoting and improving the public health, and reporting annually on the state of the public health monitoring the overall performance of the sector administering health sector legislation and regulations collecting and disseminating national health information.

MINISTRY OF HOUSING

The Ministry's principal functions are to receive and invest residential tenancies bond monies and refund them when lawfully due; and to provide information, advice and a dispute-resolution service for tenants and landlords.

Tenancy Services to landlords and tenants include: information; advice; dispute resolution

Bond Centre - administers Residential Tenancies Bond Monies

THE MINISTRY OF JUSTICE:

Provides high quality advice and leadership on strategic, policy, information, and purchase issues across the justice sector, including its criminal, civil, and constitutional elements, including the Treaty of Waitangi;
▪ manages the conduct of parliamentary elections, by-elections, referenda, and polls;

▪ monitors legislative proposals for compliance with the New Zealand Bill of Rights Act 1990, the guidelines of the Legislation Advisory Committee, and appropriate standards regarding the setting of penalties;

▪ provides advice and documentation on ministerial appointments; and manages agreements with Crown entities and other bodies funded through Vote Justice.

MINISTRY OF PACIFIC ISLAND AFFAIRS

The Ministry of Pacific Island Affairs exists to promote the development of Pacific peoples in New Zealand. The Ministry is to do this in a way that recognises and reflects Pacific cultural values and aspirations, so that Pacific peoples can participate and contribute fully to New Zealand's social cultural and economic life.

To achieve these ends the Ministry:
▪ Provides advice to Government on key policies and issues;

▪ Disseminates information and consults with Pacific communities;

▪ Encourages other Government agencies to take responsibility for meeting the aspirations of Pacific peoples;

▪ Influences and monitors the development and implementation of Government policies that affect Pacific peoples;

- Promotes Pacific leadership which fosters self-reliance and full participation in all facets of New Zealand society;
- Facilitates piloting of policy initiatives in partnership with mainstream agencies and Pacific communities to improve the outcomes for Pacific peoples in New Zealand society.

NEW ZEALAND POLICE

The Police Goals are to
- Maintain order and keep the peace. Keep people free from intimidation, civil disturbance and unreasonable annoyance. Keep the flow of traffic easy.

- Increase people's personal safety

- Reduce the risk of property theft loss or damage.

- Reduce the fear of crime by reducing actual crime, Ensure victims are supported and rehabilitated.

- Empowering Communities to deal with issues of community safety. Create more effective community partnerships.

- Increase public confidence in Police capability. Earn the public's trust through leadership, wise advice and high reputation.

- Value for money Maximise cost-effectiveness of services, providing value at a cost that is equal to or less than comparable benchmarks.

- Provide good value for money in Police services.

- Manage people and resources well. Be a good employer, and adopt best management practices.

TE PUNI KOKIRI

Te Puni Kokiri was established as a policy ministry on 1 January 1992 and replaced Manatu Maori (the Ministry of Maori Affairs) and Te Tira Ahu Iwi (the Iwi Transition Agency).

The Ministry is Government's principal adviser on the Crown's relationship with iwi, hapu and Maori, and on key Government policies as they affect Maori.

In carrying out this role, Te Puni Kokiri's functions are:
- to provide strategic leadership advice on: the Crown's relationship with iwi, hapu, and Maori; development issues; the performance of mainstream agencies; and consultation between the Crown and iwi, hapu and Maori

- to provide advice on sectoral issues

Te Puni Kokiri has a sharpened policy focus on education, health, employment and income, and works in a complementary manner to the principal agencies in those sectors: Education, Health, Labour and Commerce.

The Ministry still retains some residual services formerly administered by the Iwi Transition Agency, and the Department of Maori Affairs before it.
Te Puni Kokiri is organised into seven branches: Treaty Compliance, Regional Development, Economic Development, Social Policy, Legal and Law Reform, Monitoring and Evaluation and Corporate Services.

WORK AND INCOME NEW ZEALAND

Work and Income New Zealand, Te Hiranga Tangata is the trading name for the new Department of WINZ. WINZ is responsible for assisting job seekers, paying all benefits and superannuation plus

administering the <u>Community Services Card</u>. It has administered <u>student allowances</u> since 1 January 1999 and student loans a year later.

WINZ was formed by drawing together the employment service and community development functions from the Department of Labour and income support from the Department of Social Welfare.

Still provide the services offered before by Income Support, New Zealand Employment Service and the Community Employment Group.

Work Services can help people plan what to do to get a job, as well as give career guidance, training, the right work experience and helpful activities and seminars.

Employers - Have a database of employers nationwide. Provide a no fee recruitment service to employers as well as select financial or training assistance for taking on job applicants who have been unemployed for some time.

Income Services- Income support is available for people who are :
- looking for work
- too ill to work
- looking after other people
- on a low income and needing extra help
- of retirement age

Community Employment Group -This is a nation-wide network of field staff helping community organisations to identify and implement opportunities for employment as well as community and enterprise development.

The following agencies do not have offices in Christchurch but have programmes operating here.

MINISTRY OF SOCIAL POLICY

Providing the Ministers of Social Services, Work and Income, and Senior Citizens with high quality policy advice and independent purchase and monitoring advice across a wide range of social policy and social equity issues.

MINISTRY OF WOMEN'S AFFAIRS

The Ministry of Women's Affairs provides quality advice to improve women's lives. Our vision is making a difference for women in Aotearoa-New Zealand. Key themes of the Ministry's work are women's participation in society, safety and well-being and economic autonomy. This is achieved through the provision of policy advice and communication and consultation.

MINISTRY OF YOUTH AFFAIRS

The Ministry of Youth Affairs provides Government and other agencies with policy advice on young people and their future. This includes researching and reporting on young people's issues and contributing to other matters that affect young people. Youth Affairs consults with young people and those who work with them so Government has a sound understanding of the issues in young people's lives. Youth Affairs administers Youth Corps Programmes which includes Conservation Corps and Youth Service Corps.

Appendix C: Statutory Agencies

Below is a list of the Statutory agencies which the Council has a relationship with.   More information regarding these can be found of the government website http://www.nzgovtdirectory.com/ or directly from the bodies concerned.

THE HEALTH FUNDING AUTHORITY

The Health Funding Authority's objectives, as stated under section 10 of the Health and Disability Services Act 1993 are to:
promote the personal health of people promote the care of and support for those in need of personal health services or disability support services promote the independence of people with disabilities improve, promote and protect public health meet the Crown's objectives to the extent enabled by their Funding Agreement.

The Health Funding Authority is responsible for purchasing public health, personal health and disability support services. It is also responsible for purchasing postgraduate clinical training. Under section 33(1) of the Health and Disability Services Act, the function of the HFA are to monitor the need for public health, personal health and disability services for the people described in their Funding Agreement purchase such services for those people and to monitor the performance of providers with whom the RHA enters purchase agreements perform such other functions as they are given under any enactments, or as authorised by the Minister after consultation with the RHA.

HEALTH RESEARCH COUNCIL

The functions of the Health Research Council (HRC), which is governed by the Health Research Council Act 1990, include to initiate, fund and support health research foster recruitment and training of health researchers promote and disseminate the results of health research advise the Minister of Health on national health research policy.   The members of the Health Research Council are appointed by the Minister of Health.

HEALTH SPONSORSHIP COUNCIL

The Health Sponsorship Council was established under the Smoke-free Environments Act 1990. Its principal function is to promote health and encourage healthy lifestyles. The Council provides sponsorship for sporting, artistic, cultural and recreational organisations which received tobacco company sponsorship or financial assistance.

ALCOHOLIC LIQUOR ADVISORY COUNCIL OF NEW ZEALAND (ALAC)

ALAC is a Crown agent, established under the Alcoholic Liquor Advisory Council Act 1976. ALAC has the Cabinet-agreed objective of promoting moderation in the use of alcohol, and the development and promotion of strategies which will reduce alcohol-related problems for the nation.

PHARMACEUTICAL MANAGEMENT AGENCY LIMITED (PHARMAC)

PHARMAC's role is to manage the national Pharmaceutical Schedule of the HFA. PHARMAC seeks to balance the needs of patients for equitable access to health care with the needs of taxpayers for management of public money.   The Pharmaceutical Schedule is a list of almost 3,000 subsidised prescription drugs and related products available in New Zealand. The Schedule also records the price of each drug, the subsidy it receives from public funds and the guidelines or conditions under which it can be prescribed.   Decisions are taken by PHARMAC with input from independent experts through the Pharmacology and Therapeutics Advisory Committee (PTAC).

HEALTH BENEFITS LIMITED (HBL)

When people go to see a general practitioner (GP) or collect medicine from a pharmacy, some or all of the cost of their visit or medicine may be paid for by the Government, for example, for all children under

six years. Most GPs and pharmacists claim this subsidy through HBL, which processes over $1 billion in claims every year. HBL also works to prevent fraud, and provides the HFA and GP groups with information about use of health services in the community so that these services can be continually improved.

CLINICAL TRAINING AGENCY (CTA)

The CTA is responsible for funding post-entry clinical training in the health and disability sector. (Undergraduate or 'pre-entry' training is funded by the education sector). The HFA allocates $70 million every year to the CTA for training in the areas of medical, nursing, mental health, public health, pharmacy, and allied health fields including programmes aimed at improving the delivery of health and disability support services to Maori.

HOSPITAL AND HEALTH SERVICES (HHSS)

Created under the Health and Disability Services Act 1993 as Crown health enterprises to provide health and/or disability services. Their names were changed in a 1998 amendment the Act. Other public hospital objectives specified by the Act are to assist in meeting the Crown's objectives under the Act exhibit a sense of social responsibility by having regard to the interests of the communities in which they operate uphold the ethical standards generally expected of providers of health and disability services be good employers be as successful and efficient as comparable businesses that are not owned by the Crown.

HHSs contract with the Health Funding Authority to provide hospital and related services, community based services, and public health services. They operate in a framework of commercial law (such as the Companies Act and the Commerce Act). At present, New Zealand has five large tertiary public hospitals providing the most specialised and complex medical care. Smaller hospitals also offer an expert service in the types of care they provide, but pass on the most complex cases to the bigger hospitals where there is a greater range of specialities. There are 23 HHSs based on previous area health board hospitals, running 93 premises. The New Zealand Blood Service (NZBS) is the 24th HHS

SHAREHOLDING MINISTERS FOR HOSPITAL AND HEALTH SERVICES

The Health and Disability Services Act 1993 establishes shareholding Ministers for HHSs. These Ministers are the Minister for Crown Health Enterprises and the Minister of Finance. They are responsible for ensuring that taxpayer investment in capital and human resource is managed wisely.

The major roles of the shareholding Ministers are to appoint HHS Boards and to approve the business plans of HHSs, including any requests for investment. The principal advisor and agent for shareholding Ministers is the Crown Company Monitoring and Advisory Unit (CCMAU).

CROWN COMPANY MONITORING AND ADVISORY UNIT

The Crown Company Monitoring and Advisory Unit (CCMAU) is an operational unit of the Treasury that is responsible for advising the Government on ownership objectives and targets for public hospitals, the Crown's investment in HHSs, and the impact on public hospital of proposed health policy options monitoring and advising Ministers on public hospital performance against objectives and targets managing, on behalf of the Minister, director appointments and the process for assessing the performance of HHS Boards. CCMAU also advises Government on ownership issues relating to State-owned Enterprises and Crown Research Institutes.

COMMISSIONER FOR CHILDREN

The Office of the Commissioner for Children was established as an independent body under the Children, Young Persons and Their Families Act 1989 (s411) to:
- monitor and review policy and practice under the Act;
- promote the welfare of children and young people and ensure that their rights are recognised.

The rights of children and young people are set out in the United Nations Convention on the Rights of the Child, which New Zealand signed in 1993.

RETIREMENT COMMISSIONER

Office of the Retirement Commissioner is funded through the Vote Social Services.
Alcohol Advisory Council of New Zealand Te Kaunihera Whakatupato Waipiro O Aotearoa

ALAC is the Alcohol Advisory Council of New Zealand. It is a crown owned entity which operates under the Alcoholic Liquor Advisory Council Act (1976). ALAC's primary objective is to promote moderation in the use of alcohol and to develop and promote strategies that will reduce alcohol related problems for the nation. Its mission is helping people make health choices about alcohol.

OFFICE OF THE HEALTH AND DISABILITY COMMISSIONER

The Office of the Health and Disability Commissioner was established in 1994 to protect the rights of consumers of health and disability support services.   The functions of the Commissioner include to:

- develop a Code of Rights, and periodically review the Code

- promote rights of consumers of health and disability support services

- investigate potential breaches of the Code

- refer complaints for investigation, and decisions on action

- prepare guidelines for the operation of advocacy services

- report to the Minister of Health.

The Health and Disability Commissioner (Code of Health and Disability Services Consumer Rights) Regulations 1996 came into force on 1 July 1996. The Office of the Commissioner also incorporates the Director of Proceedings and the Director of Advocacy, both of whom are required to act independently of the Commissioner.

The Director of Advocacy maintains a network of patient advocates to support people to attain their rights. Where matters are very serious, or the patient advocate is unable to resolve them, they may be referred to the Health and Disability Commissioner.

HUMAN RIGHTS COMMISSION - KOMIHANA TIKANGA TANGATA

The Human Rights Commission is a statutory corporate body charged with the administration of the Human Rights Act 1993, which consolidates and amends the Race Relations Act 1971 and the Human Rights Commission Act 1977.

The Commission has the powers to investigate and conciliate in complaints of unlawful discrimination on the grounds of:

- sex and sexual harassment
- marital status
- religious belief
- ethical belief
- age
- political opinion

- sex and sexual harassment
- marital status
- religious belief
- ethical belief
- employment status
- sexual orientation

in the areas of:
- employment
- education
- access to public places
- the provision of goods and services

- housing and accommodation
- vocational training, partnerships, qualifying bodies, organisations of employees and employers, and trade and professional associations.

THE MENTAL HEALTH COMMISSION

Established by the Government in 1996 to oversee the implementation of the Government's decisions following the 1996 Mason Inquiry. The Commission's functions are to:

- ensure full implementation of *Looking Forward*, the national mental health strategy

- work with the Ministry of Health and the HFA to promote a better public understanding of mental illness and reduce the associated stigma and prejudice

- work with the Ministry, the HFA and providers to lift the image of mental health provision as a career alternative and to address mental health workforce issues by these means.

UNESCO SECRETARIAT FOR THE NEW ZEALAND NATIONAL COMMISSION

UNESCO, a United Nations agency, works for world peace and international understanding through education, natural and social sciences, culture and communications. UNESCO enables New Zealand to promote and share values, ideas, information, skills, and good practices internationally; to build expertise and to develop strategies to cope with a changing world.

CAREER SERVICES RAPUARA

Career Services is a provider of career advice, planning and information to private and public sector clients. Services are also open to individuals for career
information, advice, and career planning services. Situated in 15 locations nationwide service a range.

Career Services offers training in specific areas of career planning including:
- using job and training information

- career choices and career planning

- job search skills

- CV and interview preparation

- decision-making and goal setting

Career information resources include:
KiwiCareers - A career website providing up to date information and links on jobs, vacancies,
- industries, training, qualifications and funding in New Zealand. KiwiCareers

- contains links to national and international websites, providing information

- on the New Zealand Qualifications Authority Framework, Work and Income NZ,

- tertiary qualifications, Industry Training Organisations, and professional

- associations.

Quest Database - Computer program describes 692 jobs, lists over 5,000 training courses and has text in English & Maori.

*CareerQuest and JobQuest -*These computer-aided career guidance programs are designed to assist people who are making career decisions and are looking for job and training ideas.

EARLY CHILDHOOD DEVELOPMENT - NGA KAITAUNAKI KOHUNGAHUNGA

Early Childhood Development (ECD) is a Crown Entity, established under the Education Act 1989. ECD provides advice, support and information about early childhood education and parenting to groups, parents and the wider community.

Early Childhood Development actively supports the development of a range of opportunities to enable all young New Zealanders to experience positive early childhood development, as the foundation for lifelong learning. This means ensuring that a range of quality early childhood and parenting services is

available to meet the needs of families now and in the future, regardless of their cultural, social or geographical position.

NEW ZEALAND QUALIFICATIONS AUTHORITY - MANA TOHU MATAURANGA O AOTEAROA

The New Zealand Qualifications Authority co-ordinates qualifications in secondary schools and in post-school education and training, maintains national standards, ensures recognition of overseas qualifications and administers national secondary and tertiary examinations.

SKILL NEW ZEALAND - PUKENGA AOTEAROA

Skill New Zealand oversees a range of initiatives designed to build a highly skilled and adaptable workforce.   It prepares school leavers to start their working lives, assist unemployed people to re-enter the workforce, and facilitate training to raise the skills of people currently in employment.

It works with many stakeholder groups including industry, educators, Maori and Pacific Islands people, purchasing quality training on behalf of Government for these groups.

SPECIALIST EDUCATION SERVICES - HE TOHU UMANGA MATAURANGA

Specialist Education Services (SES) provides services for the benefit of people with learning difficulties. This is done in a flexible and innovative way that builds on relationships with clients, their families and other organisations in their lives. SES takes its social responsibilities seriously and is continually developing services to meet the needs of our clients.

TEACHNZ - AKONA A AOTEAROA

TeachNZ is a programme of the Ministry of Education to recruit teachers to areas of shortage. TeachNZ offers information on teacher training, scholarships, life in schools, how to find and apply for teaching jobs and information for overseas trained teachers wanting to work in New Zealand

EDUCATION REVIEW OFFICE ERO

The Education Review Office evaluates the performance of all registered schools against the requirements set out in legislation, charters, and agreements another policy directives.

NEW ZEALAND QUALIFICATIONS

A Crown entity established in 1990 to develop a consistent approach to the recognition of qualifications in academic and vocational areas.   Main functions:
- Develop and maintain a comprehensive, flexible and accessible framework for national qualifications

- Set and regularly review standards they relate to qualifications

- Achieve recognition of New Zealand qualifications overseas

- Administer national secondary and tertiary examinations

COMMUNITY HOUSING LIMITED

Community Housing Limited (CHL) was established as a subsidiary of Housing Corporation of New Zealand in 1996. CHL provides the following services:
- Community Group Service: supplies rental accommodation to community groups.

- Disability Modifications Service: provides a co-ordination service, linking people with long-term physical disabilities, with appropriately modified housing. This service also links Landlords and Property Managers with Long-Term reliable Tenants.

- Advisory Service: assists people with their housing problems providing independent advice /facilitation on access to appropriate housing and benefit entitlements, and reporting to government agencies on the outcomes. The new service is currently concentrating on the Auckland areas, with the intention to promote nation-wide at a later date.

The company provides services nation-wide from its registered office in Wellington and small teams in Auckland and Christchurch.

HOUSING CORPORATION OF NEW ZEALAND

A Crown entity which provides a small limited mortgage and related advisory service and the provision of community housing for social service groups.

HOUSING NEW ZEALAND LIMITED

The Housing Restructuring Act 1992 separately established Housing New Zealand Limited as a Crown owned company with the responsibility for management of the rental housing stock formally held by HCNZ. It is a limited liability company incorporated under the Companies Act. Its shares are held by the Minister of Finance and the Responsible Minister of SOE's.

The Housing Restructuring Act outlines the objective of the company as " to operate as a successful business that will assist in meeting the Crown's social objectives…"

At June 1999 HNZ owned or managed 60,000 rental units. In allocating properties it discriminates in favour of people with incomes below $500 per week and those determined to be in serious housing need. It operates a Homebuy scheme – 700 properties were sold to tenants in 1998/99. Its profit in that year was $117m, including gains on the sale of properties (Ministry of Social Policy 1999).

MINISTERIAL COUNCIL ON EDUCATION, EMPLOYMENT, TRAINING AND YOUTH AFFAIRS

Provide an opportunity for information sharing on a range of issues with Australian counterparts at both ministerial and official level. Meet once or twice a year

MAORI HEALTH COMMISSION

The Maori Health Commission provides advice to the Government, through the Minister of Maori Affairs, on issues of Maori health.

THE MAORI ECONOMIC DEVELOPMENT COMMISSION

The Maori Economic Development Commission offers contestable policy advice on Maori economic development to the Minister of Maori Affairs.

THE MAORI EDUCATION COMMISSION

The Maori Education Commission offers contestable policy advice on Maori Education to the Minister of Maori Affairs.

TE TAURA WHIRI I TE REO MAORI (MAORI LANGUAGE COMMISSION)

Goals of the Maori Langauge Commission
- To increase the number of people who know the Maori language by increasing the opportunities to learn Maori.
- To improve the proficiency levels of Maori in speaking, listening, reading and writing Maori.
- To increase the opportunities to use Maori by increasing the number of situations where Maori can be used.

- increase the rate at which the Maori language develops so that it cdan be used for the full range of modern activities.

- foster amoung Maori and non-Maori positive attitudes, accurate beliefs and positive values about the Maori language so that Maori-English bilingualism becomes a valued part of New Zealand.

WAITANGI TRIBUNAL - TE ROPU WHAKAMANA I TE TIRITI O WAITANGI

The Waitangi Tribunal is a commission of inquiry established to inquire into and report on claims against the Crown under the Treaty of Waitangi. The Tribunal can examine any claim by Maori people that they have been prejudiced by laws or omissions, policies or practices of the government since 1840 that are inconsistent with the principles of the Treaty. Claims can only be made against legislation or the Crown - not against private individuals. They can be historical - for instance, where people claim compensation for confiscated land, or contemporary - for instance, where claimants say current government policy is in breach of Treaty principles.

CREATIVE NEW ZEALAND | ARTS COUNCIL OF NEW ZEALAND TOI AOTEAROA

Creative New Zealand is the main arts development organisation in New Zealand. Its role is to encourage, promote and support the arts for the benefit of all New Zealanders. Creative New Zealand's role is to promote the arts of this country, support our artists and encourage more New Zealanders to enjoy the arts. We do this by funding a wide range of projects by artists and arts organisations, advocating for the arts, and undertaking initiatives and research projects.

In 1999/2000, the Lottery Grants Board provided 85 per cent of Creative New Zealand's funding. The remainder came directly from government through Vote: Cultural Affairs. Funding totalled $23.7 million.

The Arts Council sets Creative New Zealand's policy and strategic direction, as outlined in our strategic plan. There are also two arts boards, a general Arts Board and a Maori arts board called Te Waka Toi. The Pacific Islands Arts Committee is a committee of the Arts Board. Their job is to allocate grants to artists and organisations, and undertake initiatives that support the Arts Council's objectives.

THE BROADCASTING STANDARDS AUTHORITY

The Broadcasting Standards Authority has four functions.
- To determine formal complaints on programme standards.

- To approve the Codes of Broadcasting Practice developed by broadcasters or develop new ones.

- To conduct research

- To publicise its findings and procedures

FOUNDATION FOR RESEARCH SCIENCE & TECHNOLOGY - TUAPAPA TOHA PUTEA, WHAKATAKOTO KAUPAPA RANGAHAU, PUTAIAO

The Foundation for Research, Science and Technology is a Crown Entity established through legislation. It is governed by a Board appointed from the wider community by Government and reports to Parliament through the Minister of Research, Science and Technology.

The Foundation operates, on behalf of Government, a process of investment of public funds in research, science, technology and engineering. It is also responsible for providing independent policy advice on science and technology to Government, and encouraging technological innovation through the Technology New Zealand scheme.

Appendix D: Indicators of Social Trends

Indicators are flags or summary statistics representing issues of concern. They often act as a gauge and measur change or differences in a phenomenon over time. As such, they can signal areas needing further investigation o attention.

Currently operating in Christchurch are a number of indicator projects that will be used to help us track social we being and quality of life issues over time:

CHRISTCHURCH CITY COUNCIL SOCIAL INDICATORS PROJECT

A draft set of indicators has been developed to measure social well being as it relates to the Council's Community Development and Social Well Being Policy.

CHRISTCHURCH CITY COUNCIL STATE OF THE ENVIRONMENT MONITORING PROJECT

This project looks at trends in the natural, physical and economic environments of Christchurch. A *City Update* is produced every two years and provides a profile of people who live in the city; social issues that impact on them (such as safety, health and recreation); natural and physical environmental trends (in areas such as climate, landuse, built environment, air and water); and the city's economy.

CANTERBURY DEVELOPMENT CORPORATION

This project involves annual reporting on Progress Indicators for the Canterbury Region. It focuses on economic issues (including employment, retail trade and tourism) and some quality of life data (including education, mobility and government). It is designed to increase understanding among decision-makers and the public about how the region is performing and to identify critical issues that need to be addressed.

CANTERBURY DIALOGUES *INDICATE* PROJECT

An indicators project that provides a picture of the quality of life issues identified as being important to people in the Canterbury region. Indicators are being released in *The Press.* The project will be reporting on trends annually.

NATIONAL SOCIAL INDICATORS PROJECT

The six largest local authorities in New Zealand are currently developing an indicators project to measure quality of life in our large cities using social, economic and environmental indicators. The aim is to carry out joint reporting on trends in social conditions.

INDEX OF DEPRIVATION

The Index of Deprivation was constructed by the Health Services Research Centre at Victoria University of Wellington to provide a comparative measure of deprivation across New Zealand. The NZDep96 Index combines nine variables from the 1996 Census that reflect aspects of potential material and social hardship:

Income: Equivalised household income below an income threshold (equivalisation is used to control for family composition using an income threshold of approximately $17,000 per annum per family member).

Income: People aged 18-59 years receiving a means tested benefit

Transport: People with no access to a car

Living Space: Equivalised household below a bedroom occupancy threshold (using a threshold of 1 bedroom per person for people aged 10 and over; those under 10 years are counted as half a person)

Tenure: People not living in a home that they own (with or without a mortgage)
Employment: Unemployed people aged 18-59 years
Qualifications: People aged 18-59 years without any formal qualifications
Family Status: People under 60 years living in a single parent family
Communication: People with no access to a telephone

The index includes a deprivation score for each meshblock in New Zealand which allows us to examine deprivation in Christchurch meshblocks relative to other areas. The scale ranges from one (least deprived areas) to 10 (most deprived areas). The scale divides New Zealand meshblocks into deciles based on the distribution of scores. For instance, a value of 10 indicates that the meshblock is in the most deprived 10% of areas in New Zealand.

The NZDep96 Index scores show that deprivation of varying degrees can be found in Christchurch. When mapped, the scores show a similar pattern to that shown by the Council's poverty research (which mapped multiple hardship amongst respondents). Christchurch meshblocks with NZDep96 scores of 10 (ie. most deprived in New Zealand) can be found throughout the city (see attached map), with some clustering around:

- central city east and south

- eastern suburbs

- North west (Bishopdale, Aorangi and Casebrook)

- South west (Hornby and Hei Hei)

Appendix E: Education and Education Institutions

There were also 154 state and private primary and secondary schools providing education and training for 54,690 pupils (EPPU 1998). There were 38 tertiary training institutions operating in Christchurch city in 1997 including the City's three main facilities University of Canterbury, Christchurch College of Education, the Christchurch Polytechnic.

31.9% of people aged 15 years and over (74,733) in Christchurch City said they have no formal qualifications compared with 34.7% of people aged 15 years and over in New Zealand. 35.5% of people aged 15 years and over (83,190) in Christchurch City said they have a tertiary qualification. This compares with 34.8% for New Zealand as a whole (Statistics new Zealand).
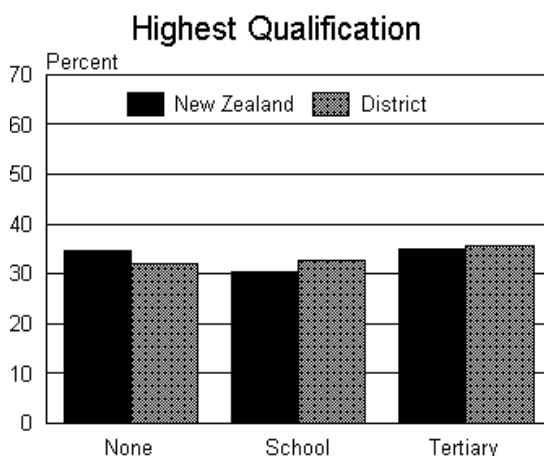
SCHOOLS

School is compulsory for children between age of six and sixteen. Exemptions may be given for children up to seven if they are unable to attend school because of travelling distance, and for older children to receive his/her schooling at home. Most children commence school at five years.

There are 154 primary schools and secondary schools in Christchurch. 54, 690 pupils attended primary and secondary schools in 1997.

Ministry of Education uses a census-based socio economic indicator to target Target Funding for Education Achievement (TFEA) funding (special needs grants) to 'disadvantaged' schools.

The index is a combination of census data for areas from which each school draws students plus school ethnicity data.[61] Because the index draws on census data, the decile rating relates to the community that the school serves, rather than the households of the students actually at the school. Each school is ranked into deciles (10% groupings) on the basis of the index. Appendix B. provides the decile ranking of Christchurch Schools.

The ranking of schools into deciles and subsequent targeting of resources to lower decile schools means that targeting is not based on true need but comparative need. The Ministry is unaware of any assessment of whether this targeted approach has improved outcomes for the 'target' group.

There is a variety of classification of schools under education policy and legislation:

Integrated Schools – Private Schools Conditional Integration Act 1975 allowed for registered private schools and schools proposed to be established to be integrated into the state system.

---

[61] The socio-economic index uses six indicators (each dimension is weighted equally); Equivalent household income (adjusted for number and age of persons living in the household); Parents occupation; Household crowding (number of persons per bedroom); Parents educational qualification; Income support payments received by parents; and Maori and Pacific Island ethnicity

Kura kaupapa Maori are state schools in which te reo Maori, and Maori culture and values predominate. The principle language of instruction is Maori.

Private schools are not bound by requirements contained in the Education Act 1989 relating to state curriculum, management and administration structures. The education Act allows from grants to be paid to private schools.

Homeschooling – parents can decide to educate their children at home rather than at a state or private school. To do so, parent must first obtain an exemption from the Ministry of Education. Before granting an exemption the Ministry is required by law to be satisfied that the children will be taught as regularly and as well as in a registered school (Minster of Education 1998). An annual supervision allowance is available to all approved homeschoolers.[62]

The Government also operates a Targeted Individual Entitlement Scheme (TIE) – government funded places in private schools for children from low income families (in 1998 $1.7 million was provided to private schools nationally in TIE grants, and a further $0.4 million was provided to TIE caregivers.

SUSPENSIONS AND EXPULSIONS

Students may be suspended for "gross misconduct or continual disobedience, either where their behaviour is harmful or dangerous example to other students as the school or where there is likelihood of serious harm either to themselves or to other students if they are not suspended" (Minster of Education 1998:35).

Principals may suspend students for a specified time of up to 3 schools days or for an unspecified time. In the later case the Board determines whether to lift the suspension or extend the suspensions in which case the principal will seek to have the student enrolled at another school. Only a students over 16 years or older may be expelled.

SPECIAL EDUCATION 2000 POLICY

Government education for children with special needs is groups under a package called "Special Education 2000'. This is a package designed to meet needs of students with high special education needs in the school sector and those with special education needs in the early childhood sector.

Special Education 2000 aims to:

> The aims to the Special Education 2000 policy are to:
>
> Improve the education opportunities for children with special education needs in the early childhood and school sectors
>
> Ensure there is a clear, consistent and predictable resourcing framework for special education
>
> Provide equitable resourcing for those with similar needs irrespective of school settings or geographic location
>
> Assist in enabling schools to take ownership in meeting the full range of students' needs (Minister of Education 1998:30)

It includes:
Special Needs Grant – allocated to all state and integrated schools on a formula basis according to number of students on the roll an the decile ranking of the school. Schools are expected to work with parents and caregivers on how this fund should be spent to meet needs of students with moderate to high special education needs (approx. $29 million nationally in 1998).

Ongoing and Transition Resourcing Schemes – provides funding to support up to 1% of the total student population with high and very high ongoing special education needs that are expected to continue throughout their school years ($32.77 million in 1998).

Severe Behaviour Initiative – provided under Specialist Education Services includes

---

[62] At July 1998 there were 5274 students (0.7 percent of all students) from 3001 families being homeschooled nationally, at a cost to the Government of over $3 miillion.

- ▪ <u>Behaviour Education Support Teams (BEST)</u> – provide in-school support for students with severe behaviour difficulties

- ▪ <u>Centres for Extra Support</u> - provide in-class and in-school support for short periods and sometimes support for students offsite.

Speech-Language Difficulties – targeted at students in first three years of schooling who have motor speech difficulties, fluency disorders, voice-resonance disorders, language difficulties or significant language delay.

Itinerant Specialist Teaching Provision – Resource Learning Teachers working across clusters of schools with students with moderate learning and behaviour difficulties.

TERTIARY INSTITUTIONS

There were 38 tertiary training institutions operating in Christchurch city during 1997, including City's three major facilities University of Canterbury, Christchurch College of Education, the Christchurch Polytechnic. Lincoln University, which is located outside the city boundaries, is also a major tertiary education provider for the city.

At 31 July 1997, there were 24,575 full and part-time enrolments for formal programmes of study at Christchurch's three main tertiary institutions and Lincoln University. This figure excludes students with enrolments finishing before or starting after 31 July 1997.

APPENDIX F: Funding Approaches

Philanthropic list approach – annual contributions allocated on discretionary basis to organisations. Traditionally contributions were to preferred organisations for continuation of organisations' work. Generally there are no application or reporting requirements. This rarely exists in New Zealand today. An example is the Physical Welfare and Capitation Grants Schemes established in the 1950's and disestablished in early 1990s. These schemes gave annual lump sum grants to organisations on a list.

Submission Discretionary Model – programme and project grants in response to submission of application forms.   Applications must demonstrate they meet criteria in associated funding guidelines. The funder determines who will be funded as well as the amount. Funding is for initiatives developed by the community organisations.   This model is the one used by Lottery Grants Board and Christchurch City Council Community Development Fund. There are however a variety of submission based models from gift givers to investors to collaborative entrepreneurs (Lyons 1992, Dallas 1997):

> Gift givers – entirely responsive, do not have very clear priorities but wait to see what groups ask for.   Usually give away grants in many small grants – described as scatter-gun approach.
>
> Investors – spend more time investigating applications. Emphasis on reducing risk therefore consider track record, structure, management and financial systems of applicant.
>
> Collaborative entrepreneurs – specify what they want to achieve and call for requests.   Time spent determining outcome specification and selecting the applications/proposals against the specifications.

Needs-based Planning Model- grants allocated on the basis of some form of service planning (often using statistical or other indicators of need). Need is usually defined by funders but can be developed in consultation with community sector. NZCYPFA (formally CFA) uses this funding approach.

Competitive Tender Model – purchase of specified services or outputs via contracting.   Funder purchases services on behalf of recipients and seeks to create competitive market amongst providers. Funder/purchaser determines "for whom' and 'how' service will be provided based on indicators of need. An example is the HFA approach.

Voucher/Allowance Model – Either funding to individuals to purchase services from accredited providers (vouchers) or to the market(allowances). Individual's needs are assessed by funder. They receive entitlement to a service which can be deemed from their choice of approved providers. Used in secondary school system and also Courts DV programme.

DEMOGRAPHICS

Data used in the following section has been summarised from Christchurch City Update '97 (Environmental Policy and Planning Unit, Christchurch City Council).

'Update '97' is distributed locally and nationally, and will be made available on the Christchurch City Council's world wide web site (http://www.ccc.govt.nz/EPP/Update97).[63]

Estimated Resident Population

Christchurch City had an estimated resident population of 320,500 people at June 1997[64].

At 1.2 percent between 1996 and 1997, the current annual rate of growth is slightly lower than the average annual rate between 1991 and 1996. This reflects the slowing down of overseas migration to New Zealand since 1996. Recent growth, however, still remains substantially higher than that of the 1980s.

According to the new estimates, Christchurch had the fifth highest population growth of all the local authorities in New Zealand between 1996 and 1997. Numeric growth for the year was marginally below Waitakere and North Shore Cities but well under that for Auckland and Manukau Cities (Table 1.4).

LOCATION OF POPULATION GROWTH WITHIN CHRISTCHURCH 1991-1996

Population growth in the City shows a distinct pattern in recent years. The greatest increase has occurred in areas on the residential fringe of the City, notably Oaklands (942 people), Parklands (933), Hawthornden (899), Marshlands (669) and Belfast (620). Significant population growth has also occurred in the inner suburban areas of Riccarton (555) and Riccarton West (490), and in Central City areas where there has been a substantial increase in unit or apartment-style residential development in recent years[65]. In contrast, the closure of the Wigram Air Force base has contributed to a noticeable reduction (-359) in the resident population of the Wigram area (Figure1.1 and Appendix 1: Table 1).

MIGRATION - THE KEY FORCE BEHIND RECENT POPULATION GROWTH[66]

Population growth this decade has been fuelled by migration from other parts of the country and from overseas[67].

Migration From Other Parts of the Country (Internal Migration)
Between 1991 and 1996, 37,812 people moved to Christchurch from other parts of New Zealand. At the same time the City lost 34,833 residents to other parts of the country. The resulting internal migration gain was 2979 people.

---

[63] Christchurch City Update '97 was prepared by Corinne Macintyre) and David Price) of the Environmental Policy and Planning Unit (EPPU). Additional research and assistance was provided by Vicki Newbury and Elizabeth Smith). Information used in this report has been provided by staff in a number of Units within the City Council most notably: Environmental Policy and Planning, Water Services, Waste Management, City Streets and Environmental Services Units.

[64] All other sections of this report refer to the actual 1996 usually resident census count.

[65] see Figure 2.22 and Table 2.20 in the Built Environment section ,Part 2 The Natural and Physical Environment.

[66] Although it is clear that migration has been the major contributor to City growth it is difficult to paint an accurate picture of its annual volume and content. This is because of the way in which migration statistics are collected. For internal migration, the five yearly Census of Population and Dwellings is the key information source. No reliable annual internal migration figures for Christchurch are available. Data from arrival and departure cards filled in when people arrive and leave the country is the main source of international migration figures. These cards outline peoples immediate intentions but not necessarily their ultimate destination. For this reason it is likely that international migration figures from this source (shown in the international migration section) understate the level of migration to the City.

[67] Including returning and departing New Zealand Citizens

Christchurch received more people from the North Island than it lost to this area over the last five years. Between 1991 and 1996, 13,944 people shifted from the North Island to Christchurch, while 12,795 people moved from Christchurch to North Island areas. The resulting net gain to the City was 1149 people (Table 1.5).

Overall, the largest internal migration flows occurred between Christchurch and other parts of the South Island. During the five year period 23,868 people arrived in the City from elsewhere in the South Island and 22,038 people left the City for other South Island destinations. The net gain to Christchurch from these movements was 1830 people.

Significantly, there have been substantial flows of people between Christchurch and its neighbouring districts. These flows have resulted in a 4350 net loss of City residents to the surrounding area (2205 people to Waimakariri District, 1968 people to Selwyn District and 177 people to Banks Peninsula District).

Table 1.5 Internal Migration Flows 1991-1996			
	Moved to Christchurch From Area (Inward Migration)	Moved out of Christchurch to Area (Outward Migration)	Net Migration Gain to Christchurch
North Island	13,944	12,795	1149
South Island (excl. Christchurch)	23,868	22,038	1830
Total	**37,812**	**34,833**	**2979**

Migration from overseas includes net migration from other countries and also departing and returning New Zealand citizens.

Migration to Christchurch from overseas grew steadily during the first part of this decade but the tightening up of immigration policy by central government during the mid-1990s resulted in a noticeable reduction in numbers between 1996 and 1997.

Japan, Malaysia, Taiwan and Korea have contributed the greatest number of new residents to the City through net migration since March 1992. The number of migrants from these countries increased annually until 1996 but, with the exception of Japan, growth eased during the 1997 year.
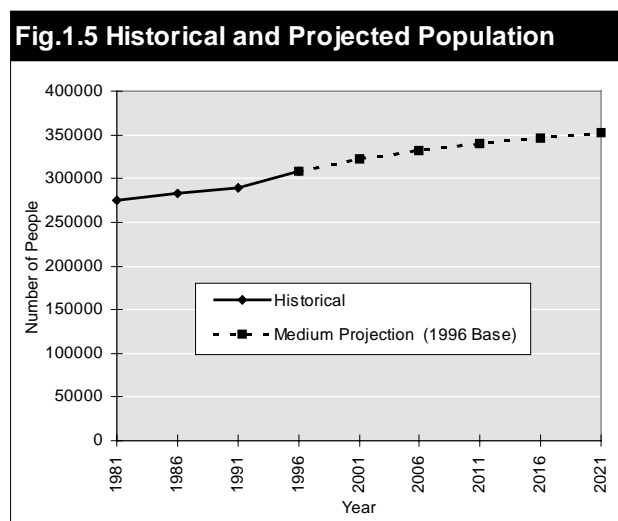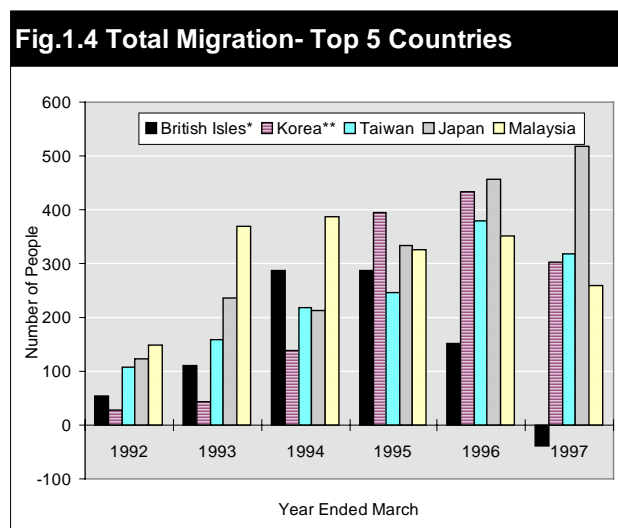
Another interesting feature of Christchurch's external migration statistics is the high level of movement between Christchurch and Australia. The net result of this activity has been an overall loss of 2224 people over the last six years (Table 1.7).

Fig.1.3 Total Permanent and Long term Net Migration into Christchurch
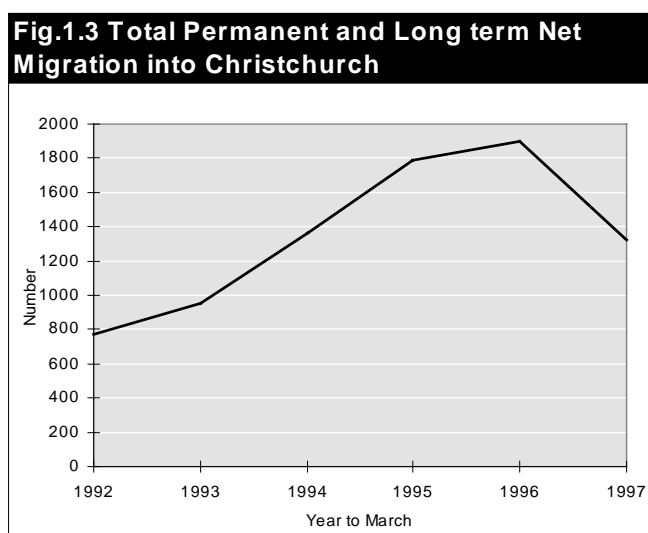
FUTURE POPULATION GROWTH

Population projections (prepared using the unadjusted 1996 base)[68] suggest that Christchurch's population will continue to grow over the next 25 years, reaching 352,100 people by 2021. This is an expected increase of around 43,000 people (Figure 1.5 and Table 1.8).

Although the City's population is expected to grow substantially, the rate at which growth occurs will gradually decline from an annual average rate of 0.9 percent in 1996-2001 to 0.3 percent in 2016-2021. Slower growth will result from a gradual reduction in natural increase and also lower migration from other parts of the country and from overseas.

Fig.1.4 Total Migration- Top 5 Countries

Number of People / Year Ended March

Legend: British Isles*, Korea**, Taiwan, Japan, Malaysia

Fig.1.5 Historical and Projected Population

Number of People / Year

Legend: Historical / Medium Projection (1996 Base)

While migration is the largest component of the projected population growth it is also the most volatile, being heavily influenced by economic, social and political factors. Latest projections suggest that net migration levels experienced during the first part of the 1990s will not be sustained over the coming decades. The net gain from people moving to the City is expected to decline from 7000 people during 1996-2001 to 4000 people per five year period until 2021.

PROJECTED NATURAL INCREASE

The net population gain from natural increase is projected to shrink from 6530 for the period 1996-2001 to 1960 people between 2016 and 2021. This will result from fewer births during this period and more deaths as the population ages.

---

[68] Statistics New Zealand have also prepared population projections using the adjusted 1996 base. See the Hot off the Press publication 'Sub-national Resident Population Projections 1996 Base' 30 October 1997.

Table 1.8 Population Projection Summary for Christchurch City										
Year	Usually Resident Population	Population Change	Population Change Average Annual Change	Births	Births (Annual Rate)	Deaths	Deaths (Annual Rate)	Natural Increase	Total Fertility rate	Net Migration
Historical										
1986	282,216	6243	0.4	18,272	13.1	12,721	9.1	5551	1.6	710
1991	289,077	6861	0.5	20,638	14.5	13,359	9.4	7279	1.76	-400
1996	309,030 (Unadjusted)	19,953	1.3	20,766	13.9	13,405	9	7361	1.69	12,590
MEDIUM PROJECTION										
2001	322,600	13,600	0.9	20,150	12.8	13,620	8.6	6530	1.59	7000
2006	331,800	9200	0.6	19,290	11.8	14,030	8.6	5260	1.55	4000
2011	339,600	7800	0.5	18,220	10.9	14,460	8.6	3760	1.53	4000
2016	346,100	6500	0.4	17,510	10.2	14,960	8.7	2550	1.52	4000
2021	352,100	6000	0.3	17,450	10	15,490	8.9	1960	1.52	4000

Source: Statistics New Zealand, Population Projections (Unadjusted 1996 Base)

Age and Gender

Fig.1.7 Projected Age and Gender Pyramid for Christchurch City 2021
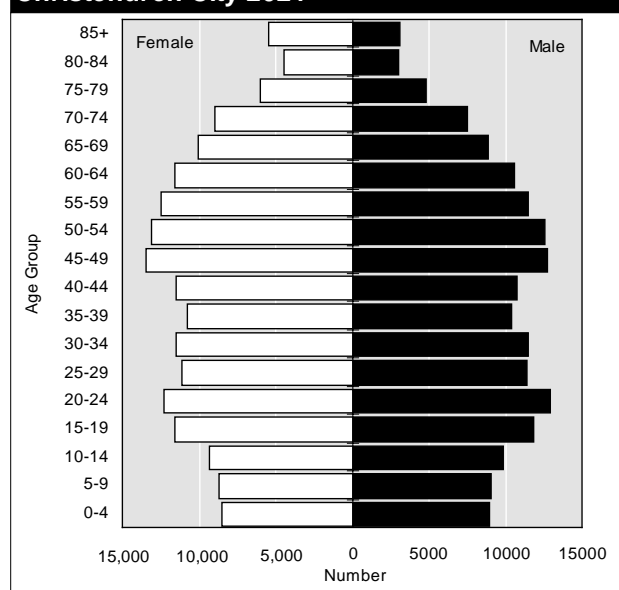
GENDER

In line with national statistics, more females than males live in Christchurch. In 1996 females outnumbered males by about 10,000 (159,393 females and 149,643 males). Females and male comprise 52 percent and 48 percent of residents respectively (Appendix 2: Table 1).

Age and gender projections suggest that although men can be expected to make up an increasing proportion of the elderly, it is likely that elderly women will still greatly outnumber elderly men in the foreseeable future (Figure 1.7).

Fig.1.6 Age and Gender 1996
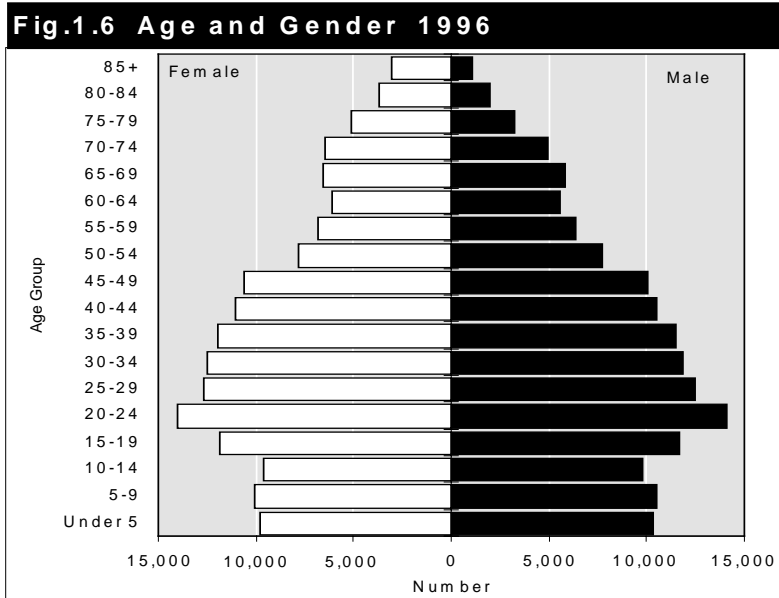
AGE COMPOSITION

The age structure of Christchurch's population has undergone major changes in recent decades. In line with national trends the City's population is progressively ageing. Table 1.9 provides a series of indices which demonstrate this phenomenon.

Table 1.9 also highlights a general reduction in the proportion of people aged 0-14 years (children)[69] and an increase in the proportion and number of people aged 65 years and over. Long term, both the number and proportion of children is expected to shrink while the City's elderly population will continue to swell. The increasing number of elderly will become particularly pronounced when the baby boomers start to reach retirement age at about 2011.

Year	0-14 years	%	15-64 years	%	65+ years	%	Total	Median Age
Table 1.9 Historical and Projected Usually Resident Population								
Historical								
1976								27.9
1981	63,531	23.1	179,889	65.3	32,070	11.6	275,490	30.0
1986	58,020	20.6	187,950	66.8	35,313	12.6	281,283	31.7
1991	56,448	19.5	193,662	67.0	38,793	13.4	288,903	32.8
1996	59,997	19.4	207,129	67.0	41,904	13.6	309,030	33.7
Projected								
2001	62,470	19.4	217,140	67.3	42,950	13.3	322,560	35.0
2006	61,170	18.4	226,140	68.2	44,510	13.4	331,820	36.7
2011	59,060	17.4	233,020	68.6	47,520	14.0	339,600	38.5
2016	56,190	16.2	235,330	68.0	54,610	15.8	346,130	40.2
2021	54,400	15.5	235,500	66.9	62,200	17.7	352,100	41.4

Ethnic Diversity

EUROPEAN

Christchurch's European ethnic group is large and also very diverse. It includes people who have migrated to New Zealand from countries such as England, Ireland, Scotland, Wales, Australia and other

---

[69] The actual number of children grew during the early 1990s in response to a brief increase in births.

European countries. It also comprises residents who were born in New Zealand and are descendants of European settlers and migrants.

Although Christchurch's population is gradually becoming more ethnically diverse, proportionately significantly more residents identify with the European ethnic group in the City than in New Zealand as a whole. In 1996, 83.6 percent of residents (258,378) in Christchurch City were European compared with 71.7 percent nationally (Figure 1.8 and Appendix 2: Table 2).

MAORI

In 1996 there were 21,462 Christchurch residents who identified with the Maori ethnic group. This group was the second largest in Christchurch, comprising 6.9 percent of residents. Nationally, 14.5 percent of residents were Maori.

PACIFIC ISLAND

Christchurch has a small Pacific Island community which has grown marginally since 1991. In 1996 the Pacific Island ethnic group comprised 1.9 percent of the population (5979 people) compared with 1.7 percent in 1991. Nationally, nearly five percent of the population were Pacific Islanders in 1996.

ASIAN

Christchurch has a growing Asian community. Numbers have been boosted by a significant increase in migration this decade resulting from shifts in immigration policy. In 1996 Asians comprised 4.1 percent of residents (12,600 people), up from 2.0 percent (5934 people) in 1991. New Zealand wide, the Asian ethnic group comprised 4.4 percent of the population in 1996.
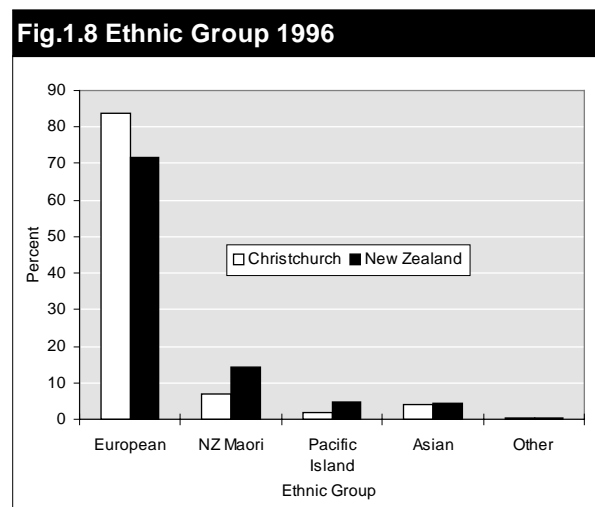

Fig.1.8 Ethnic Group 1996

Table 1.10 Country of Birth (Usually Resident in NZ Born Overseas) 1996				
Country Of Birth	New Zealand	%	Christchurch City	%
Australia	54,585	7.1	4863	8.4
United States of America	11,625	1.5	1215	2.1
Canada	7440	1.0	699	1.2
United Kingdom	230,049	29.9	19,821	34.2
Europe	55,875	7.3	5091	8.8
Pacific Island	99,402	12.9	3216	5.6
Asia	117,792	15.3	10,524	18.2
Other	29,448	3.8	2172	3.8
Not Specified	163,875	21.3	10,314	17.8
Total (Residents Born Overseas)	770,091	100.0	57,915	100.0

Source: Statistics New Zealand, 1996 Census of Population and Dwellings.

Type of Dwellings

Most Christchurch residents (298,500 people) live in private dwellings. City-wide there were 116,166 private dwelling in 1996 and 453 non private dwellings such as rest homes, hospitals and prisons.

In 1996 the most popular type of home was the conventional detached house (75.4 percent of private dwellings[70]) followed by two houses or flats joined together (24 percent).

HOME OWNERSHIP AND RENTING

Privately-owned homes (with and without a mortgage) still vastly outnumber those that are rented. However, in recent years, home ownership in the City has declined while the amount of rental accommodation has grown proportionately.

In 1996 just under 70 percent of dwellings were owned compared with 74 percent in 1991. In contrast, around 25.4 percent of private dwellings in the City were rented in 1996, up from 22.8 percent in 1991.

Rental accommodation in Christchurch is provided by private individuals and a number of organisations including Housing New Zealand, real estate agencies and the Christchurch City Council.

HOUSEHOLD TYPE

The majority of households in the City are one family households[71]. Although this type of household has grown numerically in recent years, proportionately it has actually decreased. In contrast, there has been a small percentage increase in some other household types - one family plus other, multiple family and single person households (Figure 1.10 and Appendix 2: Table 6).

The proportional decline in one family households and growth in other household types in Christchurch is similar to New Zealand as a whole and reflects a variety of demographic and social changes. These include:

- An increasing number of elderly people (particularly women) who are more likely to live alone;
- More divorces and separations and the trend towards older marriage leading to an increase in single person and non-family households; and
- Increased migration from Asia. Statistics show that Asian families are twice as likely as New Zealand families to share their homes with others.

Fig.1.10 Household Type

---
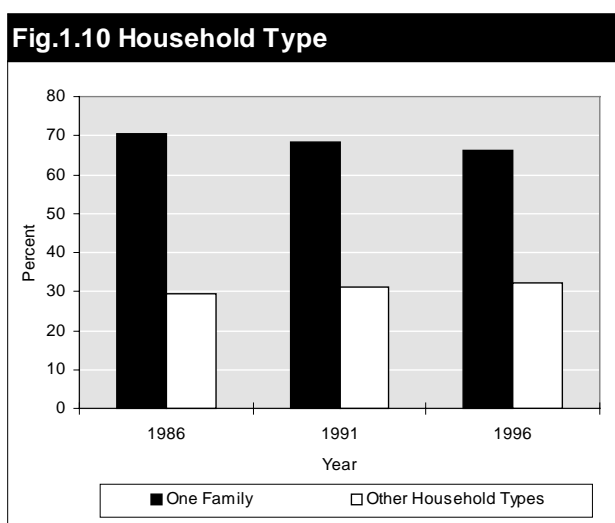
[70] Excluding non private dwellings such as boarding houses and homes for the elderly.
[71] A 'household' for census purposes comprises a person or persons who reside in a private dwelling.

AVERAGE HOUSEHOLD SIZE

The 'type' of households in Christchurch is not only changing but households are also getting smaller. In 1976 the average household occupancy rate for the City was 3.1 people. This declined to 2.8 by 1986 and reached an all time low of 2.6 in 1996. This trend is expected to continue in the future, placing additional pressure on existing housing and residential land stocks and associated services.

The average size of households is decreasing because the rate of household formation is exceeding the rate of population growth.

Fig.1.11 Family Type 1996
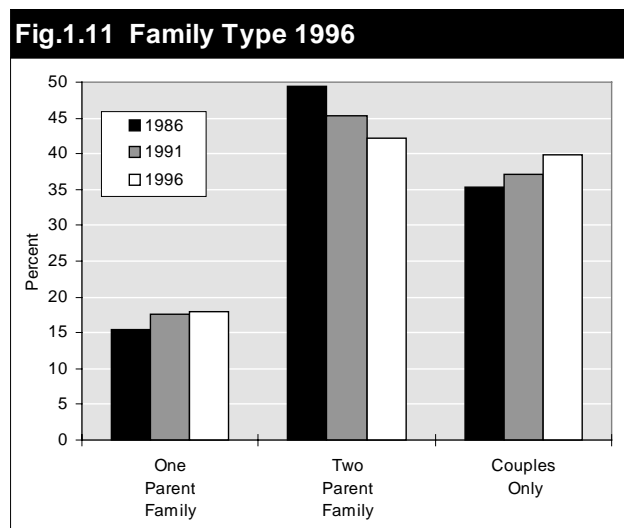
FAMILIES[72]

Family Type
In 1986 two parent families comprised 49.4 percent of families. This declined to 42.2 percent in 1996.

The decline in the two parent family has been offset by an increase in one parent families and couples without children. During the 10 years to 1996, one parent families increased from 15.3 to 18 percent while couples without children grew from 35.3 to 39.8 percent (Figure 1.11).

Growth in the number of couples without children[73] reflects two main trends: the general ageing of the population, which has shifted large numbers of people into the age groups where life without children is likely, and the postponement of childbearing by young couples[74].

DEPENDENT CHILDREN FAMILIES

At the latest census, around 20 percent of all families with children (including adult and dependent) contained three or more children, 37.2 percent had two children, while nearly 42.6 percent contained just one.

The 1996 census defines a 'dependent' child as one who is under 18 years old and not in full-time employment (that is, still at school, in tertiary training, unemployed or working less than 30 hours per week). Of those families with dependent children only, 19 percent had three or more children, 39 percent comprised two children and 42 percent comprised one child.
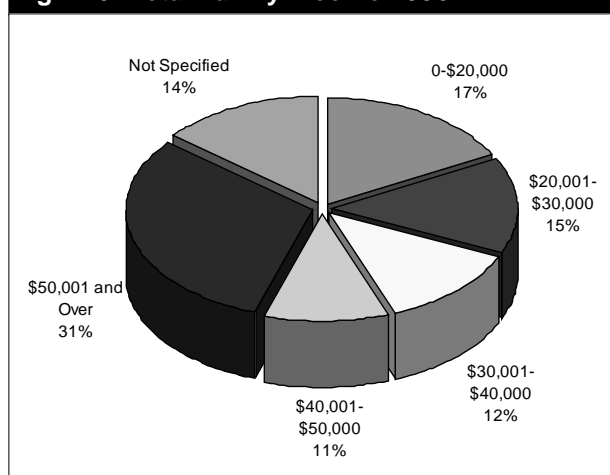
---

[72] A family is defined as either a couple (from a legal or a defacto marriage) with or without a child (or children) who usually live in the same household.
[73] The 'couples' family type include all couples who have chosen to remain childless, as well as younger couples who have not yet had children and older couples who have reached the 'empty nest' stage ie their children have grown up and left home.
[74] Statistics New Zealand, New Zealand Now Families, p 5

Incomes Sources and Incomes[75]

Fig.1.15 Total Family Income 1996

Not Specified 14%

0-$20,000 17%

$20,001-$30,000 15%

$50,001 and Over 31%

$40,001-$50,000 11%

$30,001-$40,000 12%

Although few people in Christchurch have no income at all, there is considerable variation in the sources of income and the amount individuals receive. In 1996 wage and salaries was the most common source of income for Christchurch residents. In the 12 months before the last census, nearly 57 percent of residents aged 15 years and over received income from wages and salaries.

Government-funded benefits are also a major income source. Of Christchurch residents aged 15 years and over 94,719 said that they had received one or more government benefits during the 12 months to March 1996. This translates to 38 percent of the 15 plus population. New Zealand superannuation made up the largest number of payments, followed by the unemployment benefit. (Table 1.13, Appendix 2: Table 10).

Sources of income varied markedly with gender. More males received income from wage and salaries and from self employment in 1996, reflecting their higher rates of participation in the paid labour force. More females received income from government benefits.

## PERSONAL INCOME

Table 1.13 Number of Benefit Payments 1996				
	New Zealand	%	Christchurch City	%
One Income Support Payment	892,386	32.0	84,627	34.0
Two or More Income Support Payments	94,842	3.4	10,092	4.1
No Income Support Payments	1,643,874	59.0	144,150	57.9
Not Specified	155,118	5.6	10,164	4.1
Total Residents Aged 15 years and Over	2,786,220	100.0	249,033	100.0

Seventy three percent of all Christchurch residents aged 15 years and over indicated they had a personal income of less than $30,000 in 1996. At the other end of the scale only 2 percent of residents received an annual income of more than $70,000 (Figure 1.14, Appendix 2: Table 11).

The income distribution of residents who worked full and part time showed a somewhat different picture. Just under 55 percent of people who worked full time (30 hours or more) had an annual gross income of $30,000 or less, while 6.2 percent received $70,000 or more.

The majority of part-time workers (79.5 percent), who worked less than 30 hours per week, had incomes under $20,000.

---

[75] Data on sources of income include all the persons who specified each income source, whether as their only source or one of several sources. Where a person reported more than one, they have been counted in each applicable source.

Fig.1.14 Personal Income 1996
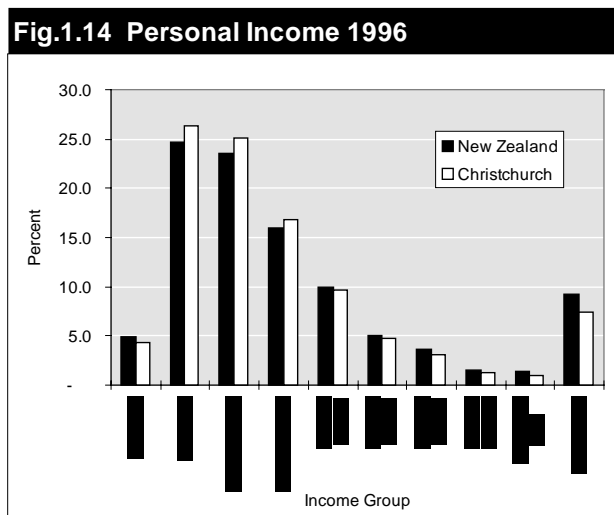
FAMILY INCOME

Family income is the income of couples and people with children. Thirty two percent of families in Christchurch received a before tax income of $30,000 or less for the 12 months to March 1996, while 31 percent of families had an annual income of over $50,000 (Figure 1.15 and Appendix 2: Table 13). The median income for Christchurch families was $38,947 compared with $39,205 nationally.

Health

Life expectancy at birth has improved during the last four decades in New Zealand. In 1995-97 women lived to an average of 79.6 years, and men lived to an average age of 74.1 years. These represent gains of 0.9 of a year for females and 1.4 years for males over the 1990-92 levels.
Over the past two decades Maori life expectancy has increased significantly and Maori infant mortality rates have continued to decline. However, Maori life expectancy and mortality rates are still worse than those of non-Maori. Maori female life expectancy at birth for 1995-97 was 71.6 years compared with 80.6 years for the non-Maori female population while Maori male life expectancy was 67.2 years compared with 75.3 years for non-Maori males.

Maori tend to have higher death rates in most general areas of disease than non-Maori. Causes of death showing disproportionately high rates for Maori compared with non-Maori include diabetes, lung cancer and hypertension. The death rate from diabetes for Maori is almost six times that of non-Maori.
The health status of Pacific peoples is poorer than that of non-Pacific peoples, but generally occupies an intermediate position between Maori and non-Maori. Pacific peoples perceive their health status as having deteriorated because of their changing socioeconomic patterns and the loss of their traditional ways of life. Hospitalisation rates for Pacific people are above those for the population as a whole.

Christchurch residents are also living longer than before. In 1996 the life expectancy of a new-born baby boy was 73.5 years and 79.1 years for a girl.

Over the next 20 years the life expectancy of people born in Christchurch is expected to steadily improve. According to latest population projections[76] a male born in 2021 can expect to live about 77.9 years and a female to around 82.5 years.

It is important to note, however, that increasing longevity may not necessarily mean an increase in disability-free life. Ageing is generally associated with an increasing risk of disability. As a person ages there is both a higher incidence of chronic disease and a greater risk of injury. This has major implications for the health and social services providers in the future. They will not only have to make provision for a large elderly population but one with potentially greater needs.

---

[76] Unadjusted 1996 base

INFANT MORTALITY

The infant mortality rate[77] is recognised as being a sensitive indicator of social and economic conditions and is often used to make international comparisons, especially in less developed countries.

Infant mortality in New Zealand has steadily declined over the last three decades from a rate of 22.6 per 1000 total births in 1960 to 16.7 in 1970, 13.0 in 1980 and 7.2 in 1994. Overall, the infant mortality rate in Christchurch has also declined. In 1994 the death rate was 7.7 deaths per 1000 live births. This was nearly half the 15.7 deaths per 1000 live births in 1988 (Figure 1.26).

The primary cause of infant mortality in Christchurch between 1988 and 1994 was sudden infant death syndrome (SIDS), also known as 'cot death'. Despite being the major cause of infant death, the number of deaths due to SIDS declined significantly during this period, both in Christchurch and at a national level (Figure 1.27). This decline coincided with a major educational campaign on known factors associated with SIDS.

Fig.1.26 Infant Deaths per 1,000 Live Births

Fig.1.27 Number of Infant Deaths from SIDS 1988-1994
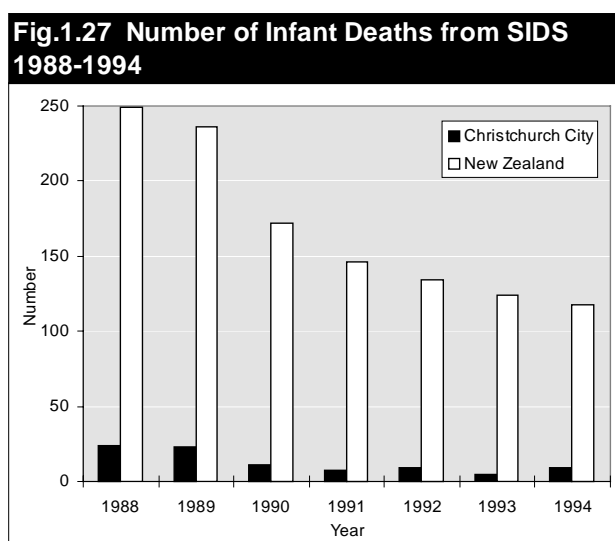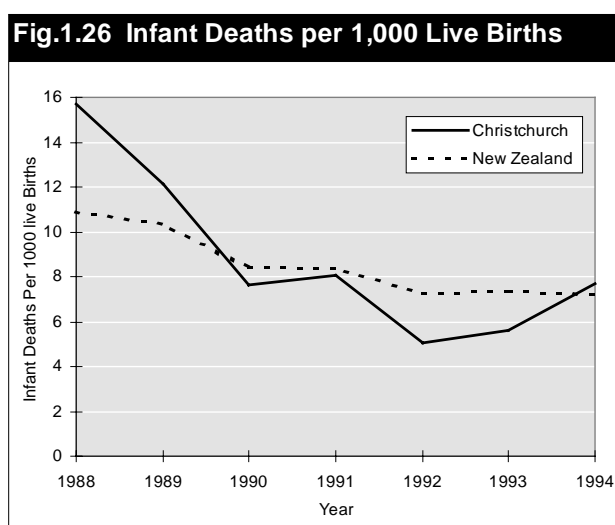
MAJOR CAUSE OF DEATH

The major causes of death in Christchurch, as in the rest of New Zealand, are ischaemic heart disease (a form of heart attack), malignant neoplasm (cancer) and cerebrovascular disease (stroke).

[77] Death of children under one year per 1000 live births.

Collectively these conditions accounted for 62 percent of all deaths in the City in 1994 (Figure 1.28). At a national level, around 61 percent of deaths were attributable to these causes.

Each age group has its own characteristic health problems causing death. In 1994 suicide and self inflicted injury was the leading cause of death in the 15-24 and 25-34 year age groups. Motor vehicle accidents were also a major cause of death for these age groups. Significantly more males died from these causes than females.

Cancer was the major cause of death for the 35-44 age group followed by heart disease and motor vehicle accidents.

Statistics show that death through suicide and motor vehicle accidents are rare among people aged over 45 years, while deaths as a result of ischaemic heart disease, cancer and stroke increase as people get older (Figure 1.29). For Christchurch residents aged 45-64 years in 1994, cancer and ischaemic heart disease were the major killers. Heart disease in particular was a major cause of male deaths in this group.

Ischaemic heart disease and cancer were the main causes of death for people aged 65 years and over, followed by stroke. Respiratory and digestive disorders were also a significant cause of death, especially for the very elderly. The number of deaths from ischaemic heart disease was higher for men in the 65-74 age group, but this trend was reversed in the 75 years and over age group, reflecting gender differences in life expectancy

Fig.1.28 Major Causes of Death 1994
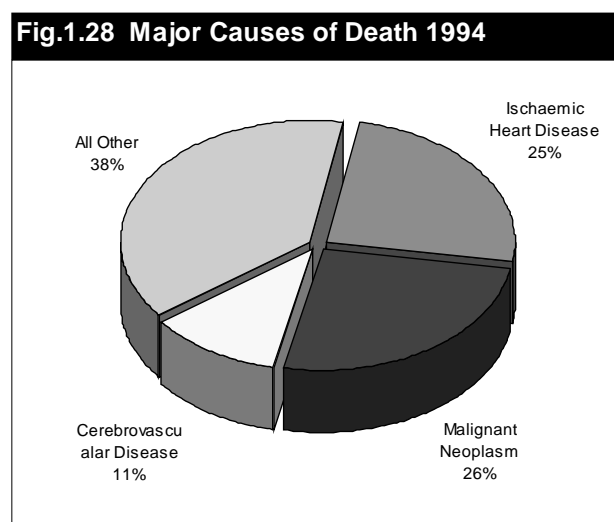
BIBLIOGRAPHY

Burawoy, M. 1996. The State and Economic Innovation: Russia Through a China Lens. *World Development*, Vol. 24 No.66: 1105-1117.

Callister 1998 "Some Geographic Dimensions of Being Work-rich and Work-poor: Changes between 1986 and 1996", in *Social Policy Journal of New Zealand*, Issue 11, December.

Canterbury Volunteer Centre. 1999. *Statistical Report 1 April 1998 to 31 March 1999.*

Church, A. 1990. *Community Development: A History of the Involvement of the Department of Internal Affairs in Community Development*, Monograph Series, Research Unit, Department of Internal Affairs, Wellington, New Zealand.

Cox, E. 1995. *A Truly Civil Society*, Sydney: ABC.

Dahrendorf, R. 1996. Economic Opportunity, Civil Society and Political Liberty. *Development and Change*, Vol. 27: 229-249.

Davey, J. 1998 *Tracking Social Change in New Zealand*. Wellington: Institute of Policy Studies.

Evans, P. 1996. Introduction: Development Strategies Across The Public-Private Divide. *World Development.* Vol. 24 No. 6: 1033-1037.

Fergusson, D.M. (1998) "The Christchurch Health and Development Study: An Overview and Some Key Findings", in *Social Policy Journal of New Zealand,* Issue 10, June, 158-171.

Fox, J. 1996. How Does Civil Society Thicken? The Political Construction of Social Capital in Rural Mexico. *World Development*, Vol. 24 No.6: 1089-1103.

Fukuyama, F. 1995a. Trust: The Social Virtues and the Creation of Prosperity. London: Hamish Hamilton.

Fukuyama, F. 1995b. Review of *The Age of Extremes A History of the World, 1914-1991* by Eric Hobsbawm. Political and Legal. *Foreign-Affairs,* 74(4), (Jul/Aug): 130-134.

Fukuyama, F. 1995c. Social Capital and Global Economy. *Foreign Affairs*, 75 (Sept/Oct): 89.

Health Funding Authority and Ministry of Health. 1999. *Disability in New Zealand: Overview of the 1996/97 Surveys*, Health Funding Authority and Ministry of Health: Wellington.

Heller, P. 1996. Social Capital as a Product of Class Mobilization and State Intervention: Industrial Workers in Kerala, India. *World Development,* Vol. 24 No.6: 1055-1071.

Hernandez, D.J. 1992. *Studies in Household and Family Formation: When Households Continue, Discontinue and Form.* US Bureau of the Census, Current Population Reports, Special Studies. Series P-23, No. 179,

Hirshman, A. 1982. Rival Interpretations of Market Society: Civilizing, Destructive or Feeble. *Journal of Economic* Literature, 20: 1463-84.

Hirst, P. 1994. *Associative Democracy.* USA: University of Massachusetts Press.

Hunter, A. 1993. National Federations: The Role of Voluntary Organizations in Linking Macro and Micro Orders in Civil Society. *Non profit and Voluntary Sector Quarterly,* Vol. 22 No. 2 (Summer): 121-136.

Inter-agency Workshop on Funding and Purchasing of Social Services from the Community. 1997. Notes of Workshop, Wellington, 11 December. Photocopied.

Jamieson, K. 1998a "Poverty and Hardship in Christchurch: A Reference Guide" Leisure and Community Services Unit, Christchurch City Council, Christchurch

Jamieson, K. 1998b "Poverty and Hardship in Christchurch: Findings from Target Week Survey Data" Leisure and Community Services Unit, Christchurch City Council Christchurch

Jamieson, K. 1999. "Poverty and Hardship in Christchurch: Findings from In Depth Interview Data Policy Directorate, Christchurch City Council Christchurch

Johns, K. 1993. *Community Development in Territorial Local Authorities A Profile*, Department of Internal Affairs

Kawachi, I. and B.P. Kennedy and R.G. Wilkinson (eds). *The Society and Population Health Reader: Income Inequality and Health*. The New Press: New York

Kawachi, I. and B.P. Kennedy. 1996. Income Distribution, Social Capital and Mortality. Paper presented to the Conference on Socioeconomic Inequalities in Health, Wellington, 9-10 December. Photocopied.

Kawachi, I. and B.P. Kennedy. 1997. Health and Social Cohesion: Why Care About Income Inequality? *BMJ,* Vol. 314 (5 April): 1037-1040.

Kennedy B.P. and I. Kawachi. 1996. Income Distribution and Mortality Cross Sectional Ecological Study of The Robin Hodd Index in the United States. *BMJ,* 12:1004-1007.

Kirby, S. 1 2000. Personal communication. (February 2000).

Krieble & Middleton (eds) *Health Futures: 2020 visions*, Institute of Policy Studies. Victoria

Lemann, N. 1996. Kicking in Groups. *The Atlantic Monthly*. April: 22-26.

Lim, D. 1996. *Explaining Economic Growth: A New Analytical Framework*. Cheltenham: Edward Edgar.

London, S. 1995. Building Collaborative Communities. Available on the Internet. "Mailto:london@west.net">london@west.net
.

London, S. 1997. Civic Networks: Building Community on the Net. Available on the Internet "Mailto:london@west.net">london@west.net
.

Maguire, M. 1995. "Community –Development – The New Zealand Model" unpublished paper.

March, J. G. and J.P. Olsen. 1995. *Democratic Governance*. New York: Free Press.

Ministry of Health. 1998. *Progress on Health Outcome Targets*,. Ministry of Health: Wellington

Ministry of Health. 1999. *Our Health Our Future: The Health of New Zealanders* 1999, Ministry of Health: Wellington

Ministry of Justice. 1999. *A Summary of the Crime Victims and Women's Safety Surveys*. Available on the internet: www.justice.govt.nz.

Narayan, D. and Pritchett, L. 1997. Cents and Sociability: Household Income and Social Capital in Rural Tanzania. Available on the Internet. http/www.worldbank.org.html/dec/publications S1700series/wps1796.html.

Nugent, J. B. 1993. Between State, Markets and Households: A Neoinstitutional Analysis of Local Organizations and Institutions. *World Development,* Vol. 21 No.4: 623-632.

Onyx, J. 1996a. Social Cohesion, Justice and Citizenship - The Role of the Voluntary Sector Future Agendas Research and Action. Paper presented to ANZTSR Conference held at Victoria University, Wellington, 3-5 July. Photocopied.

Onyx, J. 1996b. The Measure of Social Capital. Paper presented to ANZTSR Conference held at Victoria University, Wellington, 3-5 July. Photocopied.

Ostrum, E. 1996. Crossing the Great Divide: Coproduction, Synergy and Development. *World Development*, Vol. 24 No. 6: 1073-1087.

Portes, A. and Landolt, P. 1996. The Downside of Social Capital. *The American Prospect*, 26 (94) (May-June): 18- 21. Available on the Internet. http://epn.org/prospect26/26-cnt2

Putnam, R. 1993a *Making Democracy Work: Civic Traditions in Modern Italy*. With collaboration of R. Leonardi and R. Nanetti. Princeton: NJ Princeton University Press.

Putnam, R.D. 1995a. Bowling Alone: America's Declining Social Capital. *Journal of Democracy*, 6 (January): 65-78.

Putnam, R.D. 1995b. Ithiel de Sola Lecture: Tuning In, Turing Out: The Strange Disappearance of Social Capital in America. *PS: Political Science and Politics*, Vol. 28 No. 4 (December): 664-83.

Putnam, R.D. 1996a. The Strange Disappearance of Civic America. *The American Prospect,* 24 (Winter). Available on the Internet. {http://epn.org/propect/24/24putn.html}.

Putnam, R.D. 1993b. The Prosperous Community: Social Capital and Public Life. *The American Prospect,* No. 13 (Spring): 35-42. Available on the Internet {http://epn.org/propect/13/13putn.html}.

Putnam, R.D. 1996b. Robert Putnam Responds: Unsolved Mysteries The Tocqueville Files. *The American Prospect*, No. 25 (March- April): 26-28.

Putnam, R.D. 1996c. Transcript of Presentation at Institute of Policy Studies, Wellington, 20 August. Photocopied.

Randerson, R. 1992. *Hearts and Minds: A place for People in a Market Economy*. Wellington: Social Responsibility Commission of the Anglican Church in Aotearoa, New Zealand and Polynesia.

Refugee Resettlement Policy in New Zealand. 2000. *A Report for the 1999 Incoming Coalition Government from the NGO Sector*. (2000).

Riddell, M. 1997. Bringing Back the Balance: The Role of Social Capital in Public Policy. Paper prepared for New Zealand Council of Christian Social Services for the Social Capital and Policy Development Workshop, Wellington, 1 July. Photocopied.

Riddell, M. 1997. "Bringing back Balance: The Role of Social Capital in Public Policy" A Paper Prepared for New Zealand Council of Christian Social Services

Robinson, D. 1986. Voluntary Social Services: A Review of Funding. Planning Paper No 28. (October). Wellington: New Zealand Planning Council. Photocopied.

Robinson, D. 1992. Innovator or Government Agent: The Changing Role of the Voluntary Sector in New Zealand Social Services. Paper presented to the Third International Conference of Research on Voluntary and Non Profit Organisations, Indianapolis, Indiana, March. Photocopied.

Sandel, M. 1997. Transcript of Panel Discussion with E.J. Dionne, Ellen Goodman, Bill Kristol, Michael Sandel and Phil Sharp: The Electronic Policy Network in *American Prospect*, 2 April.

Short, J.R. 1989. *The Humane City Cities as if People Matter.* New York: Basil Blackwell.

Sirianni, C. and Friedland, L. 1995. Social Capital and Civic Innovation: Learning Capacity Building from the 1960s to the 1990. Paper presented at the Social Capital Session of the American Sociological Annual Meetings, Washington D.C., August. Available on Internet. cpn/sections.new-citizenship/new-citizenship.html.

Sirianni, C. and Friedland. L. 1997. Social Capital: CPN Tools. Available on the Internet. http://www.cpn.org/sections/tools/models/social_capital.html.

Skocpol, T. 1996. Unravelling from Above. *The American Prospect,* No. 25 (March April): 20-25. Available on the Internet. http://epn.org/propect/25/25-cnt2.html.

Skopol, T. 1997. American's Voluntary Groups Thrive in a National Network. *The Brookings Review*, Vol.15 No 4 (Fall): 16-19. Available on the Internet. http://www.brook.edu/pub/review/fall97/build.htm

Tarrow, S. 1994. *Power in Movement.* Cambridge: Cambridge University Press.

The Treasury. 1993. *Briefing Papers for the Incoming Government.* Wellington: The Treasury. Photocopied.

The Treasury. 1996. *Briefing Papers for the Incoming Government.* Wellington: The Treasury. Photocopied.

The Treasury. 1997. OECD Forum for the Future: Key Points from the Conference, 16 December 1996. Wellington. Photocopied.

Transcript of Panel Discussion with E.J. Dionne, Ellen Goodman, Bill Kristol, Michael Sandel and Phil Sharp. 1997. The Electronic Policy Network in *American Prospect*, 2 April.

Walzer, M. ed. 1995. *Toward a Global Society*. Providence: Berghan Books.

Wilkes, C. 1982. "Development as Practices" in *Development Tracks*, Shirley, I (eds).

World Bank. 1996. *Lessons from Experience*. Available on the Internet. http//www.world bank.org.

Wylie C (1994) What Research on Early Childhood Education/Care Outcomes Can and Can't Tell Policymakers. New Zealand Council for Educational Research