Community Wellbeing Research Review

A Review of Research and Literature Identified by the Christchurch City Council's Community Support Unit in support of the Strengthening Communities Strategy

Christchurch City Council

2008

CHRISTCHURCH
CITY COUNCIL · YOUR PEOPLE · YOUR CITY

The Review undertaken by the Christchurch City Council identifies a number of community well-being issues that are of significance for Christchurch. This does not, however, necessarily mean that Council will be obliged to address any or all of these issues.

INTRODUCTION

1. This document is a review undertaken on the behalf of the Christchurch City Council's Community Support Unit "to assist with the identification and sourcing of information resources relevant and appropriate for the community development work undertaken by the Community Support Unit."

2. The main context of this review is the Council's *Strengthening Communities Strategy*, specifically Goal One, which is to "Understand and document communities' trends, issues and imperatives".

3. In particular, as part of implementing its *Strengthening Communities Strategy*, the Council sought to collate and analyse the current research it holds on community trends and issues, alongside key research published by other agencies, in order to:

   - make this research and its findings more accessible, and better used, both within Council and in the wider community;
   - identify key issues, emerging trends, and gaps in the research; and

4. This report will also contribute to Goal Two of the Strategy, which is to "Promote collaboration among key stakeholders…to identify and address community issues".

5. The review was divided into two distinct parts:

   Part A. A review of external research from other Government and key stakeholder agencies and NGOs to identify relevant themes and trends that may impact on the Community Support Unit's community development work in the context of the Strengthening Communities Strategy;

   Part B. An analysis of Council-based or commissioned research currently available from the past fifteen years to identify what knowledge the Council holds and what its knowledge gaps are, and what themes and trends there were in Council's research.

6. Part C of the report then discusses the key themes emerging from both the external research and Council-based or commissioned research. That section also suggests some key priorities for Council.

7. A number of limitations exist in the findings in this report. While these limitations compromise conclusions from the study, the aim of the review was exploratory rather than conclusive. Therefore the findings provide a direction for further examination for working towards Goal Two of the Strengthening Communities Strategy.

CONTENTS

PART A - REVIEW OF EXTERNAL RESEARCH

INTRODUCTION

8. This section of the report summarises a review of research from other Government and key stakeholder agencies and NGOs that may impact on the Community Support Unit's community development work.

9. The Council identified reports covering areas such as

- Incomes and living standards
- Ageing
- Disability
- Families
- Youth/Children
- Housing/Homelessness
- Recreation
- Māori
- Migrant/Refugee/Ethnic
- Population health
- Measures of wellbeing
- Safety

10. An additional 200 pieces of literature were reviewed.

11. The main context of this review is the Council's *Strengthening Communities Strategy*, specifically Goal One, which is to "Understand and document communities' trends, issues and imperatives".

12. This report will also contribute to Goal Two of the Strategy, which is to "Promote collaboration among key stakeholders…to identify and address community issues".

13. The Council's *Strengthening Communities Strategy* has a total of six further goals. These are:

- Enhance engagement and participation in local decision-making;
- Help build and sustain a sense of local community;
- Ensure that communities have access to community facilities that meet their needs;
- Increase participation in community recreation and sport programmes and events;
- Enhance the safety of communities and neighbourhoods;
- Improve basic life skills so that all residents can participate fully in society.

14. The Council's Strategy also identifies six key challenges to building strong communities which were identified in the 2006-16 Long Term Council Community Plan:

- An ageing population;
- Increasing cultural and ethnic diversity;
- Differing levels of disadvantage between population groups;
- The complexity of factors contributing to social exclusion;
- The capacity of voluntary and community groups;
- Decreasing civic engagement.

15. The report has been structured around these goals and challenges.

16. A number of limitations exist in the findings from this report. While these limitations compromise conclusions from the study, the aim of the review was exploratory rather than conclusive. Therefore the findings provide a direction for further examination for working towards Goal Two of the Strengthening Communities Strategy.

METHODS

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

18. Approximately 30 pieces of social research were initially identified by Council. These reports covered areas such as:

- Incomes and living standards
- Ageing
- Disability
- Families
- Youth/Children
- Housing/Homelessness
- Recreation
- Māori
- Migrant/Refugee/Ethnic
- Population health
- Measures of wellbeing
- Safety

19. Over 200 pieces of additional literature of government, third sector and academic research that had relevance to the work of the Council's Community Support Unit were included in the review.

20. The following process was used in order to identify the additional reports or research. Literature on social trends/ issues was sourced initially through web searches on key words and phrases. Where literature could not be accessed online, this was primarily sourced through libraries and relevant organisations.

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

- Materials must be in English;
- Literature must focus on New Zealand or other English speaking countries, such as Australia, Canada, United States and the United Kingdom;
- Literature must have been produced in the last 8 years (i.e., the review went back to 2000, although this was open to exceptions in relation to key documents); and
- Materials must be published or publicly available either online, through accessible libraries, from the originating commissioning or other organisation, or through booksellers.

22. Two key issues should be noted. Firstly the general dearth of published literature available which specifically focuses social wellbeing in Christchurch.[1] Web and library searches revealed early on in the study that there is very little written on this subject. The literature which was available tended to focused on a single agency, activity or service line.

23. The second issue was the overabundance of material when one moves beyond the beyond social wellbeing in Christchurch to consider national or international literature. Web and library searches revealed many thousands of documents on aspects of wellbeing, including academic studies, research reports, service descriptions, programme evaluations, conference proceedings, bulletins, indicators reports and commentaries.

24. The review therefore attempted to narrow the scope of literature to that which focused on areas of local government influence, particularly the areas identified in the Council's *Strengthening Communities Strategy*. However, even with these limitations the scope of the review was very large.

[1] This does not include Council research that has been reviewed separately in Part B of this report.

25. The findings need to be read with a great deal of caution. The review still only scanned the surface of the available literature. This compromises conclusions from the study. Therefore the initial identifying of key issues and emerging trends provides some direction for further working towards Goal Two of the Strengthening Communities Strategy, i.e. to start identifying potential areas for collaborative work on community issues, as set out in Goal 2 of the Strategy.

KEY FINDINGS FROM REVIEW OF EXTERNAL LITERATURE

26. The main context of this review is the Council's *Strengthening Communities Strategy*.

27. The Council's Strategy identifies six key challenges to building strong communities which were identified in the 2006-16 Long Term Council community Plan:

    - An ageing population;
    - Increasing cultural and ethnic diversity;
    - Differing levels of disadvantage between population groups;
    - The complexity of factors contributing to social exclusion;
    - The capacity of voluntary and community groups;
    - Decreasing civic engagement.

28. The Council's *Strengthening Communities Strategy* has eight goals. These are:

    - Understand and document communities' trends, issues and imperatives;
    - Promote collaboration among key stakeholders…to identify and address community issues;
    - Enhance engagement and participation in local decision-making;
    - Help build and sustain a sense of local community;
    - Ensure that communities have access to community facilities that meet their needs;
    - Increase participation in community recreation and sport programmes and events;
    - Enhance the safety of communities and neighbourhoods;
    - Improve basic life skills so that all residents can participate fully in society.

29. Part A has been structured around the themes identified in these goals and challenges.

30. Additionally the section examines literature on Council target groups, including children, young people, families, and people with disabilities.

AGEING POPULATION

31. The ageing population was identified as a key challenge in the *Strengthening Communities Strategy.* The Strategy argued that the Council needs to make sure, that services are not only available, but also that older people can participate in and contribute to society.

32. The Council identified three reports on ageing:

    - Davey, J. A., & Cornwall, J. (2003). Maximising the Potential of Older Workers (NZ Institute for Research on Ageing: Future Proofing NZ Series). Wellington: New Zealand Institute for Research on Ageing;
    - Ministry of Social Development. (2007). Positive Ageing Indicators. Wellington: Ministry of Social Development;
    - Families Commission (2008). Elder Abuse and Neglect. Wellington: Families Commission.

33. The Council also identified the proceedings from the Fuel Poverty Workshop held at Lincoln, New Zealand in 2008.

34. To ensure a broad coverage of the issues facing older people the research also identified literature on

- Income and living standards
- Health
- Safety and security
- Economic impact

35. This section is divided into six subsections. These are:

- Population trends;
- Income and living standards of older people;
- Health of older people;
- Safety of older people;
- Economic impact of ageing population;
- National strategies;
- Local government initiatives.

Demographic Trends

36. The literature on population ageing identified that, in common with other developed countries, the New Zealand population is ageing. This is due to a combination of decreasing fertility and increasing longevity (Dunstan and Thomson 2006; Khawaja, Boddington et al. 2007).

37. The population in New Zealand aged 65 years and over was 519,940 at the end of December 2006, an increase from 275,030 people in 1976. Over this 30-year period, the proportion of older people in New Zealand's total population increased from nine percent to 12 percent.

38. Statistics New Zealand's projections indicate the older population will continue to grow, and will double to reach over one million by 2028.

39. By 2051, there are projected to be

- more than 1.3 million older people - comprising more than a quarter of the total population (one in four New Zealanders 65 years and over in 2051 compared with one in eight in 1999), and
- 322,000 people aged over 85 years, accounting for 24 percent of the older population (Christchurch City Council 2005; Dunstan and Thomson 2006; Alpass and Mortimer 2007; Ministry of Social Development 2007; Office for Senior Citizens 2007).

40. A number of reports predicted the growth of Christchurch's older population. These suggested that the number of Canterbury residents aged 65+ years is expected to increase by close to 70 percent between 2001 and 2021, with the largest increase coming in the 'young-old' 65-75 year age group (Christchurch City Council 2005; Wainwright 2005; Wainwright 2005; Canterbury District Health Board 2006).

Diversity of Older Population

41. There is a tendency to talk about older people as a homogenous group who are likely to share many early experiences and expectations. However, recent literature identified that there is and will continue to be diversity in the older population (Wainwright 2005; Wainwright 2005; Research New Zealand 2006; Statistics New Zealand 2006). For example, some literature suggested that the experiences of those in different age bands will often be different, although little specific research was found on this issue (Research New Zealand 2006). Other literature identified the changing ethnic diversity in the older population (Ministry of Social Development 2007).

42. In the 2006 Census, the large majority of older people (88 percent) reported themselves to be European (including the "New Zealander" group). Only five percent of older people reported Māori ethnicity, even though 14 percent of the total (i.e. all ages) New Zealand population reported themselves as being Māori. The under-representation of Māori at the older ages was largely due to the much higher mortality rates faced by this group (Ministry of Social Development 2007).

43. Some literature noted that the ethnic mix will change significantly over the next few decades, for example:

    - The number of Māori aged 65 years and over is projected to nearly treble between 2001 and 2021;
    - The population of older Pacific peoples doubled over the decade to 2001, and is projected to nearly treble between 2001 and 2021, from 9,000 to 25,000;
    - The number of Asian people aged 65 years and over is projected to reach 55,000 by 2021, five times the 2001 population of 11,000 (Office for Senior Citizens 2007).

44. Statistics New Zealand (2006) predicted that people are increasingly likely to have other specific cultural and social needs, such as access to peer groups or religious facilities, that are not currently catered for among elderly care services.

45. Identifying, defining and planning for culturally appropriate services for older people are important considerations for Council.

Regional Variations

46. New Zealand's age structure will differ among regions. The overall pattern of the structural changes across regions suggests a youthful dominance in northern and metropolitan areas (Dunstan and Thomson 2006; Alpass and Mortimer 2007).

47. One of the major drivers of this is ethnic composition. For example, Auckland has a large Pacific Island population (the largest of any city in the world) and a significant percentage of the population is Māori. These groups have relatively young age distributions, which means that population ageing will probably be less severe in Auckland compared with other regions in New Zealand. Conversely, Southland is a region that is predominantly Pakeha - a group that dominates the number of elderly in New Zealand. As such we expect Southland's population will age at a faster rate than Auckland (Stephenson and Scobie 2002; Dunstan and Thomson 2006; Alpass and Mortimer 2007).

48. At the broad regional level, all South Island regions will continue to have older populations than New Zealand overall. Selwyn district is projected to be home to about three and half times as many people aged 65+ in 2026 than in 2001. However, Christchurch is expected to have one of the largest numerical increases in the country (Dunstan and Thomson 2006).

Income and Living Standards of Older People

49. While there is evidence that a minority of older people are facing material deprivation and hardship, the overall living standards amongst this population tend to be good and compare favourably with the rest of the New Zealand population. Research suggested that older people in New Zealand are not a high risk group for poverty or economic hardship despite the relatively constrained income levels of this population (Fergusson, Hong et al. 2001; Krishnan, Jensen et al. 2002; Jensen, Krishnan et al. 2006).

50. The literature suggested that most older people have adequate incomes that provide them with a reasonable standard of living (Ministry of Social Development 2007; Office of Senior Citizens 2007). The population of older people tended to fare better than the working age population with respect to the measures of material well-being – this holds for both the Māori and Non-Māori populations.

51. Some reports suggested a minority (around 5 percent) of older people have quite marked material hardship and a further 5–10 percent have some restrictions and hardship (Fergusson, Hong et al. 2001; Ministry of Social Development 2001; Hong and Jensen 2003; Barrett, Twitchin et al. 2006). The Office of Senior Citizens suggested that around 7 percent of older people experience quite marked material hardship (Office for Senior Citizens 2007).

52. Barrett et al (2006) noted that it is among this group that the prevalence of frailty is highest, with those with fewer assets and less income being more likely to be living in the community with frailty. They noted that income and wealth provide a means by which individuals can achieve a better balance between themselves and their environment. Higher incomes allow older people who have become frail to overcome the effects of the loss of physical function by modifying their environment, or by increasing access to home care and other services. Material resources also allow greater access to support with transport and thus to opportunities for social participation, reducing the risk of social isolation. Lower levels of income and fewer assets in later life reduce the older person's ability to respond to stresses associated with poorer health and to modify their environment.

53. Other literature also suggested that the combination of low income and often declining health means that there are substantial problems for a considerable proportion of older people. It suggests that this has significant implications for a variety of areas, including housing provision, health, community cohesion, community participation, leisure and recreation. It suggests that planning for the ageing population at a city level is critical (Community Mapping Project 2004).

54. The *Living Standards of Older New Zealanders* study identified factors that may lead to variation in older people's living standards (Fergusson, Hong et al. 2001). These factors included: net annual income; savings and investments; accommodation costs; economic life stresses; Māori ethnicity; Pacific ethnicity; educational achievement; and socio-economic status occupation when aged 50–59 years.

55. The research reported that those who have no income additional to New Zealand Superannuation (NZS), financial assets of less than $1000 and who live in private market rental accommodation, are four times more likely to be in hardship than older people generally and 13 times more likely than those with private provision of this nature (Fergusson, Hong et al. 2001; Hong and Jensen 2003).

56. The *Living Standards of Older New Zealanders* study also showed that circumstances in old age are influenced by what happens to people in midlife. For example, people who had suffered adversity in their fifties, such as a serious illness, unemployment, marriage breakdown or a business failure, were overrepresented among those ranking low on the living standards scale.

57. Research demonstrated that the material disadvantages experienced by Māori and Pacific

peoples extend into old age (Fergusson, Hong et al. 2001; Hong and Jensen 2003; Wainwright 2005; Jensen, Krishnan et al. 2006). Ferguson et al (2001) argued that findings clearly justify policies aimed at reducing the social, educational and economic disparities between Māori people, Pacific peoples and the rest of New Zealand.

58. Hong and Jenson (2001) noted that of particular relevance to the cohort of New Zealanders aged 65 years and over in 2000 were the government housing policies of the 1930s to the 1970s. These policies gave access to home ownership through subsidised state loans to many people who might not otherwise have been able to achieve it. They identified that these policies may have significantly reduced the proportion of older people in hardship, as people were able to purchase homes during their working lives, leading to low accommodation costs in retirement.

59. The literature suggested that to maintain the distribution of living standards of older people in the future, current working-age people need to accumulate more assets than the previous cohort to potentially offset such factors as:

    - an increased life expectancy and therefore a longer retirement period to resource;
    - delay and reduction in inheritances received due to increased life expectancies of older generations;
    - an increased likelihood of events such as separation and divorce;
    - an increased likelihood of needing to care for dependent elderly and dependent children during the same period (Fergusson, Hong et al. 2001; Hong and Jensen 2003; Office for Senior Citizens 2007; Office for Senior Citizens 2007).

Housing of Older People

60. The literature noted that home ownership rates are higher among older people, with most satisfied with the quality of their accommodation. Increasing numbers of older people are living at home and receiving the support to do so. However, the proportion reporting some accommodation problem has increased since 2000 (Ministry of Social Development 2007; Office for Senior Citizens 2007; Office for Senior Citizens 2007; Office of Senior Citizens 2007).

61. Barrett et al (2006) identified a requirement for the ongoing development of supported housing models. They suggested that with differing levels of need, it is appropriate to ensure the availability of a variety of supported housing arrangements ranging from intensive residential care to less intensively monitored independent living arrangements.

62. Maintaining a pool of suitably designed public-rental housing is likely to be central to this (Barrett, Twitchin et al. 2006).

63. Trends suggest that females could be more likely to be partnered at increasingly older ages in future, because of the narrowing gap between female and male life expectancy. Therefore the proportion of females aged 65+ living in one-person households is likely to decrease slightly between 2001 and 2021. Despite this, the number of females aged 65+ living in one-person households is projected to increase due to numerical increase in females reaching the older ages (Dunstan and Thomson 2006).

64. This trend may have implications for the provision of Council's social housing. For example, Council may need to increase its stock of larger housing units to cater for older couples.

65. The preference for 'ageing in place' means there is a need to social care services to assist those with ill-health, disability or frailty (Khawaja, Boddington et al. 2007).

Home Heating and Fuel Costs

66. Christchurch City Council identified the proceedings from the Fuel Poverty Workshop held at Lincoln, New Zealand in 2008

67. The link between outdoor temperatures and excess winter deaths is widely acknowledged. More recently there is now a growing body of evidence to show that the design of buildings and features of the indoor environment affect residents' health.

68. Fuel poverty, which is described as the inability to afford adequate warmth, depends on the building fabric and heating system as well as household income. Internationally there have been a number of studies which indicate that fuel poverty affects older low-income households, in homes that are difficult to heat. For example, studies identify a relationship between energy inefficient housing and winter respiratory disease among older people (Rudge and Gilchrist 2005).

69. Studies in England, the U.S.A. and the Netherlands have shown that both self-reported and objectively measured housing dampness were strongly associated with respiratory symptoms, long-standing illness and disability: that is, the damper the house, the greater the likelihood that the occupants were ill (Howden-Chapman, Signal et al. 1999)..

70. Other studies have indicated that temperatures lower than 16º C impair respiratory function and temperatures lower than 12º C generate cardiovascular strain. They also report that damp and mould is associated with low temperatures and these are associated with toxic reactions, allergies, inflammatory diseases, gastroenteritis and infections. Some studies also indicate that low temperatures associated with social exclusion and reduced household interaction (Saville-Smith 2008).

71. The effects are most marked for children and older people, the latter being particularly vulnerable to low temperatures. Older people do not feel temperature changes as well as younger adults because they have less efficient body temperature regulating mechanisms, so their core temperature can start dropping before they know they are cold (Howden-Chapman, Signal et al. 1999).

72. The WHO (1984) recommends 18°C as the minimum indoor temperature for sedentary people. In Britain, the Ministry of Housing and Local Government (1969) advised older people to keep their living rooms at 21°C and the rest of the house at 18°C (Howden-Chapman, Signal et al. 1999).

73. Field surveys of temperatures in NZ homes have suggested that few homes are fully maintained at these recommended levels. A 1989 New Zealand study of 36 units for older people found that more than one third of the minimum daily temperatures in the living room during the year were below 16°C (Isaacs and Donn 1993).

74. More recently the fuel poverty in New Zealand study identified that

    - Mean Winter evening living room 17.82º C
    - 18% of houses >20º C living room mean
    - 9% of houses >21º C living room mean
    - 22% of houses <16º C living room mean
    - Bedrooms overnight average
    - Pre-1978 houses 13.2º C
    - Post-1978 houses 14.5º C (Saville-Smith 2008).

75. These studies suggest increasing health-driven energy efficiency housing interventions. The fuel poverty workshop identified that there is a need to target specific group, for example

older people and people with a disability (Community Energy Action Charitable Trust 2008).

76. Howden Chapman et al (1999) also argued that in the case of low-income superannuitants, it is important to consider the effects of quality of housing at a community level as well as at an individual level. This is because superannuitants' age and social position mean that they are more likely to be tied to their flats than younger age groups so that interventions in pensioner housing are more likely to have an impact on neighbourhood morale, which in turn could influence the health of individual superannuitants. Howden Chapman et al reported that the concept of neighbourhood morale is a community or ecological variable, akin to social capital, which is defined as the store of trust and goodwill that builds up in a community.

Health of Older People

77. The literature highlighted that overall; there have been vast improvements in life expectancy for the older population over the last 50 years, although there are inequalities for subgroups within the population, specifically older Māori.

78. Māori life expectancy at age 65 years remains lower than the life expectancy at age 65 years for the general population - Māori have seven and a half years of independent life expectancy at age 65 (compared to 11 years for all New Zealanders). Māori also have higher than average rates of chronic illness and morbidity, starting earlier in middle age (Wainwright 2005; Wainwright 2005; Barrett, Twitchin et al. 2006; Canterbury District Health Board 2006; Ministry of Social Development 2007)

79. As people live longer, issues of increased longevity versus the quality of life have surfaced. Statistics NZ identified that nearly all measures indicate that recent gains in life expectancy at older ages have not been matched by improvements in overall health or the quality of life (Khawaja, Boddington et al. 2007).

80. Overseas projections suggest that the need for acute hospital beds will rise more slowly than the need for disability support services. CDHB and South Island Shared Service Agency (SISSAL) reported that inpatient admissions and the average length of stay in acute hospitals per head of the 65+ population have both dropped in recent decades, mostly due to an increasing use of day surgery. They noted that the shortening of the average length of stay for inpatient admissions may now have reached its limit (Wainwright 2005; Wainwright 2005; Canterbury District Health Board 2006).

81. The literature suggested that the rate of entry to residential care and the average length of residential stay have probably levelled out or reduced per head of the 65+ year old population (if New Zealand is following overseas trends). Generally, people prefer to live in their own homes for as long as possible, although changes in aged care policies could certainly influence future propensities to live in non-private dwellings (Dunstan and Thomson 2006).

82. The growing older population means that the number of people requiring residential care will increase (Dunstan and Thomson 2006).

83. The literature also noted that people are entering residential care at a later stage and correspondingly tend to be more severely disabled than previously (South Island Shared Service Agency Ltd 2004; Wainwright 2005; Wainwright 2005).

84. The use of home-based support services (both short-term and long-term) per head of population has risen in New Zealand as elsewhere. There is evidence that the use of home-based services has become more intensive, with a smaller proportion of people receiving a greater volume of services (South Island Shared Service Agency Ltd 2004; Wainwright 2005).

85. Reports noted that there were already major problems of turnover and recruitment of skilled staff in this sector, with annual turnover rates of 39 percent for home support and 29 percent for residential care (Ministry of Health 2004; Alpass and Mortimer 2007). In 2006, the average age for nurses was 45.3 and the median age for general practitioners was 41, illustrating the ageing of the health care workforce in general (Alpass and Mortimer 2007).

86. There is also a considerable body of research on older peoples' health. This literature is too large to summarise here. However, the key themes that emerged were:

- The importance of physical activity, social networks, housing and diet in keeping people fit and healthy;
- The importance of effective primary care;
- The need for case management of chronic disease;
- The use care pathways and models;
- Easy access to disability support services to help people stay independent;
- Streamlining the patient journey into, through and out of hospital – using acute hospital beds only for acute patients;
- Making sure there are adequate post-discharge services;
- Making sure there are adequate long-term care services, both home-based and residential;
- Strong links between geriatric specialist teams and the rest of the health and disability support sector;
- Support for residential facilities to help residents stay as well and fit as possible;
- A stronger rehabilitation focus in all services;
- An extension of the palliative care philosophy to all end-of-life settings;
- More informed choice for older people at the end of life;
- Information, advocacy and protection from abuse;
- Adequate recognition and support for carers;
- Respite care, day care and carer relief services (Wainwright 2005; Wainwright 2005; Canterbury District Health Board 2006).

87. While Council has limited influence on many of these areas, Council can influence physical activity, social networks, and housing (see paragraphs 131 to 134).

88. Council may also wish to explore providing services within residential settings, for example housing units. The literature provided examples of service provision in social housing complexes, including injury prevention programmes, physical activity programmes, and primary health services.

Safety of Older People

89. The Council had identified one report on older peoples' safety: *Elder abuse and neglect* (Peri, Fanslow et al. 2008).

90. Due to the impact that safety and perceptions of safety have on the quality of life of older people the researchers reviewed a number of other reports on areas such as criminal victimisation and injury. However, it should be noted that this is a very brief review of the literature on older peoples' safety issues.

Criminal Victimisation

91. The prevalence of criminal victimisation of older people living in private dwellings is low, and older people are less likely than those in younger age groups to be victims of crime. However, some literature notes that fear of crime is a significant issue and it affects personal well-being by raising anxieties, restricting social and physical access and threatening the cohesiveness of communities.

92. Further review is need in this area.

Injury Prevention – Falls

93. Falls are the leading cause of injury-related hospitalisation in persons aged 65 years and over. For people aged 65 years and over falls are the cause of half of all ACC claims and costs, and account for 75 percent of injury related hospital admissions. Depending on the population under study, between 22-60 percent of older people suffer injuries from falls, 10-15 percent suffer serious injuries, 2-6 percent suffer fractures and 0.2-1.5 percent suffer hip fractures (Ministry of Health 2002; ACC 2006).

94. Some reports noted a) a small increase in fatal injury falls between 2000 and 2003 and b) little change in serious non-fatal injury falls between 2000 and 2005 (Ministry of Social Development 2007).

95. The Ministry's *Health of Older People Strategy* identified that, although falls may appear to result from a single cause, they usually result from a combination of physical, lifestyle, environmental, and social risk factors. Several of these risk factors can be reduced by appropriate interventions, including addressing reduced muscle strength, impaired balance and gait, overuse of psychotropic drugs, neurological disorders, impaired vision, foot problems, depression, lack of social support, home safety, and the effects of winter conditions and low temperatures (Ministry of Health 2002).

96. Research indicated that programmes that are individually tailored and delivered by trained instructors are more likely to be effective in preventing falls than standard or group-delivered programmes (Ministry of Health 2002; Taylor and Stretton 2004). Studies also identified that falls and fall injuries can be significantly reduced, especially in people aged 80 years and older, through effective home exercise programmes (Robertson, Devlin et al. 2001).

97. These findings may impact on decisions regarding services the Community Support Unit provides in the community, and in particular to its social housing tenants. It may wish to consider home based services in its social housing facilities.

Elder Abuse

98. Although the phenomenon of elder abuse and/or neglect has been the subject of study and discussion within a variety of settings since the mid 1970s, little scientific evidence of its incidence and/or prevalence is available (Age Concern New Zealand 2002; Fallon 2006; Peri, Fanslow et al. 2008).

99. The phrase “elder abuse and/or neglect” is used as an all-inclusive term to represent all possible types of mistreatment or abusive behaviour toward older adults. Elder abuse or neglect can be either an act of commission, in which case it is abusive, or an act of omission, in which case it is neglectful, and may be either intentional or unintentional. It involves a range of different behaviours, including physical, sexual, psychological and financial abuse and neglect. Abuse and neglect occur both in private homes and in institutional settings. An important element in many definitions of elder mistreatment is the notion of betrayal of trust, especially in the context of a relationship where there is an expectation of trust (Fallon 2006; Peri, Fanslow et al. 2008).

100. A further complication in defining elder abuse and/or neglect noted in the literature is the phenomenon of self-neglect. Self-neglect does not fit readily into definitions. Nevertheless, it is important that recognition is given to self-neglect, since there is strong evidence that it constitutes a significant portion of cases of neglect of older people, especially among the very old.

101. Age Concern research identified that the most frequent type of abuse experienced by older persons was psychological abuse (59 percent), followed by financial exploitation (42 percent). The research also examined the characteristics of abusers, and the study revealed that sons and daughters are the most common perpetrators of elder abuse and neglect, followed closely by husbands, wives or partners. Institutional violence was identified as a significant contributory factor to the abuse experienced by older persons. Limitations of this study are acknowledged, particularly its lack of representativeness of the wider population (Age Concern New Zealand 2005).

102. Due to the dearth of research in the area of elder abuse and neglect, Age Concern has urged that further investigation is needed into abuse within residential settings, aspects of financial abuse, and the prevalence and incidence of elder abuse in New Zealand as a whole (Age Concern New Zealand 2005).

103. The Families Commission report identified a number of risk and protective factors:

- Individual level - Isolation and the increasing physical (and sometimes mental) challenges associated with ageing emerged as individual-level risk factors for elder abuse and neglect. They were compounded in people who had experienced other adverse events such as other forms of abuse and poverty.
- Family level - Supportive families were recognised as protective against all types of elder abuse and neglect. Threats to families' ability to be supportive were varied, from longstanding abuse within families, to overburdened or greedy family members.
- Institutional level - Risk factors in residential care settings concerned staffing issues, which were closely linked with training, funding, staff-to-resident ratios and organisational culture. Various institutions other than care facilities play important roles in protecting older people from abuse and neglect.
- Community level - The necessity of social connectedness, which was regarded as a protective factor. Multiple factors were seen as contributing to this, including accessible public transport, community facilities and housing policy.
- Societal level - Strong themes emerged about the undervaluing of older people in society as a whole. High-level societal issues such as the cost of living and unavailability of care were seen to contribute to pressures on families, creating environments where elder abuse and neglect are more likely to occur. Ideas about the intergenerational transfer of wealth may contribute to elder abuse and neglect in the form of financial abuse; and ideologies about family loyalty and personal independence contribute to the silence about abuse.
- Cultural level - Mäori perspectives on elder abuse in New Zealand were described in terms of the stresses and pressures of life on the whänau. Cultural diversity notwithstanding, common factors contributing to abuse and similar solutions emerged across Pacific, Indian, Chinese and mainstream communities (Peri, Fanslow et al. 2008).

Economic Impact of Ageing Population

104. There are two elements of economic analysis of population ageing:
    - The first is macroeconomic analysis, which examines the impact on the growth and productivity of the economy stemming from changing patterns of saving and investment, capital flows and changes in the labour market;
    - The second is microeconomic analysis, which considers the income, consumption and saving of individuals over their lifecycle in the face of reduced fertility and greater longevity (Stephenson and Scobie 2002).

105. The economic impact of an ageing population is often expressed in terms of "age dependency" – the ratio of the people of "retirement age" relative to those of "working age". The ratio estimates how many older people each "worker" has to support. At present there are 18 older people per 100 people of working age, having risen from 15 per 100 in 1951. The age dependency ratio is projected to rise substantially from 2011 onwards to reach 45 per 100 by 2051. This means that for every person aged 65 plus, there are projected to be 2.2 people in the working age group in 2051, compared with 5.5 people in 2004 (Davey and Cornwall 2003).

106. "Age dependency" must also be seen in relation to "youth dependency", which is projected to decrease in the future. New Zealand's total dependency ratio (the number of people aged 0–14 and 65 plus per 100 people aged 15–64) is projected to rise from 51 per 100 in 2006 to 73 per 100 in 2051. This is similar to the total dependency ratios experienced in the 1950s and 1960s, which peaked at 71 per 100 in 1960 (Statistics New Zealand 2006). However, by 2022 the percentage of the population aged 65 plus is expected to be higher than the percentage under 15 (Davey and Cornwall 2003).

107. The Families Commission identified that caring for elderly family members will become more important, as will grandparents' roles in caring for children (Families Commission 2005).

108. The single largest fiscal issue relating to ageing populations is health care. Health comprises a large portion of the government's expenditure and the elderly consume disproportionate amounts of the country's healthcare resources. Other things being equal, a rising old-age dependency ratio means that society's demand for healthcare will rise. This alone may mean a large increase in government expenditure (Stephenson and Scobie 2002).

109. If our current commitment to universal provision of retirement income continues, the effects of an ageing population will be considerable.

Labour Force

110. The ageing of New Zealand's population will have profound effects on the size and composition of the labour force. Statistics New Zealand predicted that the growth rate of New Zealand's working age population will decline and become negative by the year 2041 (Statistics New Zealand 2006). At the same time its composition will be changing with the working age population getting older, the proportion of Māori and Pacific Islanders in the working age population increasing, and labour supply becoming increasingly concentrated in "young" regions such as Auckland (Stephenson and Scobie 2002).

111. Analysis by age shows a sharp upturn in labour force participation rates among New Zealanders aged 60–74 years. In 1991, 38 percent of men aged 60-64 years were in the labour force, and by 2006 this had climbed to 73 percent. During this time:
    - the participation rate for men aged 65–69 years more than doubled from 17 percent to 43 percent. The 2006 Census also found that more than one in five men aged

70–74 years were working.

- for women aged 60–74 years, who had lower initial participation in the labour force, the rates virtually trebled. By 2006, more than half of New Zealand women aged 60–64 years, and over a quarter of those aged 65-69 years were working (Khawaja, Boddington et al. 2007).

112. Kawaja et al (2007) identified that a number of policy changes as well as socio-economic developments probably contributed to these trends. These included the gradual raising of entitlement age for New Zealand Superannuation from 60 to 65 years between 1992 and 2001, changes to the Human Rights Act 1993 that came into effect on 1 February 1999, the abolition of the compulsory retirement age, and structural changes in New Zealand's economy, especially growth in service jobs and non-standard employment such as part-time and casual work.

113. Davey & Cornwall (2003) also discussed New Zealand's ageing workforce. Its median age increased from 36 in 1991 to 39 in 2001. It is projected to reach 42 in 2012, and then remain at about this level, because the demographic transition in the working ages will be largely complete (Davey and Cornwall 2003; Statistics New Zealand 2006).

114. Davey & Cornwall (2003) predicated labour and skill shortages which are unlikely to be fixed by increasing immigration or by raising the birth rate. They noted that if people in midlife are unable to contribute to their full economic capacity because of unemployment, underemployment, premature retirement, discrimination or other circumstances, then this has serious implications for their futures, for business, for society and the economy as a whole. They suggested that it is critical that the country maximises the potential of older workers. However, the challenge is to match the capacities and aspirations of older workers with opportunities for them to be economically active. This will be to their own benefit and to that of society and the economy as a whole.

115. Their study identified six key challenges:

- Improve choice and control for the 'have nots' in later working life, giving them better access to training, education and advice (these include male manual workers, those in poor health, those in declining industries, women who work intermittently, and self employed people with unstable work);
- Fit jobs to older workers as well as older workers to jobs;
- Create a new balance of priorities between working, living, health and wellbeing, with an acknowledgement of caring responsibilities;
- Assist people to make informed and appropriate financial choices in mid and later life;
- Improve opportunities to build retirement income among people other than males in stable careers;
- Develop new modes of paid and unpaid work accessible later in life – 'communities need to become better at using the talents of a wide range of people once they have left career employment' (Davey and Cornwall 2003).

116. Davey and Cornwall (2003) suggested meeting these challenges will require attitudinal change on the part of employers, workers and society as a whole, as well as policy adjustment.

Community Participation and Older People

117. The literature identified that participating in their community is important to older people, and a large proportion feel a sense of community in their local neighbourhood. Although a large number of older people are participating in their communities, around a sixth report feeling lonely – particularly older single people and older women (Ministry of Social Development 2007; Office for Senior Citizens 2007; Office for Senior Citizens 2007; Office of Senior Citizens 2007).

118. In 2006, 15 percent of older people said they either always, mostly or sometimes felt lonely over the last 12 months. Older people who lived alone experienced much higher rates of loneliness than those older people who lived with a partner or other people. Of those older people who lived with a partner or someone else, nine percent felt lonely always, usually or sometimes. This compares with a considerably larger proportion (34 percent) of older people who lived alone who experienced loneliness (Ministry of Social Development 2007).

119. Indicators suggest that older people with net personal incomes over $20,000 had slightly lower levels of loneliness than those with incomes under this amount. Around 19 percent of those older people with an income of $20,000 or less said they had felt lonely during the year, compared with 11 percent of those older people with a personal income of more than $20,000 (Ministry of Social Development 2007).

120. The literature also noted that the available supply of caregivers and voluntary labour depends in part on the number of healthy people in older age groups who have chosen to retire (Statistics New Zealand 2006).

National Strategy for Older People

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

    - Income - secure and adequate income for older people;
    - Health - equitable, timely, affordable and accessible health services for older people;
    - Housing - affordable and appropriate housing options for older people;
    - Transport - affordable and accessible transport options for older people;
    - Ageing in place - older people feel safe and secure and can age in place;
    - Cultural diversity - a range of culturally appropriate services allows choices for older people;
    - Rural - older people living in rural communities are not disadvantaged when accessing services;
    - Attitude - people of all ages have positive attitudes to ageing and older people;
    - Employment - elimination of ageism and the promotion of flexible work options;
    - Opportunities - increasing opportunities for personal growth and community participation (Office of Senior Citizens 2007).

122. The strategy is intended to guide the development of policies and services across central, regional and local government.

123. Other central reports have highlighted the need importance of pre-retirement policies, including:

- encouragement of saving and investment to meet economic needs in old age and consideration of the mechanisms for encouraging such savings;
- development of social policy to ensure high levels of employment and adequate income levels over the life course prior to retirement age (Fergusson, Hong et al. 2001).

124. As discussed in paragraph 69 some government reports suggest policies aimed at reducing the social, educational and economic disparities between Māori people, Pacific peoples and the rest of New Zealand.

125. The *Positive Ageing Strategy* (Ministry of Social Development, 2001) and a number of other strategies and reports focus upon maintaining the independence of older people.

126. However, Breheny and Stephens (2007) argued that it is important that efforts to promote positive ageing do not inadvertently affect older adults' ability to admit they need help and support. They argued that valuing self-reliance and avoidance of dependency, rather than contexualising this in the experience of interdependence and reciprocity, could have negative consequences for older adults. Older people may be reluctant to ask for help if this confers a stigma that they associate with dependence and need (Breheny and Stephens 2007).

127. They noted that other researchers have identified that many older adults attempt to become what culture indicates is desirable. For example, Holstein & Minkler (2003), suggested a desirable identity centred on self-reliance may further harm older people, particularly older women, the poor, and people of colour who are already marginalized.

128. Breheny & Stephens (2007) argued that suggesting that it is in everyone's interest to promote self-reliance in older adults as in the *Positive Ageing Strategy* (Ministry of Social Development, 2001) defines those who can and those who cannot be self-reliant as successful and unsuccessful older adults respectively. They suggested that there is a risk that by focusing too much upon the importance of self-reliance, those older people who can maintain their independent and self-reliant identity are viewed as ageing positively, while those without these resources are positioned as both ill-prepared for later life and dependent.

129. As discussed in paragraph 68 the ability to age 'positively' depends in part upon social location, as the effects of a lifetime of disadvantage tend to accumulate in later life. Therefore linking positive ageing to self-reliance and activity can reinforce disadvantage. (Holstein and Minkler 2003; Barrett, Twitchin et al. 2006; Breheny and Stephens 2007).

Local Government and Older People

130. The research identified that there is a considerable body of literature which focuses on the impact of local government roles and functions on quality of life for older people. These studies are too numerous to summarise here. However, the key themes that emerged were that an age-friendly community is one which:

- Coordinates actions across different areas of city policy and services so that they are mutually reinforcing;
- Promotes a life course approach which includes all ages within the process of promoting active ageing;
- Encourages solidarity between generations and within communities, including fostering social relationships in local services and in the activities that bring together people of all ages;

- Provides opportunities for older people to participate in the community in ways that they choose;
- Fosters opportunities for neighbours to get to know each other;
- Ensures that infrastructure is planned with older people's needs in mind;
- Provides outreach to older people at risk of being socially isolated;
- Minimises economic, linguistic or cultural barriers experienced by some older people.

131. WHO has recently developed a guide for developing age-friendly cities. The guide suggested that in an age-friendly city, policies, services, settings and structures support and enable people to age actively by:
    - recognising the wide range of capacities and resources among older people;
    - anticipating and responding flexibly to ageing-related needs and preferences;
    - respecting their decisions and lifestyle choices;
    - protecting those who are most vulnerable; and
    - promoting their inclusion in and contribution to all areas of community life.

132. WHO developed a *Checklist of Essential Features* of age-friendly cities. The checklist is a tool for a city's self-assessment and a map for charting progress. As with other checklists, the Age-friendly Cities includes a number of topic areas with a series of descriptors under each. Topic areas are:
    - Outdoor spaces and buildings;
    - Transportation;
    - Housing;
    - Social participation;
    - Respect and social inclusion;
    - Civic participation and employment;
    - Communication and information;
    - Community and health services.

133. Other models exist that also encourage local governments to consider the well-being of older residents. For example, *Communities for a Lifetime*, *Environmental Protection Agency (EPA) Ageing Initiative*, and *Ageing in Place Initiative*[2], to name a few (Richardson, 2008).

134. In New Zealand 31 local authorities have identified actions they plan to undertake within the *Positive Ageing Action Plan* (Office of Senior Citizens 2007). A number of councils have also produced positive ageing strategies.

135. Local government policies, strategies and actions have focused on areas such as transport, housing, urban planning, social inclusion and participation, lifelong libraries learning opportunities, staff training, leisure and recreation and consultation.

[2] This includes an a *Toolkit for Local Governments* which describes three components- healthcare, environment, planning and zoning - that are essential to an ageing in place strategy.

Summary

136. Population ageing has the potential to become the single biggest economic and policy issue of the next fifty years (Stephenson and Scobie 2002; Dunstan and Thomson 2006).

137. Population ageing will impact on the growth and productivity of the economy stemming from changing patterns of saving and investment, capital flows and changes in the labour market. It will also impact on income, consumption and saving of individuals over their lifecycle in the face of reduced fertility and greater longevity (Stephenson and Scobie 2002)

138. Changes to the age structure of the population affect both the overall supply of and demand for services and infrastructure.

139. There is and will continue to be diversity in the older population. Older people are increasingly likely to have specific social and cultural needs, such as access to peer groups or religious facilities that are not currently catered for among elderly care services. Identifying, defining and planning for culturally appropriate services for older people are important considerations for Council.

140. Some reports suggested a minority (around 5 percent) of older people have quite marked material hardship and a further 5–10 percent have some restrictions and hardship.

141. The proportion reporting some accommodation problem has increased since 2000. A requirement for the ongoing development of supported housing models. There will eb an increasing need for a variety of supported housing arrangements ranging from intensive residential care to less intensively monitored independent living arrangements. Maintaining a pool of suitably designed affordable public-rental housing is likely to be essential.

142. Trends suggest that females could be more likely to be partnered at increasingly older ages in future, because of the narrowing gap between female and male life expectancy. This trend may have implications for the provision of Council's social housing. For example, Council may need to increase its stock of larger housing units to cater for older couples.

143. The literature provided examples of service provision in social housing complexes, including injury prevention programmes, physical activity programmes, and primary health services. The Community Support Unit may wish to consider home based services in its social housing facilities.

144. The literature identified that participating in their community is important to older people, and a large proportion feel a sense of community in their local neighbourhood. Although a large number of older people are participating in their communities, a proportion report feeling lonely. The Community Support Unit may wish to consider focusing some of its community development activities on older people.

145. Models and strategies are available overseas and in New Zealand which promote age friendly cities.

146. Models and strategies are available overseas and in New Zealand which promotes age friendly cities.

INCREASING CULTURAL AND ETHNIC DIVERSITY

147. Increasing cultural and ethnic diversity was identified as a key challenge in the *Strengthening Communities Strategy.* The Strategy argued that, as Christchurch becomes more diverse, it is important that all cultural and ethnic groups feel part of the city and want to participate in its social, cultural, economic and political life, and that different groups are able to live together successfully.

148. While the European ethnic group still has the largest share (78 percent) of the total population, the number of people identifying as European increased by only 8 percent in the 15 years between 1991 and 2006. Over the same period, the number who identified as Māori increased by 30 percent, the Pacific peoples ethnic group increased by 59 percent, and the number of Asian people increased by 255 percent. While people of all other ethnicities still make up less than 1 percent of the population, they grew in number faster than any of the major ethnic groups (by 440 percent). In 2006

- Māori made up 15 percent of the total New Zealand population compared with 13 percent in 1991.
- At 9 percent, the Asian ethnic group is now the third largest group,
- Pacific peoples comprise 7 percent.

149. According to 2006-based medium population projections, by 2026 the Māori share of the population is projected to be 17 percent, the Pacific peoples' share 10 percent and the Asian share 16 percent (Ministry of Social Development 2008).

150. Overseas-born people make up an increasing proportion of the New Zealand population. At the time of the 2006 Census there were 879,500 overseas-born people living in New Zealand, making up 23 percent of the country's population compared with 19 percent in 2001 and 17 percent in 1996. The largest growth was in the North-East Asia category (Ministry of Social Development 2008).

151. Christchurch City Council (2007) has produced a comprehensive report on the demographic makeup of the city's population. Because this was reviewed in Part B of this report it is not discussed in this section.

152. The report noted that Christchurch City is becoming more ethnically diverse. In 1991, the Pacific Peoples, Asian and Other ethnic groupings made up 4.1 per cent of the City's total population. This equated to 12,015 people. By 2001, this proportion had grown by 127.8 per cent to 8.4 per cent of the City's total population, or 27,366 people. In 2006, these three groups had grown further by 42.7 per cent to make up 11.2 per cent of the population, or 39,063 people. Since 1991, the Asian peoples group has had the greatest population growth out of the three groups, with an increase of 20,439 people, equating to a growth of 330 percent.

Maori

153. The Mäori population is projected to grow at a faster rate than the total population, and the Mäori share of the New Zealand population will increase from 14 percent in 2001 to 15 percent in 2021 (Te Puni Kokiri 2007).

154. The Mäori population is much younger than the total population. The median age of the Mäori ethnic group was 22.7 years at 30 June 2006, 13.2 years younger than that of the total population (Statistics New Zealand, 2007). The number of Mäori aged 65 years and over is projected to reach 56,000 by 2021, almost three times the 2001 population of 20,000. By

2021 they will account for 7 percent of all Mäori, compared with 3 percent in 2001(Statistics New Zealand, 2005).

155. Mäori population overall will become older, but will continue to have a much younger age structure than the total New Zealand population because of higher Mäori birth rates. Half of the Mäori population is projected to be older than 26.4 years in 2021 (compared with 22.1 years in 2001). In contrast, half of the total New Zealand population is projected to be older than 40.3 years in 2021 (compared with 34.7 years in 2001) .

156. Te Puni Koriri (2006) identified that there has been significant progress in terms of outcomes for Maori, including

- Overall, the quality of life indicators show improvements in Mäori health, income, work and involvement in community institutions.
- Mäori cultural renaissance, involving revitalisation of the Mäori language, strengthening of traditional iwi institutions, growth of Mäori immersion education, health and other service providers, investments in Mäori culture, and development of Mäori broadcasting in television and radio.
- progress in addressing the past through Treaty settlements.

157. Mäori contribution to the economy has steadily increased over the past two decades. This is evident through recent Te Puni Kökiri commissioned studies showing that Mäori contributed 1.96 percent to the New Zealand economy in 2003 (total value added). This has shown a marked increase from 1.23 percent in 1996. Production is concentrated in agriculture, fishing and owner occupied dwellings; these three sectors together account for approximately 75 percent of the output generated by Mäori. This trend is slowly changing with Mäori diversifying their investment portfolio to include investments in wine and horticulture distribution channels, thermal energy companies, telecommunication businesses, large corporate dairy farms and major tourism businesses and infrastructure (Te Puni Kokiri 2007)

158. Mäori assets in the New Zealand economy have been estimated at $9 billion, including labour market participation, entrepreneurship, and resources including land and fisheries (Te Puni Kokiri 2006).

159. Ngai Tahu 2025 identified the the key issues for Ngai Tahu in term of social development were:

- Information is needed about the circumstances, needs, and aspirations of Ngäi Tahu Whänui.
- Ngäi Tahu Whänui participation in iwi affairs is low.
- The human resource potential of Ngäi Tahu Whänui is largely untapped.
- The age structure of Ngäi Tahu Whänui will change significantly over the next 25 years.
- Social, cultural, and Papatipu Rünanga development are inextricably linked.
- Whänau well-being encompasses education, te reo Ngäi Tahu, employment, health, and welfare (Ngai Tahu 2001).

160. Issues related to inequalities of outcomes for Maori are discussed in the following section. (on the challenge of differing level of disadvantage between population groups)

161. The Council identified one report on Pacific peoples:

- Ministry of Pacific Island Affairs (2005). *Pacific Community Outcomes 2005: Report for the Christchurch City Council Long Term Council Community Plan*. Christchurch: Ministry of Pacific Island Affairs.

162. The researcher identified some additional research, however further examination of literature is needed.

163. The literature reviewed noted that the number of Pacific peoples in Christchurch grew between 1991 and 2006 by 4,176 people or 78.9 per cent. The age structure of the Pacific population, compared to that of the total New Zealand population, shows the youthfulness of the population.

164. While outcomes for all Pacific peoples in New Zealand have improved against most indicators since the mid 1990s, they are still not as good as for the population as a whole. The literature identified that:

- the proportion of Pacific families with low incomes and living standards, low levels of tertiary education attainment and adult literacy and low rates of employment, in particular, are disproportionately high;
- Pacific people over represented in poorer housing and justice statistics, have higher levels of unemployment, are over presented in lower skilled jobs and welfare dependency (Burton, Richards et al. 2000; Ministry of Health 2001; Canterbury District Health Board 2004; Sopoaga, Buckingham et al. 2004; Families Commission 2005; Ministry of Pacific Island Affairs 2005);
- Māori and Pacific children are far more likely to live in highly deprived areas than are children of other ethnicities.

165. *Tupu Ola Moui, Pacific Health Chart Book 2004* provided a national stocktake of the health of the Pacific population in New Zealand. This report shows that, compared to the total New Zealand population, Pacific people have poorer health status, are more exposed to risk factors for poor health, and experience greater barriers to accessing health services (Ministry of Health and Ministry of Pacific Island Affairs 2004).

166. Regional health needs assessments indicate that:

- Pacific adults have higher than average rates of a number of major chronic diseases;
- Pacific people are most likely to be overweight, followed by Māori. Pacific people are more than twice as likely to develop diabetes in their life as their European counterparts, and at an average of nine years younger than other ethnicities;
- The rate of avoidable hospitalisations is higher for Pacific people than for other ethnic groups. Similarly the rate of avoidable admissions for Pacific children is higher than for children of other ethnicities;
- Smoking is particularly common among both Māori (males and females) and Pacific males. Tobacco smoking is a major preventable cause of death among children, middle-aged adults and the elderly. In New Zealand there are around 5,000 deaths attributable to smoking per annum (Canterbury District Health Board 2004; Sopoaga, Buckingham et al. 2004).

167. The literature also noted that Pacific children are most at risk of poor health. For example:

- Of all ethnic groups, Pacific children have the highest rates of infant mortality and of hospitalisation for preventable diseases;
- Pacific children experience above average risks of infection, including serious diseases such as lower respiratory tract infection, meningococcal meningitis and

septicaemia, rheumatic fever, tuberculosis and hepatitis B (the result, at least in part, of large families and crowded housing);

- Pacific children are also more likely than others to be admitted to hospital for control of asthma, and to experience hearing loss from glue ear (with potentially serious consequences for school readiness and academic performance);
- There is concern about poor nutrition, increasing body size and the level of activity of Pacific children in New Zealand;
- Māori and Pacific children and adolescents have worse oral health than non- Māori and non-Pacific children. Pacific five-year old children have the highest rate of tooth decay among the four ethnicities measured, and Māori and Pacific children have poorer oral health than children of other cultures. Improvement is needed to meet the targets indicated. It has been suggested that lack of access to fluoridated water supplies is contributing to not reaching targets (Canterbury District Health Board 2004; Sopoaga, Buckingham et al. 2004).

168. Insufficient disposable income, substandard housing, inadequate nutritious food and unequal access to health care all contribute to the risk of poor health (St John and Wynd 2008). The excess risk of diabetes and cardiovascular disease experienced by Pacific peoples in part reflects dietary and physical activity patterns beginning in childhood and continuing over the life course (Ministry of Health and Ministry of Pacific Island Affairs 2004).

169. A report by the Ministry of Pacific Island Affairs (2005) to the Council suggested a number of initiatives:

- Raising the positive profile of the Pacific community;
- Community development targeted at Pacific communities;
- Greater Pacific representation (governance, management staff etc.);
- Targeted communication and consultation;
- Facilities targeting older Pacific people and youth;
- Housing initiatives.

People from Refugee and New Migrant Backgrounds

170. The Council requested that where possible this report distinguish findings related to new migrants from those reflecting to refugees. Unfortunately most of the literature reviewed for this project combined these two groups of people and did not make a distinction. The request from the Council was made after the literature review had been completed. If the requested had been made earlier the researcher would have specifically searched for and reviewed literature which discussed the differences between the two groupings had been.

171. This section therefore provides an overview of the key findings from the literature – these tend to combine refugees and new migrants. However, the section also attempts to identify issues specific to the separate groupings.

172. In 2004, the Department of Labour published two reports regarding outcomes for migrants and refugees.

- The first report was the *Pilot Survey Report: Longitudinal Immigration Survey: New Zealand (Te Ara O Nga Manene).* The Report was the first in a series of reports from the Longitudinal Survey that will provide information about migrants' initial settlement experiences in New Zealand and the outcomes of immigration policies. The pilot survey tested aspects of the survey development, but also provided useful

insights into some settlement outcomes.

- The second report was *Refugee Voices*: *A Journey Towards Resettlement*. This research inquired into the resettlement experiences of people from refugee backgrounds in New Zealand, talking to respondents when they had been here for six months, and again after two years (Department of Labour 2004). The research gathered information from refugees on their backgrounds, the information they had about New Zealand prior to arrival, their arrival experiences, housing, getting help, family reunification, health, learning English, adult education, participation in the labour force and other activities, financial support, children and teenagers, social networks, discrimination, cultural integration and settling in New Zealand.

173. During July and August 2004, the Department of Labour led a series of nine settlement strategy workshops. These included central government agencies, migrant and refugee communities, service providers, local bodies, and others involved in settlement services. The workshops were held in Auckland, Hamilton, Wellington and Christchurch.

174. The workshops sought feedback and ideas about two key issues:

- developing improved communication between government agencies and people and groups with an interest in settlement;
- priorities for a longer term work programme to implement the Strategy.

175. Key messages included:

- Good communication is established when government agencies come to communities, so there is face-to-face discussion. When agencies come as a group, this avoids consultation overload and uses people's time effectively. It is important to build on established relationships that work, including those between communities and local government.
- Communities need to have input into issues that affect them.
- There needs to be regular contact through structured forums, with timely feedback.
- The Refugee Resettlement Forum is a valuable and effective communication tool.
- A secretariat was strongly supported – it will meet a need for centralised co-ordination and communication (Department of Labour 2006).

176. In 2004, the Government produced a discussion New Zealand Settlement Strategy (*The New Zealand Settlement Strategy in Outline. A Future Together*). The document has six goals for migrants, refugees and their families, which are to:

- obtain employment appropriate to their qualifications and skills;
- become confident using English in a New Zealand setting, or able to access appropriate language support;
- access appropriate information and responsive services that are available to the wider community (for example, housing, education and services for families);
- form supportive social networks and establish a sustain able community identity;
- feel safe expressing their ethnic identity and be accepted by and become part of the wider host community;
- participate in civic, community and social activities.

177. A final strategy *Our Future Together. New Zealand Settlement Strategy* was produced in 2006 (Department of Labour 2006). This was structured around the Government's primary goals:

- Economic transformation - New Zealand's economic transformation is supported by the contributions of migrants and people from refugee backgrounds and their ability

to realise their personal aspirations by: accessing appropriate education and employment; utilising their skills and knowledge and qualifications; stimulating innovation and creativity in business; and strengthening relationships between international and domestic markets.

- Families - Young and Old - Migrant and refugee families have equitable access to the support and choices they need to be secure and able to reach their full potential in all aspects of social and economic life.
- National Identity - New Zealanders understand and accept cultural diversity – migrants, refugees and their families have a sense of place and belonging in New Zealand while maintaining their cultural identities that contribute to New Zealand's social and cultural vibrancy.

178. The *Settlement National Action Plan* was produced to accompany the strategy. The Action Plan had a number of actions which involved local government:
    - Enhanced pre-arrival employment information for migrants;
    - Strengthening the responsiveness of mainstream services;
    - Better information about living in New Zealand;
    - Individual settlement planning for new migrants;
    - Review of refugee resettlement;
    - Regional responsiveness to settlement (Department of Labour 2006).

179. As part of this Action Plan the Department of Labour has established an outcome-based Purchasing Framework for Settlement-Related Services, which governs the Settlement Division's approach to purchasing.

180. In April 2006 the Government announced a comprehensive review of immigration legislation. A discussion paper was released for public consultation and nearly 4,000 submissions from individuals and organisations were received. The draft Bill was introduced to the House in September 2007 and is currently before the Transport and Industrial Relations Select Committee. It is expected to pass during 2008.

181. The Bill aims to help New Zealand ensure it has the skills, talent and labour needed for economic transformation, New Zealanders have confidence in our border security, and migrants and refugees settle well, and integrate into communities. Some specific differences between the current and proposed legislation are:
    - the abolition of the visa / permits distinction (there will only be visas);
    - a legislative enabling provision for the use of biometrics;
    - a streamlined deportation process, which will simplify the terminology and remove the current ability to appeal to a number of different fora in turn (all grounds will be considered in the single appeal process by a new single Immigration and Protection Tribunal); and
    - new detention and monitoring provisions.

182. Some other reports also noted that refugees and migrants were often the target of racism or discrimination fuelled by ignorance and a lack of understanding about the issues facing refugees (Butcher, Spooney et al. 2006).

183. Surveys have found that Asian peoples, recent migrants and refugees were identified as the top three groups likely to be the targets of discrimination. Muslims and people from the Middle East reported encountering discrimination related directly to the terrorist attacks in the United States on 11 September 2001. Subsequent negative media reports and images of their groups were seen to have a significant role in propagating and maintaining such discrimination (Butcher, Spooney et al. 2006).

184. Aside from discrimination directed toward a specific group, the main types of discrimination experienced or perceived by focus group participants were in the arenas of employment, accessing goods and services (notably education and housing), and neighbourhood discrimination (Butcher, Spooney et al. 2006).

185. Many immigrants and refugees, particularly those from visible ethnic minority groups face major barriers in gaining employment in New Zealand. Research found that skilled immigrants, particularly those from ethnic minority backgrounds, faced barriers that included:

- misinformation and misunderstanding;
- denial of opportunities;
- reluctance of employers to recognise overseas qualifications;
- an inability to access the job market; and
- an inability to gain the training or experience necessary to meet the standards required for their particular trade or profession (Butcher, Spooney et al. 2006; Butcher and Hall 2007).

Refugees

186. A range of research and evaluation publications have focused on specific aspects of refugee resettlement, particularly in the areas of health and language tuition, including:

- an evaluation of the Christchurch Refugee and Migrant Centre (MacGibbon and Greenaway 2004);
- an assessment of information needs of people from refugee backgrounds in Christchurch (MacGibbon and Greenaway 2004);
- an annotated bibliography of research and consultations for RMS Refugee Resettlement Inc (Nam and Ward 2006). This provides a list of references and highlights important findings according to the nature of the research (e.g., health, education, employment);
- New Zealand Refugee Services (formerly RMS – Refugee Resettlement) report on how refugees are selected for resettlement and the integration of resettled refugees into the receiving societies (Parsons 2005);
- a report on the academic and vocational qualifications and occupations obtained by former refugee children (Campbell 2003);
- a study of the integration of older refugees (Wong 2003);
- The Ministry of Social Development's *Key issues and priorities as identified by Auckland, Waikato and Christchurch refugees and migrants (*Family and Community Services, 2004) and *Settling in Christchurch: Refugee and Migrant Community Social Service Report* (Ministry of Social Development 2005);
- literature on Refugee Resettlement for the Department of Labour (Gray 2008);
- an examination of discrimination experienced by new setters.

187. Common themes include the importance of:

- acknowledging and responding to refugee diversity (one size, or type, of service delivery will not meet all needs);
- pre-arrival planning;
- an understanding of available services or their entitlements, including information about basic services that including everyday needs (food shopping, household goods, transport etc.), education, health and mental health services, orientation to the new culture;;

- access to affordable and good quality housing;
- access to healthcare;
- proficiency in English language for the economic well-being and social integration;
- education beyond English language into general study or training which will help them to access work;
- a need for more help with accessing services;
- employment is a means of integration - entering the labour market is the greatest challenge;
- school as an important settling factor as well as a difficult experience for young refugees;
- religious activities (e.g., Church, Mosque or Temple services, religious festivals), ethnic minority community meetings (to discuss current events and community issues), and social networks to combat the various problems refugees face during resettlement;
- voluntary work and cross-cultural interactions;
- family reunification policies.

188. The main barriers to participating in integration-related activities are segregation from family members, lack of independence, poor English, poor health, inadequate finances and poor access to information.

189. The literature noted the problems associated with transition from childhood to adulthood. Some reported that teenagers from refugee backgrounds experience more pressures than other children their age, including peer pressure at school, and may also be struggling with the expectations of their parents and elders to carry out activities in a traditional manner (Wong 2003; Ministry of Social Development 2005).

190. Older refugees have special needs for long-term integration into their country of resettlement, however sometimes the needs of this group are forgotten (Wong 2003).

191. Gray (2003) argued for careful planning of placement, and the involvement of resettled refugees in placement decisions. The first placement site is particularly critical as resettled refugees are more likely to need intensive formal and informal assistance at this time. In making such placements it is considered important to take into account factors such as:
    - presence of friends and relatives;
    - aspirations and priorities;
    - prior social conditions, e.g., refugees from a rural or urban background;
    - employment skills and educational background;
    - any special needs;
    - language abilities;
    - perceptions of safety.

192. Gray (2003) suggested that central government has an important role to play in facilitating the reception of resettled refugees. She reported that where refugees do not have family connections in the country, most countries try to link them with existing ethnic communities or to place them in locations where they will have opportunities to become established economically. New Zealand and the United Kingdom are the only countries that do not have formal geographical dispersal strategies (Gray 2008).

Asian Population

193. New Zealand's Asian population has increased significantly since 1991. A dominant public perception of "Asians" is of wealthy Chinese, however, there is a great deal of poverty in the Asian community, which includes Indians, Vietnamese, and Indonesians. CPAG (2008) identified that there was a gap in the research in this area, one that should be filled as a matter of priority.

Summary

194. Christchurch City and New Zealand is becoming more ethnically diverse. Non European ethnic groups tend to have a greater proportion of people under 25 years of age, and a younger overall population compared with 'New Zealand European'. The number of people with multiple ethnic identities is increasing

195. Many minority population groups face poorer quality of life outcomes than the European population.

196. The major issues facing ethnic communities centre around effective participation in society at all levels, fair and equal access to services to which they are entitled.

197. There are also issues associated with communities understanding of the benefits of ethnic diversity and/or being responsive to differing needs.

DIFFERING LEVELS OF DISADVANTAGE BETWEEN POPULATION GROUPS

198. The differing level of disadvantage between population groups was identified as a key challenge in the *Strengthening Communities Strategy*. The Strategy identified that Māori and Pacific Island people, in particular, are more disadvantaged in social and economic terms, but that other groups also face barriers to participation in the life of the city.

199. The majority of the literature identified by the Council identified significant disparities in well being between different population groups. Further literature was also identified by the researcher that also examined inequalities and was particularly related to local government activity.

200. Disparities are evident between social economic groups and ethnic minority groups (Wilkinson 1996; Kawachi, Kennedy et al. 1999; Ministry of Health 1999; Burton, Richards et al. 2000; Howden-Chapman and Tobias 2000; Cook 2001; Fergusson, Hong et al. 2001; Mayoral Taskforce on Poverty 2001; Pickett and Pearl 2001; Community Government Relationship Steering Group 2002; Kalil 2003; Community Mapping Project 2004; Ministry of Social Development 2004; Canterbury District Health Board 2005; Department of Child Youth and Family Services 2005; Wainwright 2005; Wainwright 2005; Canterbury District Health Board 2006; Jensen, Krishnan et al. 2006; Ministry of Social Development 2007; Ministry of Social Development 2007; Ministry of Social Development 2007; Office for Senior Citizens 2007; Perry 2007).

201. People with the lowest incomes and levels of education consistently have lower outcomes than do people in higher income and education brackets. Socio-economic disadvantage is linked to poorer health, education, employment, safety outcomes, and this is particularly marked in the statistics for Māori (Ministry of Social Development 2007).

202. The Ministry of Social Development (2007) also noted that it is important to recognise that the risk of poor outcomes often varies by age. For example, young adults have higher rates of unemployment, suicide death, road casualties and criminal victimisation, and lower incomes than older adults. For ethnic minority groups with a young age profile, such as Māori and Pacific peoples, this means that poor outcomes relative to those of other ethnic groups may be partly attributable to the different age structures of the groups. This should be kept in mind when comparing outcomes between ethnic groups for indicators where the data has not been age standardised.

203. This section is divided into six subsections

- Income Inequalities
- Health inequalities
- Education inequalities
- Inequalities in living standards
- Impact of inequalities
- Local government and inequalities

Income Inequalities

204. High levels of inequality are associated with lower levels of social cohesion and personal wellbeing, even when less well-off people have adequate incomes to meet their basic needs {Ministry of Social Development, 2007 #311.

205. Income inequality rose in New Zealand between 1988 and 1991, briefly plateaued, then rose again from 1994 to 2004. Most of the observed increase in income inequality between 1988 and 2004 was due to a larger overall rise in incomes for those in the top 20 percent of incomes – around a quarter once adjustments for inflation are made. In that period, incomes for those in the bottom 20 percent of incomes decreased a little. Incomes for the middle 60 percent climbed more overall for those closer to the top 20 percent than for those closer to the bottom 20 percent. From 2004 to 2007, incomes for households in the low to middle income range grew strongly, whereas incomes for the top 40 percent grew by only 2 percent to 4 percent in real terms. This led to the decline in the 80:20 percentile ratio from 2004 to 2007 {Ministry of Social Development, 2008 #311}.

206. CPAG (2008) noted that using a measure of income inequality that compares the 90th to 10th percentile of equivalised disposable household income, inequality actually increased slightly between 2004-2007, and was higher in 2007 than it has ever been.

207. Working for Families (WFF) has delivered gains to middle income groups which explained the reduction in income inequality noted in the Social Report for the ratio of the 80th percentile of equivalised disposable household income to the 20th percentile. Working for Families specifically targeted middle- and low-income working families, leaving beneficiary families on very low incomes (Child Poverty Action Group 2008).

208. Comparisons with other OECD countries are available using a different measure, the Gini coefficient. The most recent OECD comparison gives New Zealand a score of 34, indicating higher inequality than the OECD median of 30 and a ranking of 23rd equal out of 30 countries. The New Zealand Gini score was below that of the United States (38), the same as that of the United Kingdom (34), and slightly above those of Australia (30), Canada (32) and Ireland (33). Denmark and Sweden had the lowest income inequality with Gini scores of 23. The 2007 Gini score for New Zealand was still 34 (Ministry of Social Development 2008)

209. The trends in income inequality are also reflected in proxy measure for relative income poverty. The proportion of the population with low incomes rose sharply from 1990, reached a peak in the mid-1990s and has generally declined since then. However, in 2007, the proportion was still above what it had been in the 1980s.In the year to June 2007, 13 percent of the population was living below the 60 percent threshold, down from 17 percent in the previous survey year to June 2004.

210. While the proportion of the population living in households with incomes below 60% of the median has fallen from 17% to 13%, the proportion living below the 50% median has fallen only slightly. In 2007 16% of children were living in households with incomes less than 60% of the median, and 12% lived in households with median incomes less than 50% (all after housing costs). If a current median is used, the figures are 22% and 16% respectively (Child Poverty Action Group 2008).

211. The Ministry of Social Development identified that the increase in the proportion of the population with low incomes in the early-1990s was attributable to declining household incomes arising from high rates of unemployment and reduced levels of social assistance. The improvement since the mid-1990s reflected economic (and income) growth, the decline in unemployment, the increase in housing assistance and the increase in tax credits for families with children. It argued that rates remained higher in 2007 than they were in the 1980s partly because housing costs for low-income households have risen significantly as a proportion of their household incomes (Ministry of Social Development 2008).

Health Inequalities

212. Income is the single most important modifiable determinant of health and is strongly related to health and well-being. The link between poverty and health is clear and with few exceptions, the financially worst-off experience the highest rates of illness and premature death (National Health Committee 1998). The size of the gap between 'rich' and 'poor' within societies may also be associated with increased overall mortality.

213. Locally, nationally and internationally, reducing inequalities has become a desired outcome for government policy in the area of health (Burton, Richards et al. 2000; Cook 2001; Ministry of Health 2002; Christchurch Community Mapping Project 2004; Ministry of Health 2007)).

214. Socio-economic class has been linked to health inequalities for many years. Edwin Chadwick published his *'General Report on the Sanitary conditions of the Labouring Population of Great Britain'* in 1842. This showed that the average age at death in Liverpool at that time was 35 for gentry and professionals but only 15 for labourers mechanics and servants.

215. In the UK the *Black Report*, published in 1980, showed that there had continued to be an improvement in health across all the classes (during the first 35 years of the National Health Service) But there was still a co-relation between social class, (as measured by the old Registrar General's scale) and infant mortality rates, life expectancy and inequalities in the use of medical services. The *Whitehead Report* published in 1987 came to the same conclusions as the Black report, as did the *Acheson Report* later in 1998 (Department of Health 1983; Smith, Bartley et al. 1990; Whitehead 1992; Acheson 1998).

216. In the United States, health disparities are well documented in minority populations such as African Americans, Native Americans, Asian Americans, and Latinos. When compared to whites, these minority groups have higher incidence of chronic diseases, higher mortality, and poorer health outcomes. There are also a large number of reports highlighting socio-economic inequalities. In Canada research (entitled *A new perspective on the health of Canadians*) highlighted health inequalities between population groups in Canada (Labonte 1974)

217. Similar inequalities were identified in Europe in the World Health Organisation's *The Solid Facts* and in Australia by the Royal Australasian College of Physicians' *For Richer, for Poorer, in Sickness and in Health* (WHO 1998; Royal Australasian College of Physicians Health Policy Unit 1999).

218. In New Zealand there is increasing recognition of culture, gender and socio-economic status as determinants of health. The New Zealand Health Strategy identifies that to improve the overall health of New Zealanders, particular attention must be paid to those with the poorest health. It states that addressing health inequalities is a major priority requiring ongoing commitment across the sector (Ministry of Health 2000).

219. Considerable effort has gone into describing these health inequalities, understanding their causes, and trialling interventions to reduce them, in a range of reports and strategies:

- the National Health Committee's *The Social, Cultural and Economic Determinants of Health in New Zealand: Action to Improve Health*, published in 1998;
- the Health Funding Authority (HFA) Māori Health Operating Group's *National Strategic Plan for Māori Health 1998-2001;*
- Te Puni Kokiri's *Progress Towards Closing Social and Economic Gaps between Māori and Non-Māori*, published in 1999 and 2000;
- the HFA Māori Health Operating Group's *Health Briefing for Associate Minister Tariana Turia;*
- the Mental Health Operating Group's *Kia Tu Kia Puawai*, published in 1999;
- National Advisory Committee on Health and Disability's *The Social, Cultural and Economic Determinants of Health in New Zealand: Action to improve health* published in 1998;
- the Ministry of Pacific Island Affairs' *Pacific Directions Report: A Report to Government on a Possible Pathway for Achieving Pacific People's Aspirations*, published in 1999.
- the HFA report *Striking a Better Balance A Health Funding Response to Reducing Inequalities in Health* published in 2000;
- the Ministry of Health's *Taking the Pulse: The 1996/97 New Zealand Health Survey* published in 1999;
- the Ministry of Health's *Social Inequalities in Health* reported published in 2000 and Reducing Inequalities in Health published in 2002 and

220. These reports, and others, highlighted the significant health inequalities among different groups of New Zealanders. For example, Māori, Pacific peoples and people from lower socio-economic groups have worse health and die younger than other New Zealanders. Characteristics such as socio-economic status, ethnicity, employment status and housing tenure, for example, have all shown relationships to health (HFA 1998; National Advisory Committee on Health and Disability 1998; National Health Committee 1998; Woodward and Kawachi 1998; Ministry of Health 1999; Howden-Chapman and Tobias 2000; Ministry of Health 2000; Te Puni Kokiri 2000; Tobias and Howden-Chapman 2000).

221. Socio-economic differences in health are evident at every stage of the life-course (birth, infancy, childhood, adolescence and adulthood) and the relationship exists irrespective of how socio-economic status and health are measured. A child growing up in poverty is three times more likely to be sick. A child from a low-income household has, overall, 1.4 times the risk of dying than a child born into a wealthier family. This inequality is greater for the risk of dying from an injury (1.9 times higher) (St John and Wynd 2008).

222. A plethora of recent evidence suggested that disparities in health between different ethnic and cultural groups persist and are increasingly linked to physical and social environments. For example, a report for South Island Shared Service Agency and the Canterbury

District Health board identified that Mäori and Pacific people are disproportionately represented in the low income group with chronic illness (described above). This holds for all age groups, For example, in contrast to the rest of the older population, life expectancy for older Māori and Pacific people did not increase during the 1980s and 1990s and the disparity in health between older Māori/ Pacific and non-Māori/ non-Pacific widened during that time (Wainwright 2005; Wainwright 2005).

223. The HFA identified that while socio-economic determinants are key drivers determining health, Māori have worse health than non-Māori even when deprivation is taken into account. This suggests there are other factors at play that selectively disadvantage Māori by affecting risk behaviours (such as smoking) and/or affecting uptake of, or access to, health services. Addressing socio-economic issues alone would still leave a gap for Maori. Strategies need to be employed to ensure greater uptake of and access to services. This will be achieved by encouraging greater Maori participation at all levels (governance, community, professional, provider, NGOs) of planning and delivery of services. Any approach to reducing the health gap must consider what it is about being Māori and their relative position in society that increases the chances of having poorer health or dying earlier than non-Māori (Burton, Richards et al. 2000).

224. The literature notes that the most effective means to reduce disparities include:

- intersectoral approaches;
- use of prevention strategies, with a population health focus;
- environmental measures;
- building on existing initiatives;
- modifying behaviour and lifestyle risk factors through appropriately tailored policies and programmes;
- improved delivery of treatment services through mainstream enhancement and provider development;
- community development and intersectoral initiatives (National Health Committee 1998; Ministry of Health 2000).

225. Local government has always had a role to play in health, particularly in the infrastructure that supports healthy lifestyles and environment health. There is also a growing body of evidence that shows that community development as a process has major benefits, including building skills, confidence, and behavioural and emotional support for individuals in a group. This ‘connectedness’ to community has flow-on effects to improved health and wellbeing (Burton, Richards et al. 2000).

226. Facilities such as parks, swimming pools and libraries provide recreational and educational opportunities for people to improve their health and well-being, especially for people on low incomes who may have limited opportunities for other forms of recreation (National Advisory Committee on Health and Disability 1998).

227. Reports have identified that fluoridation of reticulated water supplies is a very safe, effective and cost-effective measure to improve and protect dental health, particularly of children. As the benefits of water fluoridation are greatest for people at highest risk of dental caries, including Māori and lower socio-economic groups, water fluoridation contributes to equity of health outcomes (National Health Committee 1998; Canterbury District Health Board 2004).

Educational Disparities

228. The average education achievement of New Zealand secondary school students is high by international standards. Students performing well are performing at above average standards, however, there is a long tail of low achievers. New Zealand has one of the greatest variations in achievement in the OECD. There are variations in achievement within individual schools and between groups of students across the city (Ministry of Social Development 2003; Community Mapping Project 2004; Ministry of Education 2004).

229. On average, young people from schools that draw their students from low socio-economic communities are less likely than other young people to attain higher school qualifications. Nationally 7.4 percent of students from high schools drawing students from high socio-economic status left school with no formal qualification (less than 12 credits at level 1 on the National Qualifications Framework). This compares to 30.1 percent of students from lower socio-economic status areas (Ministry of Education 2001; Community Mapping Project 2004).The Canterbury Heath Development Study found that those who left school with no formal qualification were found to be at increased risk of a number of poor outcomes at age 21 (Jacobsen, Nicholas et al. 2001).

230. There is some evidence that early low income, even if family income later improves, can affect education outcomes (Wylie 2001).

231. The case linking socio-economic disadvantage to poorer education outcomes is particularly marked in the statistics for Māori and Pacific peoples (Ministry of Education, 2008). While much of the relatively poor education status of Māori and Pacific peoples can be attributed to poorer socio-economic status, even when deprivation is taken into account Māori and Pacific peoples have worse outcomes than do Pakeha.

232. Most of the effort and expenditure in the education sector for both raising achievement and reducing inequalities occurs in mainstream settings - in early childhood education centres, schools and tertiary education institutions (Ministry of Education 2004). The Ministry (2004) identified a number of strategies that focus on reducing educational inequalities between Māori and Pacific peoples:

    - *Pathways to the Future, a ten-year Strategic Plan for Early Childhood Education (ECE)* - focused on participation, quality and collaboration. The strategy aimed to increase the proportion of Mäori and Pasifika children participating in early childhood education and on improving quality (Ministry of Education 2002);
    - *The Tertiary Education Strategy 2002/2007* - the Ministry identified that this should reduce inequalities by increasing the proportion of Mäori and Pasifika students who attend and succeed in tertiary education at all levels (Ministry of Education 2002);
    - *Literacy and Numeracy Strategy* - the Ministry identified that this strategy would reduce inequalities by increasing the skills of all students and should ensure that an increasing proportion of Mäori and Pasifika students have foundation skills to support further learning, including tertiary learning, and positive employment options later in life (Ministry of Education 2001);
    - *Māori Education Strategy* – aims to raise expectations, assists the system to respond more effectively and recognises and values the contribution of the wider community, ensuring Māori can be more actively involved and responsible for education, high quality teaching and the growth and development of Kaupapa Māori education (Ministry of Education 2005);
    - *Pasifika Education Plan* (PEP) - aims to increase Pasifika achievement in all areas of education through increasing participation, improving retention and focusing on effective teaching strategies (Ministry of Education 2001).

233. The Ministry of Education *Workplan* associated with the *New Zealand Disability Strategy* also identified the need to address inequalities for children with disabilities, The Ministry

(Group Special Education) aimed to increase the mainstream participation and achievement of children with disabilities (Ministry of Education 2007).

Inequalities and Living Standards

234. Other research identified comparatively low average living standard scores are found among:
    - low-income families with children;
    - Māori and Pacific New Zealanders;
    - Housing New Zealand tenants;
    - people working in "elementary" (unskilled) occupations;
    - those receiving income-tested benefits;
    - New Zealanders with few or no assets;
    - women who have had a marriage break-up;
    - people who have had multiple life shocks;
    - people with multiple restrictions in social and economic participation due to serious health problems;
    - people with multiple types of payments that are causing them financial difficulties (Jensen, Krishnan et al. 2006).

235. Some literature identifies that where you live can clearly affect the quality of local services you have access to, your exposure to crime and violence, peer influences and processes of socialisation. Residents of poor neighbourhoods are, for example, less likely to complete school and are more likely to get involved in crime as victims or perpetrators (Forrest 2004).

Other Disparities

236. Other reports identify a range of other disparities between population groups, particularly for Maori and Pacific peoples.

237. Safety - Māori children are more likely than non-Māori children to be assessed as being abused or neglected. In 2003, the rate per 1,000 was 11.9 for Māori and 5.9 for non-Māori. While the corresponding rates are not available for Pacific children, they are not overrepresented among children assessed as abused, accounting for 12 percent of such children in 2003, about the same representation as they have in the child population (Ministry of Social Development 2004)

238. Unemployment -. Unemployment rates for Maori are the highest of any group at about 8%, with Pacific people close behind at 6.5%. Between 2005-2007 unemployment rates for Pacific peoples went up slightly. This is the only group to exhibit this trend. Unemployment rates remain higher for young Māori (aged 15–24 years) than for young Pacific peoples and young Europeans. Pacific young people were more affected than young Māori and young Europeans by the deterioration in youth unemployment in the late 1980s (Community Mapping Project 2004; Ministry of Social Development 2007).

239. Real household incomes have improved, although for Maori they have fallen very slightly since 2004. Indeed, Pacific peoples' incomes have now overtaken them. Maori now have real incomes of about what they were back in 1988, Pasifika are doing slightly better. Both groups' incomes are still well below that of other groups. Median hourly earnings for Maori

and Pacific peoples are $15.34 and $15.00 respectively (Child Poverty Action Group 2008).

240. Workplace injuries are much higher for Maori and Pacific peoples than Europeans (165,149 and 114 injury claims per 1,000 FTEs, respectively).

Impact of Inequalities on Wider Community

241. There is also a considerable body of research on the impact of inequalities on wider society. Such studies are too numerous to summarise here. However, a number of articles highlighted that inequalities have 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.

242. For example, the 2005 *Human Development Report*, from the United Nations Development Programme (UNDP), sets out the reasons why inequality is important and looks at its different dimensions. It shows how interlocking inequalities in income, health and education disadvantage the poor and argues that even modest moves towards greater distributional equity could advance human development (United Nations Development Programme 2005).

Local Government and Inequalities

243. Courtney (2004) suggested that, traditionally, it's been a brave council who has dared to talk about, yet alone address, local poverty issues. However, some councils, such as Manukau City and Christchurch City have undertaken local poverty research and developed policy and advocacy responses (Mayoral Taskforce on Poverty 2001; Courtney 2004)Many more acknowledge the disparities between health outcomes for different social economic and cultural groups in their communities (Department of Internal Affairs 2006).

244. In general, council services are universally provided. For example, libraries, parks (including sports fields), swimming pools, art galleries, museums, and festivals are available to everybody, with concessions sometimes available to particular groups (for example children, in general, get library services free) (Richardson, forthcoming). These services can be seen to perform a socially integrative function by underpinning rights of citizenship (Cox, Swinbourne et al. 2000; Audunson 2005; Varheim 2006). They also remain politically sustainable because of the wide spread of beneficiaries.

245. However, the literature suggests that universal provision is not always financially viable nor is it the best way to promote well-being or achieve equity (by reducing barriers to opportunity and addressing inequalities). Targeting is considered a cost effective way to use scarce resources by directing interventions at those most likely to benefit or in greatest need (Burton, Richards et al. 2000; Community Mapping Project 2004; Hurnard, Hyslop et al. 2005). Hucker (1997) supported a role for local government in redistributing resources and thus addressing inequalities that threaten the stability of neighbourhoods and cities. He argued that this was the human face of local government (Hucker 1997; Byrne 1999).

246. Literature suggested there was a need to balance both targeted and universal approaches to the planning, funding and delivery of all services. Targeting closes the gap, while universal approaches maintain and improve overall wellbeing (Burton, Richards et al. 2000).

247. A primary purpose of local government is to promote wellbeing. Promoting wellbeing implies improving:

- the overall or aggregate level of well-being; and

- the distribution of well-being.

248. Distributional principles involve ensuring:
    - that all individuals enjoy some basic minimum level of well-being;
    - there is opportunity so that all have a fair chance to achieve their potential;
    - that the well-being of future generations is protected.

249. Empirical evidence suggests that local and central government actions are required to remedy the pervasive social and economic disparities (Fergusson, Hong et al. 2001). Evidence also identifies that governments have a vital role of investing in organisational capacity of poorer communities and providing large scale responses to widespread social need and services for those unable to purchase their own. For example, social housing provided by councils.

250. Fergusson et al. (2001) suggested a number of criteria that might be used to target additional income to older people facing material hardship, e.g., income, savings and investments, and accommodation costs.

Summary

251. There are significant inequalities between different population groups in New Zealand.

252. Inequalities of outcomes for those in lower socio economic groups are clear and with few exceptions, the financially worst-off experience
    - highest rates of illness and premature death
    - poorer education achievement
    - higher levels of crime and victimisation from crime

253. For some it may mean going without the essentials, such as sufficient food, adequate housing, heating and enough clothing.

254. While socio-economic determinants are key drivers determining most quality of life outcomes, Māori and Pacific peoples have worse outcomes than non-Māori even when deprivation is taken into account.

255. The literature notes that the most effective means to reduce disparities include:
    - intersectoral approaches;
    - use of prevention strategies, with a population focus;
    - environmental measures;
    - building on existing initiatives;
    - modifying behaviour and lifestyle risk factors through appropriately tailored policies and programmes;
    - improved delivery of treatment services through mainstream enhancement and provider development;
    - community development and intersectoral initiatives

256. Local government has always had a role to play. A primary purpose of local government is to promote wellbeing. Promoting wellbeing implies improving:
    - the overall or aggregate level of well-being; and

- the distribution of well-being.

257. Distributional principles involve ensuring:
    - that all individuals enjoy some basic minimum level of well-being;
    - there is opportunity so that all have a fair chance to achieve their potential;
    - that the well-being of future generations is protected.

258. Literature suggested there was a need to balance both targeted and universal approaches to the planning, funding and delivery of all services.

COMPLEXITY OF FACTORS CONTRIBUTING TO SOCIAL EXCLUSION

259. The complexity of factors which contribute to social exclusion was identified as a key challenge in the *Strengthening Communities Strategy.*

Social Exclusion

260. The idea of social exclusion is used to refer not simply to poverty but the connectedness of social problems, and this may include poverty (Atkinson and Willis 2006).

261. Few reports identified by Council or the researcher focused on social exclusion. Although the term social exclusion is widely used in international literature the term was rarely used in the New Zealand literature reviewed for this project.

262. In 2000, Social Services and Employment Minister, Steve Maharey, stated that the key focus of the New Zealand Government's social policy was to address social exclusion. He suggested that without attention, social exclusion could lead to the long-term disengagement of parts of society and threaten social cohesion (Maharey 2000; New Zealand Government 2001).

263. Maharey identified that elements of the government's approach towards promoting social participation were:
    - Promoting sustainable regional economic development;
    - Lifting the capability of people to take advantage of the opportunities presented;
    - Building community capacity;
    - Closing the gaps between Māori and Pacific peoples and other New Zealanders (ibid).

264. The Ministry of Social Policy (2001) stated that social exclusion occurs where people fall below some minimum threshold of well-being and are hindered from fully participating in society e.g., where people suffer (either separately or in combination):
    - poverty;
    - illiteracy and low levels of educational qualifications;
    - unemployment or poor quality employment;
    - poor health and avoidable mortality;
    - criminal victimisation;
    - social isolation;

- discrimination; and
- alienation from political participation (Ministry of Social Policy 2001).

265. The Ministry argued that policies that reduce the extent of social exclusion are desirable as they improve the fairness or distribution of well-being across the population (ibid).

266. The Ministry also argued that there are also important efficiency reasons for focusing on reducing social exclusion. For example, if reducing poverty improves health outcomes this may increase the productive potential of the economy through increasing participation in work, and also reduce expenditure on healthcare. Similarly, a focus on improving educational outcomes for those most at risk of failure will also have important economic benefits in the future through improved economic growth and lower levels of benefit receipt (ibid).

267. Peace (2001) identified that investing in the strengths and resources of people requires multifaceted policy approaches:
    - Policies that provide access to basic advantages in health, education, housing and amenities.
    - Policies that seek to protect people from harm, and/or that help prevent people being exposed to difficult circumstances and unnecessary risk.
    - Policies that enable people to seek new opportunities and take advantage of available opportunities.
    - Policy mechanisms for recognising that investments and opportunities that are valuable and accessible to some people are not relevant or accessible to others (Peace 2001).

268. A recent report for the Ministry of Social Development provided a conceptual framework and step-by-step guide for policy development and service delivery planning in relation to population groups or subgroups (Bromell and Hyland 2007). The report identified that achieving social inclusion and participation means raising the overall level and distribution of wellbeing in society to ensure that:
    - All people have opportunities to develop their potential;
    - All people achieve a basic level of wellbeing (i.e., reducing disadvantage);
    - Social wellbeing is improving on average and in comparison with other developed countries;
    - There is a similar distribution of outcomes between groups (i.e., reducing inequalities);
    - New Zealand society as a whole is cohesive and expresses a unique national identity;
    - The wellbeing of present and future generations is enhanced (Bromell and Hyland 2007).

269. A few Councils have used the term social exclusion. For example, Wellington City Council stated that particular population groups experiencing social exclusion may require a tailored response from Council. It suggested that the first step is to undertake a thorough and accurate identification of their needs. It proposed a Council-wide, standardised process for undertaking regular needs assessment be developed (Wellington City Council 2003). Other councils such as Waitakere, Auckland City Councils and Christchurch City Council have incorporated the concept within strategies, such as transport strategies, funding strategies and sustainability strategies and/or policies.

Complexity of Factors

270. The *Christchurch Community Mapping Summary Report* (2004) noted that the impact of social exclusion may be a series of interrelated social problems, including unemployment, low levels of education, low incomes, welfare dependency, poor health, physical isolation, criminal activity and inadequate provision of services. The report argued that trends are linked across outcomes areas. It noted that it is difficult to ascertain which trends influence, and are influenced by, other trends, and therefore equally difficult to determine the most effective interventions and solutions to problems identified (Community Mapping Project 2004).

271. A number of other reports discussed the multitude and complexity of factors impacting on lower socio-economic groups. For example, the Salvation Army report on housing identified that the links between poor health and education outcomes for children and the poor standards and security of their housing. It reported that the same people who suffer from avoidable disease and fall behind at school are those who live in crowded and damp houses and who move frequently (Johnson 2007).

272. Other reports argued that poor communities face a host of problems that threaten the health and well-being of children and families i.e., families who experience one problem are also likely to experience other problems (St John and Wynd 2008).

273. Reports identified that poor neighbourhoods convey multiple structural disadvantages that hinder families' efforts to be self-sufficient and successfully raise children, including physical obstacles (such as facilitates and playgrounds in disrepair), economic barriers (such as shortages of employment opportunities and affordable housing), and social decline (such as crime and a lack of trust among neighbours) (Wise 2001; Woolley and Grogan-Kaylor 2006; Edwards 2007; Family Strengthening Policy Center 2007).

274. Some reports noted the growing neighbourhood segregation on the basis on income and ethnicity (Claridge 2001; St John and Wynd 2008).

THE CAPACITY OF VOLUNTARY AND COMMUNITY GROUPS

275. The capacity of voluntary and community groups was identified as a key challenge in the *Strengthening Communities Strategy*. The Strategy identified that community groups do not always have the skills and resources they need to be effective. Changing work patterns and lifestyles may affect people's willingness or ability to get involved in community and voluntary groups.

276. A number of reports identified by the Council and the researcher discussed the capacity of voluntary and community groups.

Capacity Building

277. Capacity building is based on the premise that before communities and organisations can influence and/or become partners in development opportunities, decision-making or service delivery, they may need resources, knowledge and skills above and beyond those they already have (Banks and Shento 2001; Department for Community Development 2006).

278. Capacity building is also based on the belief that communities and community organisations have strengths or assets they can build on (Nowland-Foreman 1995; Banks and Shento

2001; Doherty and Mayer 2003; Family and Community Services and Office for the Community and Voluntary Sector 2005; Loomis 2005; Atkinson and Willis 2006; Department for Community Development 2006; Nowland-Foreman 2006; CTN 2007).

279. Community capacity building has become a central objective in a wide range of public policies and programmes as well as a goal of many localised solutions to disadvantage and exclusion both nationally and internationally (Nowland-Foreman 1995; Banks and Shento 2001; Family and Community Services and Office for the Community and Voluntary Sector 2005; Atkinson and Willis 2006; Department for Community Development 2006; Nowland-Foreman 2006)

280. The review identified that capacity building interventions have been targeted at various levels, for example at whole communities, at organisations, and at sectors. Boundaries are often blurred and there has been a tendency to use the term capacity building indiscriminately, without defining whether it is at a community or organisational level.

281. Nowland-Foreman (2006) identified three potential "levels of impact" of capacity building; the individual participant, their organisation, and the wider sector or community in which they are located. Similarly, Te Puni Kokiri (2003) defined capacity building for Māori involving varying levels; a) whanau, hapu and iwi, b) Māori organisations, and c) Māori communities.[3]

282. Loomis (2005) identified two prevalent uses of capacity building in the literature:

- within and between organisations - building stronger voluntary and community organisations and their ability to work together (i.e. the community and voluntary sector); and
- within communities - building the strengths of local people across all sectors, and promoting inclusive involvement in the community. This approach involves individuals, groups, support agencies, businesses and partnerships.[4]

283. Loomis (2005) advocated an emphasis on the whole of community capacity building approach rather than building community and voluntary organisational capacity.

Capacity Building in Community and Voluntary Sector

284. The focus of this goal in the Council's *Strengthening Communities Strategy* is capacity building at the organisations/ NGO sector level rather than broader community capacity building.

285. Community and Voluntary Sector organisations (or Not for Profit / Non-profit 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.

286. The Non-profit Institutions Satellite Account: 2004 (Statistics NZ, 2008) provides the first comprehensive economic view of non-profit institutions in New Zealand. The satellite account provides information on the number, size and structure of non-profit institutions, as well as

[3] Cram (2007) identified that few definitions of capacity buildings refer specifically to indigenous peoples. The links between capacity building and indigenous development are complex and have not been explored fully. However, literature on capacity building in developing countries (e.g., United Nations, Oxfam and World Bank) tends to emphasises autonomy and self-determination, ownership of resources and control over decision-making. Some literature on capacity building with indigenous populations in developed countries also makes links to self determination (Australian Government, 2002; Tedmanson ,n.d.) however, most tends to emphasis strengthening governance, human capital and infrastructure of Māori service providers. In New Zealand, the Treaty of Waitangi adds another dimension to capacity building frameworks.

[4] This approach is often used in community development and area urban/community renewal and revitalization initiatives (for example see London Regeneration Network, 1999:2).

their contribution to key economic indicators such as gross domestic product (GDP) These identified that

- There were 97,000 non-profit institutions operating in New Zealand in 2005.
- Of these, 45 percent were culture, sports and recreational non-profit institutions.
- Ninety percent of non-profit institutions did not employ paid staff.
- The other 10 percent of non-profit institutions employed 105,340 paid staff.
- Non-profit institutions contributed 2.6 percent to New Zealand's gross domestic product (GDP) in 2004.
- When volunteer labour is included, non-profit institutions' contribution to GDP increases from 2.6 percent to 4.9 percent.
- Over one million (1,011,600) volunteers gave more than 270 million hours of unpaid labour to non-profit institutions in 2004..
- There were 97,000 non-profit institutions identified as at October 2005.
- Non-profit institutions had 105,340 paid employees as at October 2005. Only 10 percent of all non-profit institutions employed paid staff (Statistics New Zealand 2006; Statistics New Zealand 2007).

287. Capacity building initiatives for community and voluntary organisations in New Zealand have been underway in one form or other since the 1970s (Family and Community Services and Office for the Community and Voluntary Sector 2005). In the 2000 Budget, the New Zealand Government directly linked capacity building (particularly with Māori organisations) with the *Reducing Inequalities Strategy* (Te Puni Kokiri 2003; Cram 2007).

288. Research conducted in New Zealand in the 1990s identified that many small, community-based groups were organisationally fragile and many large groups were stretched to their limits (Ernst & Young, 1996; Nowland-Foreman, 1995, 1996; Smith, 1997; Richardson, 1998; Department of Internal Affairs,1998). In 1996, the voluntary welfare sector was defined as "viable but vulnerable" (Ernst & Young, 1996). As a result, initiatives were put in place to improve funding arrangements and increase the capacity of the sector.

289. Recent New Zealand literature has identified a number of specific challenges facing the non-profit sector in this country (Community and Voluntary Sector Working Party 2001; Community Government Relationship Steering Group 2002; Community Mapping Project 2004; Department of Child Youth and Family Services 2005; Nowland-Foreman 2006; CTN 2007; Te Kaiawhina Ahumahi 2007).

290. For example, the Community and Voluntary Sector Working Party (2002) identified:

- the struggle for Māori and Pacific peoples' groups to maintain their own identity and direction;
- governance capability, and the confusion often experienced between governance and management;
- how organisations carry out functions such as management, planning and funds management;
- lack of core funding for administration and capability development;
- networking and collaboration at local, regional and national levels;
- the need for increased research to provide better information on the sector and who makes up the sector;
- opportunities for community organisations to develop policy;
- resources for advocacy to enable the sector to get its issues on the government's agenda;

- recognising the shortage of volunteers in some areas of work;
- understanding the role and nature of volunteers and removing identified barriers to volunteering;`
- the need to strengthen Māori and Pacific peoples' ownership of their organisations and to improve their capacity (Community-Government Relationships Steering Group, 2002; quoted in Nowland-Foreman 2006).

291. The Community-Government Relationships Steering Group (2002:27-33) proposed five key themes for strengthening the sector:
    - build a common sense of identity and purpose;
    - establish a recognised place in society;
    - build and maintain sustainable organisations;
    - encourage and support Treaty-based practices at all levels;
    - ensure the community sector is community driven (reported in Nowland- Foreman, 2006).

292. A paper prepared by the Office of the Minister for the Community and Voluntary Sector (OCVS) (2003) identified that many community organisations have difficulty accessing funding to train their volunteers in-house and/or to send them to external courses. It also identified that some training appears to be unevenly available around the country.

293. Family and Community Services (FaCS) and the OCVS (2005) identified six key areas where improved information and resources are needed:
    - business processes, including planning;
    - policies and procedures;
    - employment and human relations;
    - financial management;
    - governance;
    - IT or knowledge management.

294. The Department of Child Youth and Family Services (2005) identified eight critical characteristics which influence an organisation's capacity:
    - a clear and shared vision and mission;
    - good leadership;
    - strong governance;
    - services aligned with mission and vision;
    - adequate personal, financial and technical resources;
    - outreach capacity and ability to network and collaborate at all levels;
    - ability to be reflective and engage in self assessment;
    - preparedness to engage in external evaluation.

295. Te Kaiawhina Ahumahi (2007) *Scoping Exercise – Social Service NGO Training and Qualifications Draft Report* identified the need for specific training in governance in the not-for-profit sector. In particular, it identified volunteer management, employment relations, reporting requirements (including budgetary reporting and board/governmental reporting), making funding applications, strategic planning, financial reporting and boundary issues for governance vs. management. Other training areas where there is a perceived shortage included Treaty of Waitangi training for management and staff, and cultural appropriateness

training for staff working with Māori, Pacific Island and migrant communities.

296. Te Kaiawhina Ahumahi (2007) also identified a number of preferences regarding the delivery of training; for example training for volunteer staff should be short, targeted and free for the trainee, and there should also be coordinated training pathways and the issue of credits is some areas.

297. Community Training Network (CTN)(2007) identified nine priority areas for capacity building emerged:

- Strategic planning;
- Managing change;
- Evaluation and learning, including self assessment;
- Leadership and governance;
- Advocacy;
- Interagency and intersectorial collaboration;
- Management systems and structures, including human resources and financial management;
- Communications and public relations; and
- Treaty of Waitangi, Māori development models and cultural appropriateness.

298. CTN advocated a balanced approach, incorporating both organisational and workforce development. It identified a range of capacity building methods, including;

- training (short modules, block courses and in-house training);
- peer support, where one provider provides training and expertise to another organisation;
- best practice guides, templates, and case studies;
- facilitated workshops where providers share skills and experience with each other;
- funding to release staff to undertake certain work and develop skills in particular areas;
- development of networks or mechanism for peer to peer support, mentoring, and sharing skills, experience, and information.

299. There are several other sources of information about the elements of effective capacity building (Nowland-Foreman 2006; Paton 2006; Cram 2007; Malcolm 2007). For example, Nowland-Foreman (2006) provided information on capacity building for Trust Waikato. Nowland-Foreman's research included a summary of key literature on capacity building. Malcolm (2006) provided a summary of roles that can usefully be played by intermediate organisations, funders, trainers, mentors, consultants and others, to support strong capacity. Research undertaken by Paton (2006) provided an overview of capacity building internationally and in New Zealand, particularly focusing on the philanthropic sector.

Community Funding

300. Many community and voluntary organisations depend on government or philanthropic funding. 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, and therefore find it more difficult to secure funding from government sources.

301. 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, and
- Provision of assistance in kind or advisor support.

302. A number of reports suggested that funding arrangements can adversely affecting the sustainability and capacity of the community voluntary sector and creating problems for funders including the part-funding, multiple accountabilities, high compliance costs, short term focus, narrow outputs, crowding out of preventative and advocacy work, disinvestment in the community infrastructure and the focus on accountability rather than evaluation

303. Office of the Community and Voluntary Sector noted that many community and voluntary organisations depend on government funding, so this is a critical interface. Community and voluntary organisations encounter high compliance and transaction costs associated with managing multiple funding contracts. Inefficiencies occur when government agencies operate independently of each other. For example, with multiple auditing, different government agencies are often asking for similar information from one community organisation (Office for the Community and Voluntary Sector 2005).

304. Some literature argued that there can be a distinction between a funder's perspective of capacity building and that of the non-profit organisation itself (Kaplan 1999; Herman and Renz 2004; Nowland-Foreman 2006; Malcolm 2007).

- If a funder perceives non-profit organisations primarily as its service delivery vehicles, then capacity building concentrates on an organisation's ability to implement and manage projects as per funder standards and specifications. Some theorists described this as instrumental – a means to an end – where a more capable non profit sector is one step on the pathway to stronger communities (Cram 2007)
- The alternative perspective is when organisations see themselves as important components of civil society, working towards, for example, social change and inclusion. Here the emphasis is more likely to be on building robust and sustainable organisations (Kaplan 1999; Nowland-Foreman 2006).

305. Herman and Renz (2004) believe that this difference has important implications for approaches to capacity building. They argue for more of an emphasis on building the capacity of organisations to organise themselves for "the long haul", rather than just improving the capacity to perform a particular task at a specific time.

306. In 2008 the Government announced *Pathway to Partnership*: a multi-year plan to build stronger, and more sustainable and effective community-based social services for families, children and young people. It is about working with community groups so they can deliver high quality services and early support to families, children and young people. It will roll-out of a sustainable funding model for existing essential community services and work in partnership with these community organisations to reform the funding approach. Key parts of the plan are as follows:

- From 2008/09 there will be an extra $37.5 million of funding available nationally for community organisations providing social services, increasing to $192.8 million in 2011/12 and beyond;

- Under the new model $446 million will be invested in community organisations nationally over the next four years;
- The new model will provide for multi-year funding arrangements to provide funding security;
- NGOs that provide essential social services will be contracted for the full cost of delivering the agreed volume of services and will receive funding that reflects changing costs and demands;
- Other services will move from contracts to a grants-based model, meaning a lot less bureaucracy and compliance costs for small providers (Ministry of Social Development, 2008).

307. *Pathways to Partnership* is targeted at social services providers. Community Social Service Providers . are 'core service providers' to their communities. These organisations usually have a legal structure, a management system and a small professional paid staff. They often also incorporate volunteers at both the management committee/trustee level and in service delivery. The Women's Refuge is an example of such a service. It has a voluntary management committee, a small pool of professionally trained staff, and a large pool of volunteers who fill a 24 hour telephone roster and assist women and children to leave a violent situation for the safety of a refuge (Richardson, 2007).

308. However, the value of community and voluntary sector is beyond service delivery. The voluntary sector plays a key role in
    - providing opportunities for learning and skill and confidence enhancement
    - encouraging participation and a channel for people to direct their desire to help others
    - integrating communities and marginalised people within communities
    - providing safety nets not met by government
    - building social capital and civic communities
    - mobilising resources and private philanthropy
    - identifying community concerns and needs

309. Local government's funding tends to be contributory funding rather than contract for service. Council also funds smaller community groups, including organisations that exist as associations of people with common interests, such as self-help organizations. In the main, these community organisations operate largely on volunteer labour, membership fees, donations and small grants. These organisations are important because they contribute to the social capital of a community. Examples are a local walking group and a new mothers group.

310. There is a significant body of literature on good funding practice. This was not included in this review.

Summary

311. The community and voluntary sector provides an array of services and activities that are vital to social, economic, environmental and cultural wellbeing.

312. The diverse range of organisations and the communities they serve means there are many different perspectives and issues within the sector. Ninety percent of non-profit institutions did not employ paid staff. The other 10 percent of non-profit institutions employed 105,340 paid staff

313. Community and voluntary sector organisations provide benefits in two respects:
    - Firstly they provide support, services and developmental opportunities 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.

314. A number of reports have highlighted the need to invest in the ongoing development of the sector.

315. The community and voluntary sector depend on funding from local and central government as well as philanthropic trusts. Funding agencies can help sustain sector organisations by improving their own practices.

316. There is a significant body of literature on good funding practice. This was not included in this review.

ENGAGEMENT AND PARTICIPATION IN LOCAL DECISION-MAKING

317. Decreasing civic engagement was identified as a key challenge in the *Strengthening Communities Strategy*. The Strategy argued that people are becoming less involved in local democratic processes in Christchurch. Enhancing engagement and participation in local decision-making was identified as a key goal in the Strategy

318. The Council did not identify any reports specifically focusing on community engagement. However, some of the identified reports discussed community participation and engagement (Community Mapping Project 2004; Ministry of Social Development 2007; Ministry of Social Development 2007).

319. Local government sectors in New Zealand and internationally have taken an increasing interest in encouraging people to reconnect with their communities and with government. The literature is dominated by descriptions of case studies containing largely anecdotal evidence in support of the benefits of community participation. However, some key themes emerged from the literature.

320. This section is divided into six subsections based on the review of the literature:
    - Differences between information, participation, consultation and engagement;
    - Benefits of engagement;
    - Risks associated with engagement;
    - Contributing factors to successful engagement;
    - Why people participate;
    - New Zealand local government.

Difference between Information, Participation, Consultation and Engagement

321. Within the literature different terminology is utilised in different locations and disciplines to describe community engagement activities. The literature combined concepts of community engagement, civic educational and renewal, social capital, civil society; sustainable communities and community development.

322. The literature distinguished between consultation and engagement (CDC/ATSDR Committee for Community Engagement 1997; CDC 2006).

323. Consultation – the literature described consultation as the process in which an agency, group, community or individual seeks advice from someone else (Aslin and Brown 2004). Some literature stated that is should be a two-way, interactive process; providing opportunities to clarify information, raise issues, and discuss ideas and options (CDC/ATSDR Committee for Community Engagement 1997; CDC 2006).

324. The literature identified that consultation can vary in scale, source and depth i.e., it ranges from small-scale participation to mass participatory action at national levels. The breadth of issues covered may be broad or sectoral (Goulet 1989).

325. Some literature suggested that consultation has a once and for all quality; it is participation only at a particular moment on confined terms, and often only after fundamental and irreversible policy directions have been established. However, other literature suggested that consultation involved an ongoing exchange of views and information, rather than a one-off event (Audit Commission 1999).

326. Community engagement – the literature described community engagement as the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interests, or similar situations to address issues affecting the well-being of those people. (CDC/ATSDR Committee for Community Engagement 1997; Broadwater 2001; Harrison-Ward 2003; CDC 2006).

327. The literature argued that engagement goes further than consultation. It involves sustained and continuing processes of decision making and implementation - in different ways at all stages of decision making and planning (CDC/ATSDR Committee for Community Engagement 1997; Harrison-Ward 2003; Low and Cowton 2004; Hauptmann 2005).

328. The literature emphasised relationship building and the building of partnerships and coalitions to “mobilize resources, influence systems, change relationships” leading to positive outcomes for all involved (CDC/ATSDR Committee for Community Engagement 1997; Broadwater 2001; CDC 2006).

329. Many councils have provided comprehensive checklists to assist those engaged with the community (Dick 1997). For example, the Victorian Local Government Association (VLGA), Queensland Local Government Association (QLGA) and NSW Department of Infrastructure, Planning and Natural Resources have developed principles that they consider to underlie all good consultation practice. These were adopted by several local government bodies in Australia. In the United Kingdom local agreements have also incorporated principles for community engagement; for example see Leicester LAA.

Benefits of Engagement/ Participation

330. Councils in New Zealand and overseas have statutory duties to consult the public on a range of issues. The literature suggested that having a statutory duty to consult is not the only reason for doing so.

331. The literature provided a number of benefits that local government and other public bodies have accrued through community engagement. The main benefits appear to be to:

- Assist decision-making - Findings from community engagement/consultation can be used to assist in the decision making process in areas such as policy formulation, future priorities and potential strategies for implementation;
- Improve effectiveness - Services can be better targeted to align with what people

want, and importantly, what people do not want. Service usage can be increased, resulting in lower unit costs

- Mandate action - Councils can strengthen their role in community leadership, and implement their decisions with increased confidence;
- Assist in monitoring public opinion, satisfaction and dissatisfaction - User satisfaction can be monitored over time, providing a useful performance indicator on improvements to the quality of services;
- Pre-empt unanticipated negative consequences - Potential issues and consequences linked to proposed changes to service delivery can be highlighted and potentially avoided;
- Improve satisfaction - overall satisfaction in situations where users are delivering a service tend to be at least as high, and often higher than local authority provision
- Underpin and improve a sense of community wellbeing and belonging - and reinvigorate local democracy; i.e. involvement makes the community stronger in itself
- Overcome alienation and exclusion;
- Increase public confidence in Council – can increase confidence in Council regarding how resources are being managed (Audit Commission 1999; Office for the Deputy Prime Minister 2002; Innes and Booher 2004; Aspden and Birch 2005).

Risk Associated with Consultation and Engagement

332. The literature also identified some risk associated with consultation and engagement, for example

    - Paralysis – it can slow down decision making with contentious issues being difficult to resolve. The temptation is to conduct even more consultation in search of consensus.
    - Takes time - it can be time consuming and frequently takes much longer than decision makers would wish. Pressure to make a decision can truncate the cycle.
    - Costs - can be resource intensive for both government and non government participants (Cheyne and Comrie 2002; Office for the Deputy Prime Minister 2002; Innes and Booher 2004; Andrews and Cowell 2005).

333. The literature suggested that if community engagement is not conducted in good faith and does not fully engage the community, it can be perceived as a cynical and manipulative exercise. Community engagement may also be seen as tokenism responding to dominant voices and ignoring the broader community, as a means of co-opting groups or defusing opposition, as falsely raising public expectations, or as substitutes for good government and sound policy making. The literature argued that if consultation is properly designed and organised, it will not generally raise unrealistic public expectations that cannot be met. When authorities consult, they need to make it clear what's on offer, and what options are available to local people. If there are constraints on what can be done, say so at the start and explain why this is so. Nonetheless, consultation, by raising people's awareness of services, may prompt people to question the type and quality of services on offer (Audit Commission 1999).

334. Some literature identified that consultation does not represent the views of local people as a whole. There will always be a risk that articulate, well-educated people will be better able to use available consultation mechanisms than other sections of the community. It was argued that some participatory strategies can damage the equity of local decision making, because the skills required for successful participation privilege those sections of the community which already possess the best access to political and economic resources. Equally, the

involvement of powerful interest groups may seriously skew the overall orientation of community involvement structures (Audit Commission 1999; Office for the Deputy Prime Minister 2002; Office of the Deputy Prime Minister 2005).

335. However, some researchers argued that this risk can be dealt with effectively if consultation is well planned and executed and the appropriate consultation tools are selected (Audit Commission 1999)

336. Because participation initiatives can reinforce existing patterns of disadvantage, different participation methods are necessary to reach different citizen groups (Lowndes and Pratchett 2001); as, indeed, are different 'consultation techniques' (Office for the Deputy Prime Minister 2002).

337. These findings highlight the importance of Council initiatives to empower the resource-poor by building their capacity for citizenship and civic engagement.

Why People Participate

338. The literature identified a number of different factors and issues which may affect the public's attitude to participating in local politics and decision-making. These included

- Whether participants expected benefits to outweigh the costs;
- Participants interest in, and understanding of, local government and local politics - the more knowledgeable and interested electors are, the more inclined they are to participate in the democratic process. This is true of voting, attendance at meetings, standing as a candidate or engaging in any other form of political activity.
- Trust in local councils and councillors

339. Other factors influencing why people participate identified in the literature included:

- access to resources and income and, therefore, the capacity to participate;
- demographic factors, for example, age, gender, socio-economic group, ethnicity, etc.;
- having the time available to participate - this is affected by personal circumstances, such as work, education and family responsibilities;
- the style and way an authority chooses to communicate with and consult its citizens – positive experience of participation leads to growing commitment over time;
- attitudes to the outcomes of electoral and participative processes – whether people feel there is anyone or any issue worth influencing, and whether they believe their opinion will make a difference;
- social capital – attitudes to other people, levels of trust in other people and level of attachment to neighbourhoods – there are differing opinions on the extent to which social capital has an effect;
- involvement in social networks and associations - experience of formal or informal volunteering tends to be associated with engagement in other civic activities (Cheyne and Comrie 2002; Office of the Deputy Prime Minister 2005).

New Zealand Local Government Experience

340. A considerable body of knowledge and experience on good consultation processes exists within the New Zealand local government sector (Local Futures 2005). Not only are local authorities using traditional methods, such as public meetings and consultation documents to engage with the public, but many are increasingly using 'consumerist' approaches such as service satisfaction surveys, and complaints/ suggestions schemes (Richardson, forthcoming).

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

342. More recently local authorities in New Zealand have developed new ways of consulting with traditionally hard-to-reach groups, such as young people, Māori and minority ethnic groups disabilities (Broadwater 2001; Office of the Deputy Prime Minister 2002; Department of Internal Affairs 2003; Burke 2004; Local Government New Zealand 2004; Local Government New Zealand 2006; VUW 2006). Some councils have developed policies regarding consultation with particular population groups, such as children, young people, Māori, minority ethnic groups, older people, and people with disabilities.

343. Models of participation have been developed that are used to explain community involvement in decisions. These models promote increasing public participation in the decision making process (Local Futures, 2005).

344. The International Association for Public Participation (IAP2) has been an influential agency in the understanding of community engagement in New Zealand. It's widely cited *Spectrum of Engagement* points to an iterative series of public participation steps and processes that effectively capture the ranges and levels of citizen involvement in broad public issues. This spectrum is cited in a number of local authority consultation policies and reports on community partnerships in New Zealand (Christchurch City Council, 2003, North Shore City Council, 2003, Auckland Regional Council, 2003, Local Futures, 2005). It is also used in the Council's *Strengthening Communities Strategy.*

345. Waitakere City Council used a similar model involving information, improving understanding, discussion, consultation, participation and devolution (Waitakere City Council 2001; Courtney 2006). Wellington City Council identified four main types of consultation. Partnering, Participatory, Interactive, and Reactive (Wellington City Council 2006). The Community Government Relationship Steering Group suggested that there are four types of interaction for an active relationship; they are two way information exchange, one off consultation on specific issues, collaborative processes and community driven decision-making (Community Government Relationship Steering Group 2002).

346. The literature suggests that the Council should consider:

- initiatives to improve the public's understanding of local government and their capacity to participate effectively;
- better communication with the public, and more transparent local government processes and ways of working, to improve public perceptions of, and trust in, local authorities;
- well managed and marketed involvement and participation initiatives to ensure they present as little a burden as possible, whilst providing clear outcomes and benefits

for individuals and the community. This would include making best use of social networks and associations;

- tailoring engagement to meet the specific needs of different groups in society, particularly those from minority and under-represented groups;
- a range of techniques used to engage citizens and communities in decision making and service delivery. Because participation initiatives can reinforce existing patterns of social exclusion and disadvantage, different participation methods are necessary to reach different citizen groups.

Summary

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

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

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

350. More recently local authorities in New Zealand have developed new ways of consulting with traditionally hard-to-reach groups, such as young people, Māori, minority ethnic groups, and those with disabilities.

SENSE OF LOCAL COMMUNITY

351. Helping to build and sustain a sense of local community connectedness was identified as a key goal in the *Strengthening Communities Strategy.*

352. The Council did not identify any reports specifically focusing on building a sense of local community connectedness. The researcher identified some literature on this issue; however, further review of this issue is recommended.

353. Community is a term that is used in many different ways in the literature. A community may be thought of as a network of people and organisations linked together by various factors. The term can refer to:

- a geographic community (e.g., a neighbourhood, city, rural town or district);[5]
- a community of common interest, identity or whakapapa (e.g., a hapu, an ethnic group, voluntary organisation, or virtual on-line community);[6] or

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

6 These include ethnic community groups and Māori community organisations, but not Māori governing bodies or businesses.

- an administrative/ political community (e.g., a district, a state, European Union) (Royal Commission on Social Policy 1988; Blakeley 1995; Blakeley 1996; Richardson 1998; Bowles 1999; Loomis 2005).

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

355. Belonging in a community teaches people about relationships and values, and enhances connectedness and resilience. Being rejected by a community can result in feelings of alienation, isolation and powerlessness (Department for Community Development 2006).

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

357. The literature review suggests that there is an increasingly widespread concern, about the loss of a sense of community (Putnam 2000).

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

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

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

360. Most councils take a wider view of the definition of community. For example, councils' policies variously recognise Māori /iwi structures, ethnic communities, arts communities, religious communities and population groups.

Local Government and Building a Sense of Community

361. Jones (1995) identified a number of definitions of community development in her review of local government and community partnerships in the United States, United Kingdom and Ireland. These focus on the active involvement of people in the issues which affect their lives; and encourage participation, empowerment, self-help and the sharing of skills, knowledge and experience (Jones 1995).

362. Jones (1995) argued that community development work is beyond the capacity of central government and that local government is best placed to deal with these issues. Jones defines the local government role as "to lead, stimulate, encourage and orchestrate the transformation of the district, in an environment of uncertainty, competing interests and fragmentation" (Jones 1995; Byrne 1999).

363. Reid (1997) suggests that local government is effectively community government, dependent upon the strength and resourcefulness of its local communities. Local government can play a potentially strong role in developing social capital, particularly if it adopts a participatory approach to governance (Department of Internal Affairs 1997; Reid 1997).

ACCESS TO COMMUNITY FACILITIES

364. Ensuring that communities have access to community facilities that meet their needs was identified as a key goal in the *Strengthening Communities Strategy.*

365. This project did not review any national or non-Council based literature related to this goal.

SAFETY OF COMMUNITIES AND NEIGHBOURHOODS

366. Enhancing the safety of communities and neighbourhood was identified as a key goal in the *Strengthening Communities Strategy.*

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

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

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

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

371. Key themes emerging from the literature included:

    - A wide range of inter-related socio-economic factors, in particular a lack of educational achievement, unemployment, poor health, low socio-economic status,

attitudes and a negative peer environment, are all risk factors for criminality;

- Risk factors for offending include living in a neighbourhood that is poor, with high rates of crime and frequently changing living conditions;
- Fear of crime is a significant issue within communities and it affects personal well-being by raising anxieties, restricting social and physical access and threatening the cohesiveness of communities;
- Multi-dimensional approaches are required to improve safety and security outcomes (multi agency as well as multiple levels of intervention at organisational, institutional and community levels);
- Interventions should be gender-appropriate, culturally appropriate and address the relevant domains of influence, such as family, schools and peers.

Safe Communities

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

373. In order to be designated as a Safe Community, communities are required to meet the following six criteria:

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

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

375. There are four key overlapping CPTED principles. They are:

    - Surveillance - people are present and can see what is going on;
    - Access management - methods are used to attract people and vehicles to some places and restrict them from others;
    - Territorial reinforcement - clear boundaries encourage community 'ownership' of the space;

- Quality environments - good quality, well maintained places attract people and support surveillance (Ministry of Justice 2005).

376. The National Guidelines define seven qualities that characterise well designed, safer places:
    - Access: Safe movement and connections;
    - Surveillance and sightlines: See and be seen;
    - Layout: Clear and logical orientation;
    - Activity mix: Eyes on the street;
    - Sense of ownership: Showing a space is cared for;
    - Quality environments: Well designed, managed and maintained environments;
    - Physical protection: Using active security measures.

377. The CPTED guidelines also suggested that integrated planning makes a significant contribution to tackling crime. It argues that good design alone cannot be expected to solve crime. However, considered positive planning, particularly when co-ordinated with other measures, can make a significant contribution to safety. Taking an integrated approach to each development, where professional disciplines and key stakeholders work together, is important (Ministry of Justice 2005).

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

Youth Crime

379. It is generally agreed that there is value to be gained from intersectoral collaboration in regard to youth offending, and in Christchurch this could include both government, local government, Iwi and the community provider sector. The Ministry of Youth Affairs Report identified that:
    - Around 75 percent of young people in New Zealand are not known to offend;
    - Of those 25 percent who are known to have offended, the vast majority (80 percent) offend only once or twice;
    - The remaining young offenders (estimated to comprise fewer than 5 percent of under 17 year olds) tend to commit a high number of crimes across a greater number of years (McLaren 2000).

380. The national data indicates that the majority of offences committed by youth between 2000/01 and 2001/02 were committed by the 14-16 year old age group.

381. The *Youth Offending Strategy Report* (2002) characterised children and young people who offend into the following three groups:
    - Low-risk or minor offenders do not commit many offences; their offending is generally a part of their normal maturation process and they will largely stop offending of their own accord. These children and young people generally do not have many risk factors and have a number of protective factors. For example, they may be achieving relatively well in education and have a number of positive relationships with others, including family and friends.

- Medium-risk offenders tend to start offending after 13 years, and grow out of their offending by their mid-twenties. They may commit a number of offences and, although late starters, may make up for this by breaking laws of the same seriousness and frequency as high-risk offenders. Some may begin and end their offending careers quite abruptly. They may also behave anti-socially in some environments (such as with friends) and not in others (such as school). This group tends to exhibit two particular risk factors; substance abuse and anti-social peers. They will often have a number of protective factors (e.g., family stability, educational achievement) and will be succeeding in other parts of their lives.
- High-risk offenders (or serious young offenders) may comprise less than 5 percent of under 17 year olds, but they account for a large proportion of offences committed by children and young people. They engage in five to 20 times as much offending as lower-risk offenders. They begin offending early (before age 14 and as early as 10), offend at high rates, often very seriously and are likely to keep offending into adulthood. They start their anti-social behaviour with minor problems in early childhood, move onto more serious problem behaviours and then begin serious and/or repeat offending. As they continue offending, they commit serious offences along with numerous less serious offences. These young people are characterised by major personal, social and family disorder (Ministry of Justice and Ministry of Social Development 2002).

Family Violence

382. Data on trends in family violence in New Zealand are poor, but the situation in most other countries is similar. The literature provided few insights into resilience in the face of family violence, or the protective factors that promote healthy outcomes for victims (Lievore and Mayhew 2007).

383. It is estimated that up to 80 percent of all violence is family-based (New Zealand Police 2005). Family violence offending varies hugely in both significance and seriousness. It is significantly under-reported, with the police often called as a last resort when people are in crisis.

384. One measure of effective family violence prevention across the community is fewer family violence-related murders. Unlike some other overseas jurisdictions where family violence murders have fallen by 75 percent, family violence murders in New Zealand have remained stubbornly consistent over the last 15 years. Research indicates family violence murders are relatively predictable, and this predictability gives the police and other agencies an opportunity to work with victims, offenders and families to reduce family violence. (New Zealand Police 2005)

385. A UNICEF report on child maltreatment deaths in the 1990s placed New Zealand 24th out of 27 OECD countries (UNICEF 2003). In 2001, over half of all New Zealand homicides were domestic-related and a third of the victims were children.

386. Violence within families has important associations with other issues including poverty and longer-term child outcomes and wellbeing. Addressing family violence requires a collaborative inter-agency approach.

387. It has been estimated that domestic violence costs the New Zealand economy between $1.2–5.8 billion a year (Snively 1994).[7]

7 This study investigated the economic costs of family violence on the individual and government levels, including the costs to the government in healthcare, welfare, justice and law enforcement.

388. *The New Zealand Health Strategy* (2000) lists the reduction of interpersonal violence as a priority population health issue. Victims of abuse seek care from health care providers at far greater rates than individuals who have not experienced abuse, not only for assault-related injuries, but also for a range of other health effects. (Ministry of Health 2001; Families Commission 2005). A recent report suggests that intimate partner violence may be as significant a factor as poverty in terms of contributing to ill-health (Fanslow 2004).

389. There is sufficient evidence to suggest that children who experience violence and neglect early in their lives suffer damage to aspects of their brain development, particularly in their social and emotional development. Witnessing violence also has a significant negative impact on children (Community Mapping Project 2004; Families Commission 2005).

390. *Te Rito*, the government's family violence prevention strategy, was launched in June 2002. This is the government's plan for working towards a society where families live free of violence. It consists of nine guiding principles, five goals and a framework for implementation comprising 18 action areas.

391. *Opportunity For All New Zealanders* was released in December 2004. This is a summary of the government's social policy and strategies for sustainable social development. Five critical social issues for inter-agency action over the next three to five years are identified including family violence, abuse and neglect of children and older persons.

392. A Ministerial team has been set up to co-ordinate efforts and provide Ministerial leadership to family violence prevention.

393. A Taskforce for Action on Violence within Families has been set up, with membership comprising the chief executives of key government agencies and NGOs, the Chief District Court Judge, the Principal Family Court Judge and the Chief Families Commissioner and Children's Commissioner.

BASIC LIFE SKILLS

394. Improving basic life skills so all residents can participate fully in society was identified as a key goal in the *Strengthening Communities Strategy.*

395. The Council did not identify any reports specifically focusing on basic life skills. The researcher identified some literature on this issue; however, further review of this issue is recommended.

396. Basic literacy skills were identified as core workplace competencies, foundation skills, essential skills or key competencies. Literacy was once considered to be the ability to read and write: people who couldn't meet a very basic standard – writing their own name, for example – were considered illiterate. Contemporary definitions of literacy still include reading and writing, but take the concept a considerable step further and include a range of skills used in work, and at home, which are much broader than the term literacy first suggests (Johnston 2004).

397. The Ministry of Education identified the following as essential foundation skills:

- the ability to read, write and communicate effectively;
- sound numeracy skills;
- self-confidence, including a sense of cultural identity;
- openness to diversity, challenge and change;

- learning skills and an enthusiasm for ongoing learning (Ministry of Education 2003).

398. People need a strong learning base they can build upon. Adults with better literacy skills are more likely to be employed, and to earn more, than those with poorer literacy skills, even when taking account of other factors which affect work performance. The Ministry of Education reports that adults with low literacy and numeracy levels are more likely to be unemployed, to earn low incomes, and to have children with poor educational achievement. The Ministry has also identified that a significant number of adult New Zealanders do not have the foundation skills needed to participate fully in work and modern life.[8]

399. The Ministry of Education identified that nationally there have been gains in literacy and numeracy from targeted programmes in schools, but there are still significant gaps. The Ministry identified that nationally the majority of Māori and Pacific adults have pressing literacy needs(Community Mapping Project 2004)

400. New Zealand does not stand out amongst OECD countries as having particularly poor literacy skills. The proportion of people in New Zealand with Level 1 skills in the OECD's International Adult Literacy Survey (IALS) is similar to the proportion in other English-speaking countries, and lies in the middle of the range of OECD countries. Key findings from IALS indicate that in New Zealand:

    - Average literacy levels, and the distribution of literacy skills within the population, are similar to those in Australia, the United States and the United Kingdom. Overall, New Zealand compares favourably with other countries in terms of prose literacy but not so well for quantitative and document literacy.
    - Similar to many other countries, almost half of all New Zealand adults aged from 16 to 65-years-old were estimated to be at low levels of ability and to have pressing literacy needs for success in today's society. One in five New Zealanders were found to have very poor literacy skills.
    - The majority of Māori and Pacific adults performed well below average on all counts of literacy.
    - Almost half of all unemployed people were at the very lowest level of literacy.
    - Some industries have high concentrations of people with low literacy skills, including the manufacturing, construction and agriculture industry groups.
    - Migrants, people with disabilities and those with few or no qualifications also tend to have low levels of foundation skills (OECD 2002).

401. The IEA international survey of reading of nine-year-olds (1990) showed that Màori performed significantly below the international average, and Màori boys performed at a level below that of Màori girls. A further analysis of the data shows significant differences in word recognition and comprehension between children whose home language was English compared to children whose home language was not. Many of the latter group were Pacific Island children.

402. The evidence suggests initial disparities then continue to grow over the first four years of schooling between Màori and Pacific Islands children on the one hand and Pàkehà children on the other, and between children in low-decile schools and those in other schools. It was noted that there is a high proportion of Màori and Pacific Islands children in low-decile schools.

403. Analyses of school leaver qualifications data and the International Adult Literacy Survey show lower levels of performance for Màori and Pacific Islands people than for Pakeha, which suggests that later learning has not redressed these problems.

[8] Ministry of Education (2002a) *Briefing for Incoming Minister, http://www.minedu.govt.nz,* Ministry of Education, Wellington.

404. The Ministry of Education identified that nationally there have been gains in literacy and numeracy from targeted programmes in schools, but there are still significant gaps.

405. Given the importance of education and skills for future well-being, raising the educational achievement of those with the fewest skills should be a priority. The relationships between various factors can mean that some individuals and communities are less likely to reach the level of attainment of knowledge and skills necessary to participate in society in the ways described above (Community Mapping Project 2004).

406. The Ministry of Education's *Literacy and Numeracy Strategy* had three key themes:

- raising expectations for learners' progress and achievement;
- lifting professional capability throughout the system so that everyone plays their part in ensuring that the interaction between teacher and learner is as effective as possible; and
- developing community capability – encouraging and supporting family, whānau and others to help learners (Ministry of Education 2001).

407. The emphasis of the strategy is on both:

- improving practice, because the most appropriate and effective literacy programme for most learners is an everyday classroom programme that purposefully integrates all aspects of literacy learning; and
- ensuring that specific interventions for learners with specific, well-identified needs beyond the classroom are timely, appropriate, and well-supported back in the classroom programme.

408. It includes:

- ensuring that the goal for nine-year-olds is well understood in the education sector and by parents and the wider community;
- working out the most effective way to measure the progress of individuals and groups towards the goal;
- supporting the best possible teaching of all children;
- ensuring that government interventions to support children's learning in literacy are as effective and efficient as possible;
- providing extra support for programmes through a special proposals pool;
- encouraging parents and the wider community to support children's learning at school and in early childhood through a public information campaign (Ministry of Education 2001).

409. The Ministry of Education's *Adult Literacy Strategy* identified three elements:

- developing capability to ensure adult literacy providers deliver quality learning through a highly skilled workforce with high quality teaching resources;
- improving quality systems to ensure that New Zealand programmes are world class; and
- increasing opportunities for adult literacy learning by significantly increasing provision in workplaces, communities, and tertiary institutions;

410. It suggested that opportunities for literacy learners should be built in the following areas:

- workplace literacy initiatives, especially in industry sectors where levels of literacy are lower than average;
- programmes for job seekers, particularly Pacific peoples and Māori, which focus on

developing literacy skills before entry into job search programmes;

- community-based literacy programmes, especially in Māori and Pacific peoples' communities, where programmes with clear literacy outcomes can be developed as partnerships between those communities and quality providers;
- community-based programmes for other minority ethnic groups who have poor literacy and English as a second language;
- family literacy programmes where the educational needs of both adults and children are addressed with explicit planned programmes for both, as well as joint activities;
- programmes by tertiary education providers which focus on improving literacy for identified enrolled students to improve success in courses leading to higher qualifications, and to bridging programmes which provide intending students with the skills to enter tertiary study;
- programmes in prisons which focus on improving the skills of inmates to reduce re-offending on release, including skills and qualifications that enhance employment prospects, and which improve family relationships (Ministry of Education 2001).

411. However, some literature suggested that there is little rigorous evidence for the benefits of adult literacy *training* but almost no accompanying information on the costs of this training. While there is a good case for an increased focus on adult literacy, and on workplace literacy in particular, these findings suggest a cautious approach to expanding publicly-funded adult literacy programmes. There is a clear need for more and better New Zealand-based research, for piloting innovative literacy programmes and for undertaking rigorous evaluations. A modest increase in literacy training may not materially affect economic performance but it may still be a worthwhile investment – only good-quality research and evaluation will tell us this. (Johnston 2004).

OTHER THEMES – POPULATION GROUPS

Children

412. The Council identified one report on children:

- UNICEF (2007). *An overview of child well-being in rich countries.* UNICEF Innocenti Research Centre, Report Card 7.

413. The UNICEF report on child well-being in OECD countries UNICEF Report Card 7 Child poverty in perspective: An overview of child well-being in rich countries ranked New Zealand at 23rd out of 24 countries for health and safety outcomes for our children. This is only a summary of some of New Zealand's health statistics, and much of the data does not go beyond 2004, however it still provides a snapshot of poor health achievement.

414. The UNICEF report focused on:

- Infant mortality
- Immunisation rates
- Deaths from accident and injury

415. New Zealand is rated 22nd out of 25 countries for infant mortality rates. The main reason for our poor rating here is likely to be the ongoing high rates of Sudden Infant Death Syndrome (SIDS). While there has been a reduction in SIDS rates in higher income and New Zealand European families, rates for low-income families and rates for Māori remain high:

- SIDs accounted for 36 percent of post-neonatal deaths during 1999–2003;
- The relative risk of dying from SIDS was 8.7 times higher in lower socio-economic groups;
- Māori infants had a 5.7 times higher relative risk of dying;
- Immunisation rates.

416. The Innocenti report measured immunisation rates as a reflection of preventative health services, and New Zealand ranked 23rd of 25. Although our immunisation rates have improved since the early 1990s, rates are still too low to prevent epidemics and to reach national targets. The statistics show that many New Zealand children continue to have fragmented, poorly coordinated care, despite some good progress in recent years with the primary health care strategy and the introduction of the National Immunisation Register.

417. Outside of the perinatal period, injury is the leading cause of deaths, and falls are the leading cause of hospital admissions. New Zealand has seen a marked fall in mortality from transport injuries in young people aged 15 – 24 years, but injury mortality rates amongst New Zealand children 0-14 years have declined more slowly.

418. A range of social and environmental issues underpin these statistics, and the majority of them have a significant socio-economic element.

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

420. Stevenson (2007) undertook a review of the literature regarding how urban design affects the health of children and young people. She identified a number of recurrent themes. Firstly, the increasing concern at the epidemic levels of chronic diseases in adulthood that are strongly linked to being overweight or obese. She identified increasing evidence not only that childhood levels of obesity are high and rising, but that the overweight child becomes an overweight adult. Stevenson identified that the built environment is a significant and modifiable factor in levels of obesity. Stevenson also identified that the built environment can adversely affect the health of children from pre-natal life through to adulthood. The immediate health effects (e.g., impaired lung function) and the daily habits of life developed in childhood (e.g., car-dependency) can have adverse health impacts throughout adult life.

421. Based on the literature Stevenson (2007) recommended:
    - Children should be used as the starting point for development;
    - Neighbourhoods should be assessed on how well they encourage active transport using objective and qualitative measures;
    - Addressing the perceptions of local residents is critical;
    - Parks should be designed and adequately maintained with the play needs of children of all ages in mind.

422. Other research highlighted the link between neighbourhood factors and child safety, school readiness and achievement, behavioural and emotional outcomes, early childbearing, and physical health. Research suggested that neighbourhood advantage and disadvantage are

associated with children's social/ emotional, physical and learning outcomes. Children living in the most disadvantaged neighbourhoods have lower social/ emotional and learning outcomes than children living in more affluent neighbourhoods (Edwards 2007).

423. Commentators also highlighted the importance of social capital and child development (Teachmann et al., 1997, Knaul and Partinos, 1998, Braatz and Putnam, 2000, Francis et al., 1998).

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

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

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

427. The number of other key themes emerged from the scan of the literature on child-friendly communities and other research on child well-being and local government. These included the importance of:

- Creating and extending community linkages and partnerships;
- Catering for diversity - the needs, abilities and interests of children and young people vary widely with age, gender, culture and life opportunity. The developmental stages that children and young people go through have different, and sometimes conflicting, implications for what constitutes a stimulating and safe built and social environment. There are also significant gender differences in the use of space;
- Improving information and data to better inform policy makers and the public, including child-generated indicators;
- Ensuring essential services and facilities are available and accessible, including schools, child care, health services, and recreational facilities;
- Investing in early childhood education (and ensuring it is accessible to children from low income households);
- Providing child and family-friendly facilities and services;
- Partnerships with key groups, including government agencies, local councils, developers, families, planners and children and young people.

428. They also highlight that children who are raised in poorer socio-economic circumstances face a greater struggle to secure outcomes comparable with those achieved by the population as a whole. Māori and Pacific children also have a higher likelihood of poor outcomes,

particularly when they also have low standards of living.

429. Evidence suggests that poor outcomes while young affect outcomes later in life. The cumulative impact of low incomes during childhood can be linked to poorer outcomes as an adult. This implies that current poor outcomes for children could have significant policy implications for New Zealand in the future.

430. Through its *Agenda for Children*, the Government has endorsed a "whole child" approach to the development of policy that affects children (Ministry of Social Development 2004)

431. The *Agenda for Children* strategy set out a number of "action areas" as a means to take the agenda forward. These action areas were:

- promoting a whole child approach;
- increasing children's participation;
- an end to child poverty;
- addressing violence in children's lives, with a particular focus on reducing bullying;
- improving central government structures and processes to enhance policy and service effectiveness for children;
- improving local government and community planning for children;
- enhancing information, research and research collaboration relating to children.

432. In January 2003, the Government published the *Sustainable Development for New Zealand Programme of Action* report. This programme covers four action areas: fresh water; energy; sustainable cities; and investing in child and youth development. In this programme, the Government committed to the goal of:

> *All children and young people having the opportunity to participate, to succeed and to make contributions that benefit themselves and others, now and in the future (Department of Prime Minister and Cabinet 2003).*

433. The programme of action consists of two initiatives: an indicators framework on child and youth wellbeing, and development of an investment framework for child and youth development.

434. *The Social Report 2004* showed that children and young people have poorer outcomes than older people across a number of social indicators. The *Children and Young People: Indicators of Wellbeing in New Zealand* identified a series of desirable outcomes:

- All children and young people enjoy good physical and mental health with access to good-quality health care;
- All children and young people enjoy secure attachment to parents and caregivers in a nurturing relationship where they are valued, respected and supported;
- All children and young people enjoy a secure standard of living that means they can fully participate in society. All young people achieve the transition to economic independence;
- All children and young people enjoy personal safety, and are free from abuse, victimisation, violence, and avoidable injury and death;
- All children and young people obtain the knowledge and skills to enable them to be full participants in society;
- All children and young people enjoy fundamental human, civil and political rights, free from discrimination and exploitation. Children and young people are given the opportunity to participate in decisions that affect them;
- All children and young people are able to participate in the culture and values

important to them and their families and to feel secure with their identity;

- All children and young people enjoy friendships and social, cultural and recreational activities that build confidence and security, promote healthy relationships, and encourage civic and social responsibility;
- All children and young people live in, and have access to, healthy natural and built environments (Ministry of Social Development 2004).

435. The Social reports identified that evidence from New Zealand and international research shows that the early childhood years are vital to a child's development and their future ability to learn. Quality early childhood programmes prepare young children socially, physically and academically for entry into primary education and can help narrow the achievement gap between children from low-income families and those from more advantaged families (Ministry of Social Development 2008).

Young People

436. The Council identified two reports on youth:

- University of Auckland. (2003) *Christchurch Youth: A Profile of their Health and Wellbeing*, Auckland: University of Auckland (Faculty of Medical and Health Sciences), April 2003;
- Christchurch Social Policy Interagency Network (2003). *A Collaborative Plan for Christchurch Youth 2003 – 2006*.

437. These reports provided data on indicators of youth wellbeing. The *Christchurch Youth: A Profile of their Health and Wellbeing* presented findings from the New Zealand youth survey. The report identified that

- Most secondary school students are healthy. More than 80 percent of students feel healthy, do not engage in multiple risky behaviours and report positive connections to families, schools and peers.
- Health services are not meeting the needs of today's youth. About half of surveyed youth have not sought assistance from health services (even though they knew they needed to) due to a wide range of perceived barriers.
- There are concerning numbers of youth whose healthy development is at risk. A significant number of youth ride in cars with potentially intoxicated drivers, grow up in unsafe environments and experience emotional health problems (University of Auckland 2003).

438. *A Collaborative Plan for Christchurch Youth 2003 – 2006* identifies six key outcomes for young people in Christchurch: and presents an initial set of indicators to measure progress. It highlights seven priority areas and develops a number of actions which will improve joint working and contribute to better outcomes for young people:

1. Connect young people to learning to ensure their ongoing growth and development
2. Improve the effective provision of and access to information so young people know about services and opportunities
3. Improve the capability of agencies to work with young people
4. Tackle alcohol and other drug misuse
5. Support a youth focus in communities and support community initiatives for young people
6. Be proactive to prevent youth offending, victimisation and reduce re-offending

7. Improve the effectiveness of and access to youth health services (Christchurch Social Policy Interagency Network 2003)

439. The *Youth Development Strategy* (YDS) suggests that positive youth development is shaped by 'big picture' concerns, specifically (i) values and belief systems, (ii) social, cultural and economic contexts and trends, (iii) the Treaty of Waitangi, and (iv) New Zealand's international obligations such as the United Nations Convention on the Rights of the Child. The Strategy also points to the key spheres within which young people develop connections with others: family/ whanau, community, peers, school/ training and institution/ workplace.

440. The Strategy has four goals applicable within each of these environments (pp.25-26):

1. A strengths based-approach: ensuring a consistent strengths-based youth development approach. This involves developing policies and programmes that look to enhance young people's abilities to resist, or cope with, environments or behaviours that put them at risk and to build up protective factors that contribute to their wellbeing.
2. Quality relationships: developing skilled people to work with young people. This highlights the importance of training for those who work with and live alongside young people.
3. Youth participation: creating opportunities for young people to actively participate and engage. In keeping with UNCROC Article 12, this goal concerns enabling young people to participate in developing, evaluating and reviewing decisions that affect them.
4. An informed approach: building knowledge about youth development through information and research.

441. The report *Violence and New Zealand Young People* identifies that

- Violence is a common experience for many young New Zealanders and is associated with many health issues.
- Exposure to violence between parents or adults at home is particularly disturbing to young people and is associated with serious health outcomes. Families need to be supported to provide violence-free homes.
- A significant number of young people experience regular bullying and feel unsafe at school. Schools need to provide safe environments for all students and provide accessible and supportive ways that help those students who are experiencing violence in their lives.
- Many young people who experience violence do not access services or receive support to cope with this serious issue. Services need to recognize the significant role violence has in the lives of today's young people and ensure staff are trained and able to identify and respond to the violence and violence-related problems of young people (University of Auckland 2007).

442. The researcher also identified a number of other reports on young people.

443. Health reports indicate that compared with other age groups, young people have:

- high rates of mental illness
- high rates of alcohol and drug use and abuse, particularly among young men
- a higher rate of suicide and suicide attempts
- high rates of sexually transmitted infections (Ministry of Health 2002).

444. They also indicate that morbidity and mortality data show that young New Zealanders have higher rates of suicide, teenage pregnancy, abortion and suffer more injuries – especially

from traffic accidents – than their counterparts in other OECD countries (Ministry of Health 2002). Young Māori continue to suffer more ill health than their non-Māori counterparts is a matter of particular concern.

445. Other reports note that young men, far more than young women, are at risk of things that harm themselves or others. Young men are over-represented among those who commit suicide, they have high rates of alcohol-related harm, they are more at risk of dying on the roads than any other group, they are suspended and expelled from school at much higher rates than girls, and, more boys than girls leave school with no qualifications at all. They are arrested, charged and convicted of crimes far more frequently than young women (Barwick 2004).

446. The literature provides evaluation of key interventions:

- Mentoring has been shown to be most successful when careful attention is given to matching mentors with young people, when contact between them is frequent, when activities are mutually negotiated, and when relationships are not prescriptive or judgemental.
- Adventure programmes were shown to have widespread and long-lasting beneficial effects when they were long enough to encourage full involvement, they challenged young people with specific goals, they provided quality feedback on participation and they created an environment for participants to reflect on, discuss and understand their experiences.
- Community-based youth development programmes with more features are likely to be more successful than those with fewer. Having a positive youth development philosophy and paying careful attention to the recruitment and training of programme staff to work with young people will improve the effectiveness of community-based programmes.
- Programmes supporting transition to employment need a range of features if they are to be effective. They need to be intensive and placed within well-recognised educational pathways. They need to be linked to local labour markets and to be responsive to the needs of local employers. Programmes which provide individualised help have better outcomes, particularly if that help is focused on long-term rather than short-term employment goals. Programmes benefit from strong relationships between providers, local communities, and local employer and worker organisations
- Programmes for young men in areas of risk need to both build strength and address risk. Efforts must focus on creating healthy, inviting environments and systems rather than on trying to ‘fix’ young people.
- Programmes to reduce youth suicide need to work towards increasing the awareness of mental health issues among young people rather than to focus directly on suicide. As well as developing self-awareness, coping skills, social skills and problem solving skills, young people should be encouraged to recognise mental health problems in themselves and others and know where to get help.
- School-based drug education programmes will be more effective if they are relevant to the needs of young people. Community-based drug-education projects are more successful when they involve cross-sectoral, collaborative action by groups and agencies that have an existing interest in and responsibility for reducing drug-related harm (Barwick 2004).

Families

447. An extensive body of research evidence indicates that family functioning and circumstances have a significant impact on the well-being of family members, and on the successful functioning of society and the economy.

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

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

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

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

451. The Families Commission has recently commissioned a literature review on family-centred communities for local government (Richardson, 2008). The researcher suggests that the Council refers to that report for further information on local government's role in enhancing family well-being.

People with Disabilities

452. The Council identified one report on people with disabilities: *To Have an 'Ordinary' Life: Community Membership For Adults With Intellectual Disability* by the National Health Committee (NHC) (National Health Committee 2004).

453. This report examines the barriers New Zealand adults with an intellectual disability face in trying to participate in society. The NHC concluded that this group of adults is seldom integrated into the community on their own terms, individual choices in the most fundamental of life decisions are not available to them and their aspirations and goals are not supported. The NHC findings indicate that although services have sought to move away from institutional-based services, much of this has focused on removing bricks and mortar rather than on ensuring non-institutional support. It suggested there was a systemic neglect of the development potential of this group, low levels of understanding as to the impact of their decisions, high poverty levels, low educational opportunities, lack of purposeful futures and neglect of basic health needs.

454. The report details the actions the NHC believes are necessary to align the lives of adults with an intellectual disability with the government's stated goals. Among those actions are a refocusing on the needs assessment process and upskilling of staff, moving away from the custodial model of service delivery, and addressing the neglect of basic health needs.

455. The 2006 Disability Survey collected information on the prevalence, nature, duration and cause of disability and on the barriers that people with disability encountered in everyday life. Statistics are available for children (0 to 14 years) and adults living in households and for adults living in residential facilities. The report identified

- In 2006, 82 percent of people with disability were adults living in households, 5 percent were adults living in residential facilities and 14 percent were children (under 15 years) living in households.
- The percentage of people with disability increased with age, from 10 percent for children aged less than 15 years to 45 percent for adults aged 65 years and over.
- An estimated 5 percent of children had special education needs and this was the most common disability type for children. Chronic conditions or health problems and psychiatric or psychological disabilities were the next most common disability types.
- Conditions or health problems that existed at birth and disease or illness were the most common causes of disability for children.
- The most common disability types for adults were physical and sensory disabilities.
- Disease or illness, and accidents or injuries were the most common causes of disability for adults. The most common type of accident or injury causing disability was one that occurred at work.
- Nearly all adults living in residential care facilities reported having a disability (99.7 percent) and most had multiple disabilities (94 percent) and high support needs (82 percent) (Statistics New Zealand 2007).

456. Other reports on people with disabilities noted that

- Older people are substantially more likely than younger people to experience disability.
- Loss of mobility and agility are the most common impairments
- Many disabled people experience a cycle of deprivation
- Many disabled people are unable to reach their potential or participate fully in the community because of the barriers they face in doing things that most New Zealanders take for granted. The barriers range from the purely physical, to the attitudinal.
- Disabled people are over-represented in lower-paid occupations, and are likely to have fewer financial and family resources than the general population. This economic disadvantage is compounded by the financial cost of disability.
- As a group, disabled people generally have poorer general health status, and poor access to support services and other arrangements that might allow them to move from a marginalised position in society.
- Government can make a key difference in reducing the debilitating experience of disability and the comparative disadvantage suffered by many disabled people.
- Disabled people can enjoy increasing work opportunities, through access to the right education, equipment and environmental accommodations, and promotion of positive employer attitudes.
- The everyday needs of disabled New Zealanders can be met, and their personal potential realised, through the tailoring of support services to meet the diversity of individual circumstances (Office of Disability Issues 2001; Ministry of Health 2004; Office of Disability Issues 2005).

457. Consultation undertaken to develop the New Zealand Disability Strategy identified ‘attitudes’ as the major barrier to the full participation of disabled people in all parts of daily life.

Mental Health

458. Research undertaken by the World Health Organisation and the World Bankforecasts that depression will be the second leading cause of disability by 2020 (Murray and Lopez 1996).

459. The New Zealand Mental Health Survey, it is estimated

- 46.6% of the population are predicted to meet criteria for a disorder at some time in their lives, with
- 39.5% having already done so
- 20.7% having a disorder in the past 12 months.
- Younger people have a higher prevalence of disorder in the past 12 months and are more likely to report having ever had a disorder by any particular age.
- Females have higher prevalences of anxiety disorder, major depression and eating disorders than males, whereas males have substantially higher prevalences for substance use disorders than females (Ministry of Health 2006).

460. The survey found thatpPrevalences are higher for people who are disadvantaged, whether measured by educational qualification, equivalised household income or using the small area index of deprivation (NZDep2001). T

461. The prevalence of disorder in any period is higher for Māori and Pacific people than for the Other composite ethnic groups Much of this burden appears to be because of the youthfulness of the Māori and Pacific populations and their relative socioeconomic disadvantage.

462. The Survey identified that the risk of suicidal ideation in the past 12 months was higher in females, younger people, people with lower educational qualifications and people with low household income, and among people living in more deprived areas (measured using the small area descriptor of socioeconomic adversity, the New Zealand Index of Deprivation) and in urban areas. The risk of making a suicide plan or suicide attempt was more common among younger people, people with low household income, and people living in more deprived areas. The risk of making a suicide attempt was higher in people in urban areas. Individuals with a mental disorder had elevated risks of suicidal behaviour, with 11.8% of people with any mental disorder in the last 12 months reporting suicidal ideation, 4.1% making a suicide plan and 1.6% making a suicide attempt in that period.

463. The DBHC identified that comorbidity, dual diagnosis and multiple diagnosis are terms used in different areas of mental health to describe the presence of co-existing mental health, physical, intellectual and/or alcohol and other drug problems. The number of consumers with multiple issues (usually addictions) is forecast to continue rising (Canterbury District Health Board 2004). One study quoted in the strategy identified that 45 percent of mental health consumers have a concurrent physical illness, and that those illnesses are mainly cardiovascular, respiratory, diabetes and medicine related (Singh and Cohen 2001).

464. There is a significant body of literature on addictions, including alcohol and drugs and gambling. However, time did not permit this being included in this review.

CONCLUSIONS

465. There are a number of limitations in this section of the which compromise any conclusions. The findings need to be read with a great deal of caution.

466. The scope of the external review was very wide and was only able to scan the surface of the available literature.

467. The reports provided by the Council covered areas such as incomes and living standards; ageing; disability; families; youth; children; housing; Māori; migrant/refugee/ethnic diversity; population health; measures of wellbeing and safety

468. In an attempt to adequately identify trends, issues and imperatives appropriate for the work undertaken by the Council, over 250 reports were reviewed.

469. There is the general dearth of published literature available which specifically focuses social wellbeing in Christchurch. But an overabundance of material when one moves beyond the beyond social wellbeing in Christchurch to consider national or international literature.

470. While these limitations compromise conclusions from the external review, the aim to this research was exploratory rather than conclusive. Therefore the findings provide a direction for further examination.

471. The external review confirms the challenges identified in the Council's Strategy

- An ageing population;
- Increasing cultural and ethnic diversity;
- Differing levels of disadvantage between population groups;
- The complexity of factors contributing to social exclusion;
- The capacity of voluntary and community groups;
- Decreasing civic engagement.

472. It confirms Councils ongoing support and resourcing of

- Early childhood education
- Affordable social housing
- Community development activities
- Voluntary and community capacity building

473. It validates current initiatives aimed at improving the public's understanding of local government and their capacity to participate effectively, including tailoring engagement processes to meet the specific needs of minority and under-represented groups

474. It confirms the need for inter-sector collaboration, including local and central government collaboration.

475. It suggests that greater priority could be given to

- Greater planning and catering for the ageing population, including planning for changing culture makeup of older people population
- Reorienting funding and services to have a greater emphasis on reducing inequalities
- Ensuring greater Maori participation at all levels of planning and delivery of services, including governance, staff, and community providers (particularly focusing on

increasing Maori in the area of community development). This is because addressing socio-economic issues alone will not address the gap for Maori.

- Supporting services focusing on early intervention.
- Targeting more wrap-around services to social housing complexes, including injury prevention programmes, physical activity programmes, and primary health services
- Family-centred approach (as initiated by Families Commission)

PART B: ANALYSIS OF COUNCIL RESEARCH

ANALYSIS OF COUNCIL RESEARCH

INTRODUCTION

476. Part B of this report provides a thematic summary of the analysis of Council-based or commissioned research from the past fifteen years.

477. Over 260 documents were included in the review of Council research documents, and are noted in the Reference List. They consisted of research, evaluation, technical reports, needs analyses, forum summaries and strategies or policies. Although not all of them are of a high research standard (and to be fair not all of them aspired to do so), they contain information that could prove useful for future research topics.

478. Common themes which were often a particular focus the research reports included Children, Youth, Recreation, and Facilities. Some of these have been concentrated on at particular time periods, e.g. research on children in the late 1990s and on people from refugee and migrant backgrounds in recent years.

479. Other themes which have been picked up in Council research include Poverty, Housing, Capacity Building, Older Adults, Asian Peoples, Gender, Refugee and Migrants, Tourism and Employment, and Transport and Safety.

480. However, there are some areas where there is a noticeable lack of information, for instance, on the Maori or Pacific Island communities, People with Disabilities, or Women's issues.

481. Part B needs to be read in conjunction with Part A, given that Council's research has never really been intended to be a complete picture of community issues by itself.

COMMON THEMES

Children and Youth

482. A substantial amount of the research at the city level is focused on children and youth. However, there is no clear definition of the ages specified for each group between the various pieces of research – for instance, depending on the study under consideration, 'youth' can be defined as 10-25 years old, 12-20 years old, or a number of other categories. Children are defined in the 1998 Children's Policy as being 0-13 years of age.

483. Based on the 2006 Census, Christchurch (including Banks Peninsula ward) reported 119,142 people, or 34.1% of the total population, as being aged 24 and under. However, a great deal of the Census data denotes 15 years of age as the cut-off point for inclusion in general population statistics such as employment, marital status, educational attainment and income. The number of people in Christchurch City aged 15 years and under in 2006 was 65,670, or 18.8% of the population. However, for Maori the number of people aged 15 years or younger is 34%, supporting the argument there is a pressing need to address the issues for Maori youth. It is believed a similar situation exists in the Pacific Island communities, although the 2006 Census data did not provide a breakdown of age groups for any other ethnic groups aside from Maori. A more detailed demographic profile report of children and youth is available, but it is based on the 2001 Census data (CCC Research & Policy Unit, 2004).

484. The research on this topic has been divided into the two main groupings, children and youth.

As part of the children focus, this includes the research into Early Childhood Education (including Early Learning Centre reviews) and Out of School Programmes and Recreation (OSCAR) reports and reviews. The youth focus includes research into recreation for young people.

Children

485. Under the guidance of Mayor Vicki Buck, the mid-1990s saw a great deal of research around children, leading up to the Children's Policy in 1998. A large focus of the initial discussion document from 1995 was the impact of hardship and the influences the social determinants have on a child's health and development (Campbell, 1995).

486. This led into the 1996 Children's Strategy Research Report, a comprehensive study investigating the ways in which Council could connect better with, and provide for, children. This was followed by the 1997 Bertelsman Network Forum which appeared to be a city-wide consultation on the 1996 research report. The outcomes of the forum are unknown, as the only documentation in the research database includes parts of the research report made available on the day to participants.

487. There is a comprehensive list of ways the Council can be more proactive and inclusive in their planning for and consultation with children from the 1996 research report, with specific recommendations at the city-wide and ward levels (Campbell, 1996).

488. Early childhood education research includes two parts of a series of reports in 1998: a stocktake of the numbers of under-fives, enrolments and ECE centres in Christchurch in 1998 (which would not include information on Banks Peninsula as it is pre-amalgamation) and a review of early childhood education in Christchurch. No other reports in the series are available. The review indicated an increase in early childhood enrolments for children under two years old, which may reflect the economic reality of the time with mothers returning to work early. These two pieces of research could be used as a basis for future research into the current situation.

489. Additionally, the three Council Early Learning Centres (ELCs) were reviewed in 2006, based on a study of them in 2000. The results were overwhelmingly positive about the three centres, which were described as high-quality educational facilities that provide flexibility in that they offer short-term and casual use for parents. Hours of operation were identified as an issue for working parents in 2000.

490. The Tuam Street facility was predicted to be the only centre rates-subsidised by the Council as a result of early childhood funding changes from the Ministry of Education in 2005/6 (MacGibbon & Greenaway, 2006b, pgs 26-27). The ELCs are a valued service provided by the Council, meeting the need for short-term casual childcare in the recreation centres and help to contribute to the LTCCP Community Outcomes, and the recommendation is for the service to continue in all three centres, with some input from the Council to help the Tuam St centre reduce its operating deficit [which has since happened partly through increased fees] (MacGibbon & Greenaway, 2006b, pgs 23, 34).

491. The third main focus of the research on children has been on the after-school and holiday programmes available in the city. The 1997 study by Kirk and Daley advocates for the provision of Out of School Programmes (OSPs) at the city-wide and ward levels, but offers no specific recommendations to address the needs for various population groups such as Maori or Asian (Kirk & Daley, 1997).

492. The 2000 draft OSP strategy identified the concerns of OSCAR development in Christchurch about determining the real demand for OSPs in the consultation process. This advocated a community development approach to determine the real demands and to enable the capacity

development to meet the needs for OSP by the consumers. Hence, the caveat stated that the information on specific needs for OSPs in each ward "should be used only as a starting point for further development" is a valid recommendation for current and future research (Wylie, 1999c, pgs 32-33).

493. The recent survey conducted on Council holiday programmes show a generally positive response from parents (Wylie, 2003a), but the 2003 evaluation on the OSPs indicate a fragmented approach to the services provided (MacGibbon, 2003). This report gives clear guidelines and recommendations to help address this, and advocates for the continuation of Council support for OSPs as "it is difficult to envisage another way that could be as effective in achieving the Council's policy goals" for children's welfare and development, and enhancing social wellbeing (MacGibbon, 2003, pg 16).

494. The OSCAR Network, founded in 1991 and supported by the Council, was evaluated in 2006 and has shown an improvement in quality of the programmes and services in the sector, but areas such as accountability and connecting the OSCAR programmes throughout the City could be addressed (MacGibbon & Greenaway, 2006a). Overall, it appears the services provided are of a high quality, but there is still a lack of an overall coherence or integration of the various programmes, and whether or not the needs of the community are being met through the current service provision.

495. All throughout the city there are indications of a need for better integration of the OSCAR programmes, and more provisions of recreation areas and activities for older children that are more challenging but still safe.

496. Maori children are not catered for particularly well – more Kohanga Reo and targeting of services to address the needs of Maori children is an identified need in the city.

497. Research on children has been covered in more depth at the metro level than at the ward level. The ward studies indicate a need for early learning and childcare centres in specific areas such as Bromley, Aranui and Sumner.

498. A further piece of research relevant for children is the Y7-10 Project on 10-13 year olds (Boyce-Campbell, unknown). This focused on the gaps in services identified by the service providers themselves, but did not consult with children or caregivers to determine if the gaps were a true need for this group. However, the report did list a number of general observations on a range of topics that could be useful for future investigation into the issues.

499. The main areas for future research to focus on are areas such as addressing the needs of Maori children, enhancing the integration and operation of the OSCAR Network, instituting parenting and life skills education in high deprivation areas such as Bromley, Rowley and Aranui, and to look at the recreational needs of older children.

Youth

500. This is a very dynamic group, both in ages and interests. Although Christchurch generally has an aging population, there are certain ethnic groups that are experiencing greater numbers of youth - particularly the Pacific Island communities, who have projected increases of 39% aged up to 15 years by 2016.

501. Maori are also expected to have greater increases in young people, particularly young males. This has particular significance for future planning projects, as the variance in the ethnic makeup of the youth communities will alter the issues for youth and influence the solutions offered to address them.

502. The metro research covers a broad spectrum, but generally lacks a great deal of depth into

the true issues. The topics covered include looking at recreation needs (where facilities such as indoor pools, skate parks and basketball courts feature regularly), the needs of Asian students (no distinctions have been made on the different groups that make up 'Asians'), employment issues, health issues such as teen pregnancy and finally, graffiti and crime.

503. Much of the research is quite dated and needs to be reviewed to get the current picture for contemporary youth in order to plan adequately for the future needs.

504. Over twenty documents of Council's research were related to youth. The first document dates as far back as 1992 and provides an overview of the issues at the time (Thomas & Wilkinson, 1992), however there are some issues related to youth identity, youth culture and risk-taking behaviour that are likely to still be relevant today. A key statement from that report stated "the social and economic profile and survey information show the needs of youth to be identifiable and distinct. For this reason it is appropriate that their needs be addressed separately and specifically" (Thomas & Wilkinson, 1992, pg 2).

505. Later consultation identified the following issues as being of main concern to youth (Macdonald, 1998):

- Health, safety and wellbeing
- Physical environment and design
- Entertainment
- Family
- Education and training
- Employment

506. The Fathering the Future Forum held in Christchurch in 1998 consulted with youth on issues relating to fatherhood and family structures, and found youth generally wanted better inter-personal relationships and felt more support and education to enable this would be beneficial to all family members, including 'fatherless' young people (Cambell, 1998).

507. Asian youth were consulted for their particular needs, and the report indicated there are differing needs for the different sub-groups of Asian youth – fee-paying students versus permanent residents for instance (Tay, 1999, pg 15). There were many recommendations to enhance the experience of living and studying in Christchurch to Asian students, including addressing the specific language and cultural barriers to the more general ideas on how to make Christchurch more exciting and appealing for youth (Tay, 1999, pgs 83-85).

508. Employment was the focus for one forum report from 2001, indicating a desire for more opportunities to enter the job market while still at school through more training courses and work experience arrangements (Wolfreys, 2001). With the careers development initiatives occurring in secondary schools, it would prove useful to see if these issues have been resolved or mitigated with further investigation.

509. The health issues of concern to young people related to increased risk-taking behaviour (i.e. drugs, alcohol, driving, and sex). One report investigated the feasibility of a centre for youth health and development to help address the identified health issues and found many stakeholders supported the idea in principle, but were unable to provide the financial resources to help run a centre (Schroder, 2004).

510. Another document investigated the teenage pregnancies and found Christchurch to have the second highest rate in the country, with Maori girls and high deprivation areas featuring higher rates than other ethnicities or areas (Tomkinson, 2006). There were correlations reported between socio-economic disadvantage, personal tragedies, early sexual activity and teenage parenthood, but acknowledged other variables also affected the issue (Tomkinson, 2006, pg 24).

511. Youth and recreation was closely linked in the ward-based research, and at city level, most of the focus was on specific recreational activities such as entertainment, skating or BMX cycling (Herrera, 2004; Wylie, 2000b; Wylie, 1999b). The exception was the one forum report used to feed into the Physical Recreation and Sport Strategy, which echoed the

findings of the other forums; it identified barriers (including the conflict between club and school sports) and young people reported they wanted more positive attitudes from recreation and sport providers and coaches (CCC, 2001).

512. The review for 4YP Youth Entertainment Project identified the strengths and weaknesses of the project, and provided recommendations to the Council for wider appeal and entertainment options for young people (Wylie, 1999b). The report on urban leisure in 2004 listed the following desires from the young people surveyed (Herrera, 2004):

- More live performances
- Youth venue
- Theme/amusement park
- Skate park
- Transport (free) to events
- Increased safety measures
- Sports stadium
- Improve city centre aesthetics

513. Skate parks exist throughout the city, but the report on the Skateboarding Strategy listed specific findings of the audit on the skating and BMX cycling provisions, with key recommendations to address them in the short, medium and long-terms (Wylie, 2000b). The report does not attempt to quantify the demand, but further evaluations may serve this purpose.

514. The final collection of research data on youth is related to crime issues such as graffiti and youth work collaborations with the NZ Police (Wylie, 1999a; Wylie, 2002). The graffiti study was undertaken in 1999, and would need to be updated to assess the current situation, especially with recent Government legislation related to graffiti, and the development of a Council graffiti team.

515. The youth work project reports indicated a fairly well established and effective programme for youth at risk in Christchurch, but in both evaluations (which were conducted over four years), there was a stated need for a Maori male youth worker which had not been filled (Wylie, 1999a; Wylie, 2002).

516. Future focus areas includes looking at the current employment issues facing youth – with the relatively low unemployment rate, finding jobs is usually relatively easy for young people and there is often less incentive to stay in school, but youth wages are an inequity issue that would merit investigation.

517. Other areas that warrant further research are to look at the needs of the many groups of Asian youths and to evaluate the viability of youth workers in areas with a high youth population, such as Linwood, Aranui, New Brighton, Lyttelton and Rowley.

Older People

518. Consistent with the national trend, Christchurch has an ageing population, with a predicted increase of people aged over 65 going from 13% in 2006 to 23% in 2031. With the current trends of increased health care and longer living ages, it is predicted there will be increasing numbers in the 'fourth age' category (aged 75 years and over). With Christchurch twenty years ahead of much of the country in the ageing stakes, this has significant implications for a number of service provisions such as housing, health care, retail, facilities, social services, recreation programmes, employment and transport options.

519. The numerous demographic profiles of Christchurch show it has an increasing population, with a great deal of the increase projected to occur through immigration. This compounds the current issues with traffic congestion, pressures on the social and recreational infrastructures within new subdivisions, and the changing character of the various communities due to infill housing and increased diversity in the demographic makeup of the

communities.

520. The main issues for older people in Christchurch are similar to those across New Zealand, namely issues to do with transport accessibility and safety, social isolation, access and awareness of community activities, affordable housing, access to shops and services, and health and safety issues.

521. It is important to note that the over-65 age group is not a homogenous group; there are variations in health status, independence and activity levels. Further, people often do not begin to suffer the ill effects of aging until they are in their 70s or 80s, and there is a risk of masking divergent issues if treated as one large group. For the most part, the older population in Christchurch remains independent, active and healthy (but this varies with increasing age).

522. Research on older people at the city level was investigated through a few studies, ranging from consultation on policy development to the issues relating to arts and recreation needs of older adults (Wylie, 2000a; Nowland-Foreman & Wylie, 1998).

523. Additionally, some demographic profiles of the 'third age' in Christchurch at 2000/2001 highlighted potential issues around employment, isolation, loss of independence and service needs in the community (Christchurch City Council, 2005c; Third Age, 2000).

524. Relevant issues for the Council from the 1998 consultation dealt with housing and heating, effective community consultation, employing a Maori liaison, isolation, affordable rates and services, safety, security, and role-modelling value and respect of older employees in the workforce (Nowland-Foreman & Wylie, 1998, pgs 4-10).

525. The research indicates the most vulnerable older adults are those who have experienced some level of difficulty throughout their lives; for example, those with health issues or who have experienced poverty and hardship in their earlier years are more likely to do so later. These vulnerable groups of older adults are more likely to be located in areas of high deprivation, such as Inner City East, Sydenham or Bromley, experience social isolation, poor health and social housing tenants.

526. However, despite the research conducted in 1997 reporting that older adults are least likely to be experiencing poverty and hardship, it was anticipated this would increase over time due to the lack of retirement savings. This merits further investigation into the current issues to establish any trends.

527. The research indicates the recreation needs of older adults vary, but the overall conclusion is the Council provides a good level of service to address those needs. However, some areas for improvement include addressing the walkways from Linwood to the Estuary and in the Riccarton/Wigram ward to ensure good walking access for older people, and to address the barriers to participating in existing programmes or activities by vulnerable older people.

528. The 2000 Recreation and Arts Needs Analysis indicated the Council needed to place more emphasis on enhancing their recreational and arts involvement for the aging population in Christchurch (Wylie, 2000a, pg 17). It is important to consider this study was from the service stakeholder perspective rather than a representation of the older people in Christchurch; although through wider consultation with older adults in future studies a broader and more complete picture can be established.

529. Future investigations to be considered for older people include addressing the barriers to access for services, optimising the recreational opportunities and facilities to ensure the services offered are able to keep up with the increasing demand, investigating the transport issues relating to safety, and providing a supportive infrastructure for pedestrians.

Maori

530. Various reports reinforce that both the Maori and Pacific Islander communities have a relatively young populations. The future implications of this situation are complex and may impact on a number of areas.

531. Of particular significance is the current situation of low academic achievement amongst Maori/Pacific Island youth and high recidivism with Maori youth (which impacts on future earnings); if this continues, it may impact on the government's ability to support a larger percent of the population at retirement age, placing more pressure on communities to help support the elderly.

532. In general, the 2001 Census data showed that the Maori population in Christchurch is increasing at a faster rate than the total population, and are over-represented in the statistics for deprivation, unemployment, labouring (and often poorly-paid) jobs, beneficiaries, smoking rates, accidental injuries, victims of crime, youth offending, single-parent families, and low home-ownership rates.

533. Maori comprise of 7.6% of the total population in Christchurch, with over 34% being under 15 years of age. With projected increases in the Christchurch Maori population occurring more for young males, there are issues relating to the current high unemployment rate, low schooling, and high recidivism in young Maori males that merits further investigation. Higher proportions of Maori residents live in the eastern suburbs such as Aranui, Bromley, Bexley, Phillipstown and Linwood; although there are also high numbers in areas such as Hornby, Hillmorton and Riccarton South.

534. There is a noticeable lack of focus in the metro research, and a very random focus within the three wards that commissioned any research, on issues to do with Maori. The only metro data available is a demographic profile based on the 2001 Census (Gedson, 2005), which by nature offers little in the way of analysis or presenting the Maori perspective of the issues. However, Maori do feature in reports looking at issues such as poverty and hardship (Jamieson, 1998) and the demographic profiles.

535. Research conducted at ward levels included investigations into service provisions in Hornby and Lyttelton (particularly focused on provisions for Maori youth), and a hui on Maori issues in Aranui. The latter offers a more concrete picture of the local community's views on how to enhance their capacity to improve the various issues within Aranui.

536. Suggestions from the Aranui hui included ways the Council could address issues such as aesthetics and amenities, but a great deal of the other suggestions were aimed at other agencies operating within the neighbourhood. Safety is identified as a genuine concern for the kuia, kaumautua and tamariki in Aranui. Other studies indicate a need for Maori youth workers and kohanga reo for early childhood educational needs in areas such as Bromley and Hornby.

537. Of significant importance is the identification of the Aranui community's strengths, including strong familial and historical connections to the area (the sense of connection and ownership important in Maori culture – whanaungatanga and rangatiratanga). This is a strength that could be built on in Aranui and relates directly to Goals 2 and 4 in the *Strengthening Communities Strategy.* It would be worthwhile to investigate other areas of Christchurch to determine if those communities also report similar strengths.

538. For future investigation, it is suggested there is more engagement with local Maori to help identify the specific issues in their area communities, to effectively manage the expectations of how the Council can assist when consulting on possible solutions, and to test the demands for services to ensure they are addressing a true need. Additional investigation into the current issues faced by Maori in the community is also advisable for meeting the Tiriti o Waitangi obligations and to help meet Community Outcomes

Pacific Peoples

539. Pacific Islanders in Christchurch hail from many areas of the Pacific, but are predominately from Samoa, Tonga, Cook Islands, Niue and Rarotonga. It is a relatively young population compared to other demographic groups in Christchurch, and is increasing in size due to the propensity for larger families. Only 3% of the current Pasifika population in Christchurch is over 65; whereas over 37% is under 15 years of age. Additionally, there is an over-representation of Pacific Islanders in areas of high deprivation.

540. Pacific Islanders have not been the specific focus of any Council research; although the Ministry of Pacific Island Affairs did conduct a consultation with members of the Pasifika community on identifying their own unique set of community outcomes (as noted above). However, due to the detailed listing of demands that were not directly linked to the Council's Community Outcomes, these have not generally been acted upon or incorporated into any policy or planning documentation to date.

541. Two documents in the research are identified as having a Pasifika focus – the forum write-up for the Pacific Youth and Alcohol Awareness Fono in 2004 (Lima & Borovnik, 2004) and the Pacific Community Outcomes in 2005 (Min of Pacific Affairs, 2005).

542. The forum write-up summarised the general needs of Pacific youth, but these are not Christchurch-specific as there has not been the local research done by the Council on these needs.

543. The issues covered by the guest speaker included the cultural norms of Pasifika family life – parents with high expectations, financially supporting parents, the practice of fa'alavelave (gift-giving, putting enormous pressure on extended family members to send money or buy expensive gifts for weddings, funerals, christenings etc.) and the lack of open communication around sensitive topics such as mental health, sexuality, and alcohol and drug use (Lima & Borovnik, 2004, pg 8).

544. What is missing is the research to validate that these issues are of significance to the Pacific Island youth in Christchurch, as not all are not raised with traditional values typical in Pacific Island communities, due to a lack of elders available to pass on the traditional knowledge of their cultures.

545. The 2005 report is based on a city-wide consultation done on behalf of the Council by the Ministry of Pacific Affairs. This involved running stakeholder workshops with identified Pasifika community groups on what they wanted included in the Community Outcomes for 2005/2006. The report lists what the key stakeholder groups identified as the most pressing issues they felt should be included into the Community Outcomes. However, the list provided did not clearly link the requested actions or demands into the Council Community Outcomes, so appeared more to be a large list of expressed ideals.

546. Although many of the recommendations stated appear to be quite specific and sound, there has been no research into assessing the real demand of these items within the community, or assessing the capacity of the Council to meet these demands.

547. This report would be a very useful document as a starting point on what the issues are for various Pacific Island communities within Christchurch, but further assessment on exactly how these issues could be addressed would need to be done.

548. The 2005 research provides some insight as to what the various Pacific communities consider to be important to them, but does not clearly identify the specific service gaps of Pacific Island communities throughout the city, and whether or not the Council has the capacity to address them.

549. Future research opportunities exist to determine the distinct issues for Christchurch Pacific

Islanders, as the issues here would not be the same as in other North Island cities with large Pasifika populations. This is due to the lack of the older people in the community who normally share the responsibility of childcare and the passing on of cultural values.

Asian Peoples

550. The Asian community is multi-ethnic and diverse, but collectively makes up 7.9% of the Christchurch population, exceeding Maori. There are larger numbers proportionally in areas to the North-West of Christchurch, and despite many being included in student populations, are less likely to experience high deprivation.

551. The research on Asian communities is somewhat sparse, with a few ward level pieces identifying specific issues around recreation needs and the experience of social isolation and boredom for many Asian youth.

552. It is suggested the various Asian communities be included in evaluations of community services to ensure the previous recreational issues highlighted in past research have been addressed, particularly with the development of Jellie Park and the Upper Riccarton Community School Library.

People from Refugee and Migrant Backgrounds

553. This area has had a significant focus in the metro research over the last four years. With over 165 ethnic groups living in Christchurch and the projections of increasing ethnic populations and migrants (Moore, 2000), the research provides a very useful overview of the issues.

554. Although there are distinct differences between refugees and migrants (not all migrants are refugees), often the two groups are combined in research documents, with one report stating that “government agency staff could not always distinguish refugee from migrant clients” (Christchurch City Council, 1997, pg 33).

555. People from refugee backgrounds living in Christchurch come from a variety of areas of Africa and Asia and the Middle East. In 1997 the main issues identified included the gaps in services for refugees in Christchurch, as they often suffer from hardship, high unemployment and have health problems associated with coming from places of poverty and war. Compounding this are the barriers with resettlement due to language and cultural differences, with very limited support from central government after their initial arrival.

556. The agencies who provided feedback for the 1997 study indicated a lack of funding and support for the services they provided for refugees in the Christchurch community, and identified ways in how the Council could help address these (Christchurch City Council, 1997, pgs 6-9).

557. In 2004, three documents report on the evaluations and needs assessments of refugees and people from migrant backgrounds in the city. The evaluations were of the Refugee and Migrant Centre (MacGibbon & Greenaway, 2004) and of the Ethnic Communities Employment Advocacy Project (Canterbury Development Corporation, 2004), both advocating for increased support into expanding their services to meet the increased demand.

558. One issue identified in the first study was refugees were having their needs met through the RMC, but people from migrant backgrounds did not access the service as much as it did not

meet their needs in the same manner (MacGibbon & Greenaway, 2004, pgs 22-24). This evaluation, although the most directly linked to assessing the RMC against the Council's social outcomes, proved to be more useful as an assessment of the service gaps than of the Centre's operations.

559. It was also noted that the Intercultural Assembly needs assistance with its organisational structure and governance systems. Additionally, there is an argument for increased collaboration between the inter-sectoral agencies working with people from refugee and migrant backgrounds to make better use of the resources.

560. At the same time this evaluation was done, the same author also conducted a needs assessment to determine what 'product' would best meet the information needs of new settlers to Christchurch (MacGibbon, 2004). The report included some very practical and prescriptive recommendations that the Council could do to address the information needs of refugees and migrants, with the caveat that they "do not believe that it is the role of the Christchurch City Council to single-handedly try to meet these information needs" (MacGibbon, 2004, pg 5).

561. The 2007 Migrants Report (Thorpe et al, 2007) provides a useful demographic profile of various ethnic minority communities within Christchurch, although it is not an analysis of implications for future policy or strategies. However, it does infer there is a more direct correlation between English language skills and employment than ethnicity and employment. This suggests any future strategies for dealing with high unemployment rates of people from refugee and migrant backgrounds should include addressing the language barriers to improve their employability.

562. The most recent research on people from refugee and migrant backgrounds consists of a literature review of the NZ evidence (Nam & Ward, 2006), a guide of the key agencies who work with people from refugee and migrant backgrounds in the city (Christchurch City Council, 2007), and a review of the Intercultural Assembly (Research First, 2006). The latter identifies the lack of a common vision and purpose amongst the stakeholders and reports on the shortcomings of the organisational structure. These need to be addressed in order to adequately assess if the Intercultural Assembly is achieving any set objectives and if it is beneficial for the Council to be involved.

563. The research states that people from refugee and migrant backgrounds have a number of agencies working to address their multiple and varied needs, but there is merit in improving the collaboration between these agencies. The Council supports a number of these agencies, and is seen as providing appropriate and adequate support on the whole, but some individual organisations or programmes require further assistance to help address their internal organisational issues.

564. As the needs and services that exist for people from refugee and migrant backgrounds have been well documented, it is suggested future investigations be focused more on evaluations. This would help to monitor the progress of the agencies or programmes the Council is involved with to establish the effectiveness of the Council's investment.

Women

565. Very little research has been conducted specifically on women. One piece looked at the community service needs of women in Phillipstown, but that research is approximately fifteen years old and would need reviewing. Women feature in the research into poverty and hardship, as they are identified as a group more likely to be experiencing hardship due to poverty; but again, this research is over ten years old. There is also a reported lack of emergency accommodation for women in Christchurch.

Men

566. Certain groups of men feature in research on topics such as poverty and hardship and homelessness (such as the unemployed, older men, those with mental health issues), but the only documented 'research' on men specifically is the write-up of the Fathering the Future Forum held in Christchurch in 1998. As such, this is not research in the traditional sense, but provides an overview of some of the issues that could be useful for future research.

Recreation

567. This topic is covered very well at the metro and ward levels. The city-wide research has a different focus in that it looked at the structural, interpersonal and intrapersonal barriers to addressing the declining participation rates in recreation and physical activity from stakeholders' perspectives (Opinions Market Research, 2000; Genet, 2000; Sport Canterbury, 2002; Christchurch City Council, 2002). The ward level research often narrowed in on the links between recreation and specific target groups such as youth.

568. One report has clearly stated the Council's responses to this have been mainly structural through cost-pricing and building new facilities, but has argued this may not be as sustainable as "they have the effect of increasing participation by getting the already active to shift from one activity/facility to another, while making little impact on the inactive" (Genet, 2000, pg 7).

569. Sport and recreation providers reported on the influences and pressures that declining memberships and participation rates had on their ability to compete in the commercial market, as well as advocating for Council to provide the grounds and facilities and operate more in the leadership and facilitation role than as a provider role (Opinions Market Research, 2000: 5-10).

570. Many of those issues were reiterated in the 2002 Physical Recreation and Sport Strategy, which also highlighted the limitations in that the Strategy was inadequate for providing for Maori needs (Christchurch City Council, 2002, pg 5). This suggests there is the potential for greater collaboration with Ngai Tahu to address these, as other research has shown Ngai Tahu use sport as a way of engaging Maori and achieving cultural and social outcomes (Opinions Market Research, 2000, pg 33) and it would assist the Council with meeting Goal 2 of the *Strengthening Communities Strategy*.

571. There is a bias towards needs analyses or consumer profiles rather than looking at the strengths of the facilities and services already in existence. However, there are examples of research that looks at both the supply and demand side of recreation, such as the Global Leisure Group's studies on leisure, parks and waterways, attempting to present a more balanced view. Some of the common areas these studies identified were the lack of facilities in suburban areas that catered specifically for interest groups such as older people, older children, people with disabilities and Maori people.

572. Most of the research on recreation pre-dates the Aquatic Facilities Plan, hence refurbishments to Jellie Park and the development of the Graham Condon Leisure Centre in Papanui would most likely address the identified issues in the North West areas of the city.

573. However, East Christchurch suburbs, which often have the higher deprivation areas, more Maori and Pacific Islanders and more youth, have a noticeable gap in recreation facilities (but still have a high number of greenspace areas). The Aquatic Facilities Plan states a new

indoor aquatic recreation centre will be built in either Linwood or Woolston in 2017, but in the next nine years until that happens, further investigation in addressing the recreational facility needs in the short-term would be warranted.

574. In particular, the following areas have been identified in the research as having concerns about the recreational opportunities or facilities available to the identified groups:
    - Aranui – youth, older children, Maori and Pacific Islanders
    - Bromley – children, families with young children, older people
    - Inner City East – older people, beneficiaries
    - Phillipstown & Linwood – youth

575. Recreational areas such as skate parks and BMX cycling areas have been identified as needing to be assessed for their ability to cater for all levels (from beginner to advanced skill) and addressing safety concerns. Likewise, some parks (like Sheldon Park for instance) have been identified for safety concerns, and a CPTED assessment on Council parks would be warranted to ensure these concerns are addressed.

576. For the most part, the issue with recreation does not seem to be due to a lack of facilities in most areas (although as noted above, there are specific areas in the eastern suburbs of the city that this is not the case), but more for the lack of participation by inactive people. As stated, the metro study on the barriers to active participation clearly identifies the issue as getting the inactive people to participate in the facilities and programmes that already exist by focusing on the intra- and inter-personal barriers, rather than focusing on the infrastructure and building new facilities.

577. The main areas that need to be investigated further are reviewing the arts and recreational services for older people, Maori, and people with disabilities; exploring the gaps in high deprivation areas in the Eastern suburbs; and to assess the safety guidelines for parks according to CPTED principles. Additionally, reviewing the sports clubs and field services around Christchurch has been identified as a possible research topic for consideration.

Facilities

578. The metro research that focuses on facility evaluations tends to be linked more to community houses and community centres than to recreational facilities, although there is one document that produced quantitative data on the users of all Council facilities, including recreation centres (McOscar & Rathbun, 1998). This document found the most regular users of facilities were sports groups, service groups and craft/hobby groups who mainly had regular weekday evening bookings (McOscar & Rathbun, 1998).

579. The community centres and community houses research dates as far back as 1993 in a report that provided a historical overview of community centre provision (Reid, 1993). The report also highlighted some key issues that would merit further investigation in the current environment, most notably:
    - Support and governance of community centre management
    - The impact a paid coordinator has on a community centre's ability to service the local community, rather than just becoming a venue for meetings or activities
    - The establishment of clear performance measures derived from sound policy objectives to use as a baseline for centre evaluations

580. More recent research included an external evaluation of Christchurch Community House and the feasibility study on suburban community houses, both by the same author (Wylie, 2006c; Wylie, 2004).

581. The shared ideology from both reports indicates a facility that can host multiple service agencies as tenants was a better utilisation of resources; however, there were key operational requirements to ensure quality of service and compatibility between the client groups (Wylie, 2006c, pg 41).

582. The feasibility study also identified specific areas of Christchurch that further investigation could support as being in likely need of community houses:

- Linwood – particularly for those community groups that focus on youth
- Shirley – neighbourhood servicing centre
- South Christchurch – linking the work of Spreydon Baptist Church with others
- New Brighton – relocating groups from mall retail spaces

Poverty

583. Two major pieces of research focused on poverty specifically; the first reporting on the effects of poverty and hardship in the 1990s, and the second providing a list of recommendations from the Mayoral Taskforce on Poverty in 2005, which was based on the issues raised in the initial report (Jamieson, 1998; Mayoral Poverty Taskforce, 2005).

584. The report in 1997 identified the people most likely to be experiencing poverty and hardship (Jamieson, 1998, pgs 17-62). These were as follows:

- Women;
- families with children;
- single parents;
- Maori;
- Pacific Islanders;
- refugees;
- mental health patients;
- beneficiaries;
- low-income employed people;
- single, young people.

585. Additionally, certain ward area units have a greater clustering of people experiencing poverty and hardship (Jamieson, 1998, pgs 62-73); most notably:

- Inner City East;
- Sydenham;
- Addington;
- Aranui;
- Wainoni;

- Avondale;
- Bryndwr;
- Aorangi;
- Jellie Park;
- St Albans;

- Hornby;
- Bishopdale;
- Hei Hei;
- Casebrook

586. These areas of the city that reportedly have a higher number of people experiencing poverty and hardship correlates to the deprivation index and Census data. However, given the major study is over ten years old, there is a need for an updated review to check if this correlation is still as strong and to investigate the current issues.

587. The report identified key elements contributing to increased hardship such as increasing accommodation costs, food costs, social isolation and social exclusion.

588. As part of the research analysis in how to address the issue, a comprehensive list of recommendations for the Council to consider was included. These actions were a combination of addressing specific Council-related activities (such as rates and the Mayor's Welfare Fund) and the activities that were not directly under Council control, but seen as ways the Council could help (such as advocacy and lobbying Central Government) (Jamieson, 1998, pgs 153-158).

589. The comprehensive list of recommendations emphasised the collaboration between other agencies and service providers in the community to address the specific issues identified, and falls in line with Goal 2 of the *Strengthening Communities Strategy*. Further investigation into evaluating the progress of the Council's adoption of these recommendations would be useful for monitoring purposes.

590. The 2005 Mayoral Taskforce Report on Poverty focused on ways in which poverty could be addressed through increased employment and the wider social and community infrastructure which the Council supports (Mayoral Poverty Taskforce, 2005, pgs 13-16, 45-47). However, with the disbanding of the Taskforce, it is unknown if any of these actions have been implemented by the Council and a comprehensive evaluation would reveal to what extent these recommendations have been adopted.

591. The key elements identified in 1997 that contribute to increased hardship include accommodation costs, food costs, social isolation and social exclusion. With the increasing cost of living, it is probable these elements are exacerbating the situation for the vulnerable groups identified in 1997. An evaluation of the current issues would be a very useful document for further investigation, especially given the unfolding of the current global economic crisis.

592. For the most part, research conducted by Community Boards linked to this topic tends to focus more on issues to do with community connectedness and facility provisions. There are ward studies which target some of the neighbourhood areas identified as being high on the deprivation index and where a higher percentage of people experiencing hardship live, but these do not look specifically at poverty or hardship per se. Instead, these studies focus on factors such as service provisions like recreation opportunities or community houses to address the demands of the high-needs communities, but not on how to address the issues around reducing poverty or mitigating the effects of hardship. One demographic study suggests providing more recreational opportunities in a specific area unit with high unemployment may enhance personal self-esteem of individuals within that area, but does not suggest this as a solution to the unemployment issue itself.

Housing

593. Closely linked to the research on poverty is the Mayoral Taskforce report on homelessness and a review of emergency accommodation within the city; this research occurred at roughly the same time as the Mayoral Taskforce on Poverty (Mayoral Homelessness Taskforce, 2005; Kelly, 2006).

594. Homelessness in Christchurch occurs at the obvious street level and in more subtle forms, including overcrowding in houses and caravan parks, 'couch surfing', refuge shelters, and many other temporary arrangements not always noticeable (Mayoral Homelessness Taskforce, 2005, pg 2).

595. Compounding the situation is the general lack of emergency accommodation in the city, particularly for single women, women with children and single men over 40 (Mayoral Homelessness Taskforce, 2005; Kelly, 2006). Again the recommendations for a collaborative effort to address the situation would meet Goal 2 of the *Strengthening Communities Strategy*.

596. The marketing review of community housing stated the tenants in the Council's housing usually move to other Council housing units and are in the low income bracket, but suggested Housing New Zealand could effectively cater for this market and a potential market for the Council to focus on was emergency housing due to the increased need (Christchurch City Council, 2006, pg 20).

People With Disabilities

597. There is very little Council research covering people with disabilities within Christchurch, and so needs to be read in conjunction with that from other sources to understand the current status or concerns of the disabled community in Christchurch.

598. The main concern for people with disabilities reported by the Council research is about ensuring adequate access for them physically and inter-personally. This includes access to services, information and programmes throughout the city.

599. Three research studies have focused on disability issues within Christchurch. The 1997 KiwiAble survey of users found the service was considered valuable to the providers, but many of the users were either unaware of all the services provided or not using them enough – up to two-thirds of the potential users had no awareness, suggesting better promotion and targeting was needed for the programme (McLauchlan & Raymore, 1997, pgs 20-21).

600. The 2000 feedback analysis on the Council's Disability Policy found the main concerns for people with disabilities and their carers were issues to do with access – including physical access, access to services and access to information (Cleland, 2000, pgs 4-50). However, there were many positives identified within the research with the comment "when accessibility is corrected it can be awesome" (Cleland, 2000, pg 1). The key to ensuring better access for people with disabilities was identified as having effective consultation and inclusive planning and development.

601. The last of the research on disability issues focused on the accessibility to the Southern Centre, with the biggest barrier to attendance identified as a lack of awareness about the Centre (Southern Centre, 2006). Parking, opening hours and the physical structures such as heavy doors also featured as significant barriers for the disability community, preventing many potential users from accessing the centre.

602. It is suggested future research includes how best to consult with members of the community with disabilities to ensure their needs are met when planning new developments or programmes. This is essential for the planning of buildings, activity programmes and transport options to enable the access people with disabilities require.

Capacity Building and Civic Engagement (including Funding)

603. The reports included in this category included guidelines, policy reviews and funding information documents; some of which provided some information as a baseline for research, but are not research reports themselves.

604. Information from residents associations focused on the relationships and processes rather than on the activities of the residents' groups, so would be useful in an evaluation as a baseline to measure performance against. One report provided some interesting findings in the views of existing residents' groups on the consultation process which could be useful for future community consultations (Christchurch City Council, 2000, pgs 16-22).

605. The 2000 Metropolitan Community Profile was intended to be a working document which would be updated (Richardson & McDonald, 2000).

606. Two reports focused on the funding aspects of community development; with the 2002 review providing useful background and history of the current funding scheme changes (Joughin, 2002). The 2003 Funding Review Summary Report listed a number of key recommendations that included setting clear directives for funding, steps on how to distribute funding, and the monitoring and evaluation of the funding scheme (Richardson, 2003, pgs 9-25). It would be beneficial to check how many of these recommendations have been acted upon with recent funding reviews.

Tourism and Employment

607. Tourism features predominantly in a 2003 research paper that was the pre-cursor to the Visitor Strategy. The main findings reported that although Christchurch city made more economic gains from the region's tourism, the other destinations (such as Kaikoura or Akaroa – which was not part of Christchurch at the time of the study) suffered from increased pressure on their infrastructures and communities (Simmons et al, 2003, pgs 7-22).

608. Additionally, more emphasis on Maori-centred tourism, which included more Maori input and involvement (self-determinism), was a strong theme in this report (Simmons et al, 2003, pgs 18-21).

609. Most tourism research was conducted in the Banks Peninsula ward prior to amalgamation in 2006. A metro study investigating tourism issues for the wider Canterbury region determined Christchurch made the most significant financial gains from tourism, often at a cost to the regional townships such as Akaroa and Kaikoura. This study led to the Council's Visitor Strategy adopted in 2007.

610. Employment (in addition to that generated from tourism) has featured in reports dealing with poverty, hardship, 'streeties', refugees and people from migrant backgrounds, but mainly from the perspective of how to increase employment opportunities for the less advantaged.

611. The one report that focused solely on employment was an evaluation of Kingdom Resources Ltd Employment Services, which was a document commissioned and funded externally (Wylie, 2005b). This evaluation reported the organisation was well-governed and fully meeting the expectations and objectives of the funding bodies, and

there was greater potential to network with community cottages and Work and Income to extend their high quality services to others in the community (Wylie, 2005b, pgs 52-53).

612. The unemployment rate in Christchurch city is approximately 3%, but there are areas of high deprivation such as Woolston and Aranui that have twice the city's rate. Employment has been included in various studies for particular groups, but has not been a major focus in of itself.

613. The 2005 Mayor's Taskforce of Poverty study recommended specific actions that aimed to increase the employment opportunities for those experiencing poverty and hardship. Additionally, employment features in an evaluation of a charitable employment trust, which proved to be working well and has the potential for expansion.

614. There is no community-based research to indicate the growth areas for employment for Christchurch, including the capacity for volunteer work (unpaid employment), although this is likely to be picked up elsewhere in Council as part of its urban growth planning.

Transport and Safety

615. Many reports linked the themes of transport and safety due to the strong inter-relationship between the two, particularly when considering cycling and walking on busy roads.

616. In 1998, a two-phase study was conducted that investigated the Christchurch residents' attitudes towards cycling, two years after the implementation of the first Cycling Strategy (Opinions Market Research, 1998a, b). The feedback from the first stage helped to formulate the focus for the second stage of the research, focusing on improving the safety aspects for cyclists.

617. The evaluation of the walking school buses in Christchurch found the lack of safety training for parent volunteers and general lack of support, monitoring and involvement on behalf of the Council was detrimental to the programme and led to its failure to take hold in Christchurch; very few buses survived beyond 18 months (Ussher, 2004, pgs 149-151).

618. The final document related to transport and safety suggested viable options for late-night transport for non-planning drinkers, which would reduce the alcohol-related traffic accidents (Moore, 2005).

619. Other reports around safety focused on the wider aspects, including crime, injuries, and substance abuse – although some of these were not actual research papers, but good baseline documents for further research (specifically, Stewart, 2006; Hickey & Armstrong, 2002; INSITE, 2005; Christchurch City Council, 2003).

620. The 2006 Safer Christchurch Strategy Report included statistical data on various aspects of safety, but did not include much analysis on how this information was related to the implementation of the Strategy itself (Christchurch City Council, 2003). At best it offered a snapshot of safety and injury incidences and rates at the time, but did little to indicate trends or critical issues for future focus.

621. One study focused on injury prevention and safety under the direction of Healthy Christchurch in 2002 (Hickey & Armstrong, 2002). A number of health statistics for

various demographic groups were identified, but the data is similar to information from other studies with the relevant injury data included (Stewart, 2006; Hickey & Armstrong, 2002).

622. The injury risk areas and patterns identified were the same as national ones; hence the report concluded the national injury prevention programmes were appropriate for Christchurch (Hickey & Armstrong, 2002, pgs 78-89). An evaluation of the Safety Strategy injury prevention stream of work would gauge how well the recommendations from this study were adopted.

PART C - DISCUSSION

DISCUSSION

Purpose of Review

623. This review was initiated by the Christchurch City Council's Community Support Unit "to assist with the identification and sourcing of information resources relevant and appropriate for the community development work undertaken by the Community Support Unit."

624. The main context of the review is the Council's *Strengthening Communities Strategy*, specifically Goal One, which is to "Understand and document communities' trends, issues and imperatives".

625. This review will also contribute to Goal Two of the Strategy, which is to "Promote collaboration among key stakeholders…to identify and address community issues".

626. The review was divided into two distinct parts:

- Part A – A review of the external research from other Government and key stakeholder agencies and NGOs that may impact on the Community Support Unit's community development work; and,
- Part B – An analysis of Council-based or commissioned research currently available from the past fifteen years at the Metro and Ward levels.

627. This section discusses the key themes emerging from both the external literature review and Council-based or commissioned research. The section also suggests some key priorities for Council.

Limitations

628. There are a number of limitations in this review which compromise any conclusions. The findings need to be read with a great deal of caution.

629. The scope of the review for Part A was very wide and was only able to scan the surface of the available literature.

630. The reports provided by the Council covered areas such as incomes and living standards; ageing; disability; families; youth; children; housing; Māori; new migrants and refugees; ethnic diversity; population health; measures of wellbeing and safety, community connectedness, and capacity building.

631. There is the general dearth of externally published literature available which specifically focuses on social wellbeing in Christchurch. But an overabundance of material when one moves beyond the beyond social wellbeing in Christchurch to consider national or international literature.

632. The review therefore attempted to narrow the scope of literature to that which focused on areas of local government influence, particularly the areas identified in the Council's *Strengthening Communities Strategy*. However, even with these limitations the scope of the review was very large.

633. In an attempt to adequately identify trends, issues and imperatives appropriate for the work undertaken by the Council, the report reviewed 250 more reports over and above those initially provided by the Council.

634. The scope of the review of Council research for Part B with over 260 documents, proved challenging when trying to collate the material into specific themes.

635. While these limitations compromise conclusions from the review, its aim was exploratory rather than conclusive. Therefore the findings provide a direction for further examination.

Key Findings from the Review

636. The review confirms the challenges identified in the Council's Strategy

- An ageing population;
- Increasing cultural and ethnic diversity;
- Differing levels of disadvantage between population groups;
- The complexity of factors contributing to social exclusion;
- The capacity of voluntary and community groups;
- Decreasing civic engagement.

Aging Population

637. Population ageing has the potential to become the single biggest economic and policy issue of the next fifty years.

638. The external literature identified that population ageing will impact on the growth and productivity of the economy stemming from changing patterns of saving and investment, capital flows and changes in the labour market. It will also impact on income, consumption and saving of individuals over their lifecycle in the face of reduced fertility and greater longevity

639. Changes to the age structure of the population affect both the overall supply of and demand for services and infrastructure.

640. There is and will increasingly continue to be diversity in the older population. There are variations in health status, independence and activity levels of older people and there is growing ethnic diversity.

641. Older people are increasingly likely to have specific social and cultural needs, such as access to peer groups or religious facilities that are not currently catered for among elderly care services. Identifying, defining and planning for culturally appropriate services for older people are important considerations for Council.

642. Some reports suggested a minority (around 5 percent) of older people have quite marked material hardship and a further 5–10 percent have some restrictions and hardship.

643. The proportion reporting some accommodation problem has increased since 2000. A requirement for the ongoing development of supported housing models. There will be an increasing need for a variety of supported housing arrangements ranging from intensive residential care to less intensively monitored independent living arrangements. Maintaining a pool of suitably designed affordable public-rental housing is likely to be essential.

644. Trends suggest that females could be more likely to be partnered at increasingly older ages in future, because of the narrowing gap between female and male life expectancy. This trend may have implications for the provision of Council's social housing. For example, Council may need to increase its stock of larger housing units to cater for older couples.

645. The literature provided examples of service provision in social housing complexes, including injury prevention programmes, physical activity programmes, and primary health services. The Community Support Unit may wish to consider home based services in its social housing facilities.

646. The literature identified that participating in their community is important to older people, and a large proportion feel a sense of community in their local neighbourhood. Although a large number of older people are participating in their communities, around a sixth report feeling lonely. The Community Support Unit may wish to consider focusing some of its community development activities on older people.

647. Models and strategies are available overseas and in New Zealand which promote age friendly cities.

648. Council research identified that key issues for older people are transport accessibility and safety, social isolation, access and awareness of community activities, affordable housing, access to shops and services, and health and safety issues.

649. The Council research indicates the most vulnerable older adults are those who have experienced some level of difficulty throughout their lives; for example, those with health issues or who have experienced poverty and hardship in their earlier years are more likely to do so later. These vulnerable groups of older adults are more likely to be located in areas of high deprivation, such as Inner City East, Sydenham or Bromley, experience social isolation, poor health and social housing tenants.

650. The research indicates the recreation needs of older adults vary, but the overall conclusion is the Council provides a good level of service to address those needs. However, some areas for improvement include addressing the walkways from Linwood to the Estuary and in the Riccarton/Wigram ward to ensure good walking access for older people, and to address the barriers to participating in existing programmes or activities by vulnerable older people.

651. Future investigations to be considered for older people include addressing the barriers to access for services, optimising the recreational opportunities and facilities to ensure the services offered are able to keep up with the increasing demand, investigating the transport issues relating to safety, and providing a supportive infrastructure for pedestrians.

Cultural and Ethnic Diversity

652. Christchurch City and New Zealand is becoming more ethnically diverse. Non European ethnic groups tend to have a greater proportion of people under 25 years of age, and a

younger overall population compared with 'New Zealand European'. The number of people with multiple ethnic identities is increasing

653. Many minority population groups face poorer quality of life outcomes than the majority European population.

654. The Mäori population is projected to grow at a faster rate than the total population, and the Mäori share of the New Zealand population will increase. The Mäori population is much younger than the total population although Mäori population overall will become older.

655. There has been significant progress in terms of outcomes for Maori, for example

- Overall, the quality of life indicators show improvements in Mäori health, income, work and involvement in community institutions.
- Mäori cultural renaissance, involving revitalisation of the Mäori language, strengthening of traditional Iwi institutions, growth of Mäori immersion education, health and other service providers, investments in Mäori culture, and development of Mäori broadcasting in television and radio.
- Mäori contribution to the economy has steadily increased over the past two decades.

656. The major issues facing refuges and new migrant communities centre around effective participation in society at all levels and fair and equal access to services to which they are entitled. Refugee communities also face issues associated with their previous trauma and poverty.

657. There are also issues associated with communities understanding of the benefits of ethnic diversity and/or being responsive to differing needs. Many groups face discrimination and barriers to employment and services.

658. There was a noticeable lack of focus on Maori in the Council metro research, and a very random focus within the three wards that commissioned any research on issues to do with Maori. The only metro data available is a demographic profile based on the 2001 Census; it offers little in the way of analysis or presenting the Maori perspective of the issues. For future investigation, it is suggested there is more engagement with local Maori to help identify the specific issues in their area communities, to effectively manage the expectations of how the Council can assist when consulting on possible solutions, and to test the demands for services to ensure they are addressing a true need.

659. Pacific peoples have not been the specific focus of any Council research; although the Ministry of Pacific Island Affairs did conduct a consultation with members of the Pasifika community on identifying their own unique set of community outcomes.

660. Council research on Asian communities is somewhat sparse, with a few ward level pieces identifying specific issues around recreation needs and the experience of social isolation and boredom for many Asian youth.

661. Refugees and new migrants issues has been well covered in Council research at the metro level. People from migrant backgrounds are a distinctly separate group from refugees, but are often combined in the research literature. The research indicates many refugees in Christchurch suffer from poverty and hardship, high unemployment, health issues and social isolation.

Differing Levels of Disadvantage between Population Groups

662. There are significant inequalities between different population groups in New Zealand.

663. Inequalities of outcomes for those in lower socio economic groups are clear and with few exceptions, the financially worst-off experience

- highest rates of illness and premature death
- poorer education achievement
- higher levels of crime and victimisation from crime

664. For some, it may mean going without the essentials, such as sufficient food, adequate housing, heating and enough clothing.

665. While socio-economic determinants are key drivers determining most quality of life outcomes, Māori and Pacific peoples have worse outcomes than non-Māori even when deprivation is taken into account.

666. The literature notes that the most effective means to reduce disparities include:

- intersectoral approaches;
- use of prevention strategies, with a population focus;
- environmental measures;
- building on existing initiatives;
- modifying behaviour and lifestyle risk factors through appropriately tailored policies and programmes;
- improved delivery of treatment services through mainstream enhancement and provider development;
- community development and intersectoral initiatives

667. Local government has always had a role to play. A primary purpose of local government is to promote wellbeing. Promoting wellbeing implies improving:

- the overall or aggregate level of well-being; and
- the distribution of well-being.

668. Distributional principles involve ensuring:

- that all individuals enjoy some basic minimum level of well-being;
- there is opportunity so that all have a fair chance to achieve their potential;
- that the well-being of future generations is protected.

669. Literature suggested there was a need to balance both targeted and universal approaches to the planning, funding and delivery of all services.

670. The major piece of Council research in this area was the research on poverty and hardship conducted in 1996 – 1997; since then, the Mayor established a Taskforce on Poverty which produced a report in 2005 to advise specific courses of action to address the issues.

671. Council research identified that those most likely to be disadvantaged fall into ten main categories that include women, single parents, families with children, refugees, Maori

and Pacific Islanders, mental health patients and people on limited incomes. There are certain areas of the city that reportedly have a higher number of people experiencing poverty and hardship, which correlates to the deprivation index and Census data. However, given the major study is over ten years old, there is a need for an updated review to check if this correlation is still as strong and to investigate the current issues.

672. The key elements identified in 1997 that contribute to increased hardship include accommodation costs, food costs, social isolation and social exclusion. With the increasing cost of living and the Council's rent increases for social housing, it is probable these elements are exacerbating the situation for the vulnerable groups identified in 1997. An evaluation of the current issues would be a very useful document for further investigation.

673. For the most part, research conducted by Community Boards linked to this topic tends to focus more on issues to do with community connectedness and facility provisions. There are ward studies which target some of the neighbourhood areas identified as being high on the deprivation index and where a higher percentage of people experiencing hardship live. These studies focus on factors such as service provisions like recreation opportunities or community houses to address the demands of the high-needs communities, but not on how to address the issues around reducing poverty or mitigating the effects of hardship.

Capacity of Community and Voluntary Sector

674. The community and voluntary sector provides an array of services and activities that are vital to social, economic, environmental and cultural wellbeing.

675. The diverse range of organisations and the communities they serve means there are many different perspectives and issues within the sector. Ninety percent of non-profit institutions did not employ paid staff. The other ten percent of non-profit institutions employed 105,340 paid staff

676. Community and voluntary sector organisations provide benefits in two respects:
    - Firstly, they provide support, services and developmental opportunities 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.

677. A number of reports have highlighted the need to invest in the ongoing development of the community and voluntary sector.

678. The community and voluntary sector depend on funding from local and central government as well as philanthropic trusts. Funding agencies can help sustain sector organisations by improving their own practices.

679. There is a significant body of literature on good funding practice. This was not included in this review.

Engagement and Participation

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

681. There is a considerable body of knowledge and experience on good consultation processes in the local government sector. Not only are local authorities using traditional methods, such as public meetings and consultation documents, to engage with the public, but many are increasingly using "consumerist" approaches such as service satisfaction surveys, and complaints or suggestions schemes. More recently local authorities in New Zealand have developed new ways of consulting with traditionally hard-to-reach groups, such as young people, Māori, minority ethnic groups, and those with disabilities.

682. The literature suggests that the Council should consider:

- initiatives to improve the public's understanding of local government and their capacity to participate effectively;
- better communication with the public, and more transparent local government processes and ways of working, to improve public perceptions of, and trust in, local authorities;
- well managed and marketed involvement and participation initiatives to ensure they present as little a burden as possible, whilst providing clear outcomes and benefits for individuals and the community. This would include making best use of social networks and associations;
- tailoring engagement to meet the specific needs of different groups in society, particularly those from minority and under-represented groups;
- a range of techniques used to engage citizens and communities in decision making and service delivery. Because participation initiatives can reinforce existing patterns of social exclusion and disadvantage, different participation methods are necessary to reach different citizen groups.

683. Council reports in this area again largely included guidelines, policy reviews and funding information documents; some of which provided some information as a baseline for research, but are not research reports themselves

Children and Young People and Families

684. The number of key themes emerged from the scan of the literature on child-friendly communities and other research on child well-being and local government. These included the importance of:

- Creating and extending community linkages and partnerships;
- Catering for diversity - the needs, abilities and interests of children and young people vary widely with age, gender, culture and life opportunity. The developmental stages that children and young people go through have different, and sometimes conflicting, implications for what constitutes a stimulating and safe built and social environment. There are also significant gender differences in the use of space;
- Improving information and data to better inform policy makers and the public, including child-generated indicators;

- Ensuring essential services and facilities are available and accessible, including schools, child care, health services, and recreational facilities;
- Investing in early childhood education (and ensuring it is accessible to children from low income households);
- Providing child and family-friendly facilities and services;
- Partnerships with key groups, including government agencies, local councils, developers, families, planners and children and young people.

685. They also highlight that children who are raised in poorer socio-economic circumstances face a greater struggle to secure outcomes comparable with those achieved by the population as a whole. Māori and Pacific children also have a higher likelihood of poor outcomes, particularly when they also have low standards of living.

686. Evidence suggests that poor outcomes while young affect outcomes later in life. The cumulative impact of low incomes during childhood can be linked to poorer outcomes as an adult.

687. An extensive body of research evidence indicates that family functioning and circumstances have a significant impact on the well-being of family members, and on the successful functioning of society and the economy.

688. The Families Commission has recently commissioned a literature review on family-centred communities for local government. This report suggests that the Council refers to that report for further information on local government's role and approach to enhancing family well-being.

689. Council research on children has been covered in more depth at the metro level than at the ward level. The ward studies indicate a need for early learning and childcare centres in specific areas such as Bromley, Aranui and Sumner. The metro research on youth covers a broad spectrum, but generally lacks a great deal of depth into the true issues. The topics covered include looking at recreation needs (where facilities such as indoor pools, skate parks and basketball courts feature regularly), the needs of Asian students (no distinctions have been made on the different groups that make up 'Asians'), employment issues, health issues such as teen pregnancy and finally, graffiti and crime.

690. The review of Council literature suggested that future areas for investigation on issues with children include:

- Needs of Maori children;
- OSCAR Network integration and operations;
- Parenting and lifeskills education for areas of high deprivation with young families and high numbers of Maori and Pacific Islanders;

691. Future areas for youth issues include:

- Employment and equity issues concerning wages/conditions;
- Needs of various Asian youth groups;
- Viability of youth workers in areas such as Linwood, Aranui, New Brighton, Lyttelton and Rowley.

People with Disabilities

692. Older people are substantially more likely than younger people to experience disability. Loss of mobility and agility are the most common impairments

693. Many disabled people experience a cycle of deprivation. Disabled people are over-represented in lower-paid occupations, and are likely to have fewer financial and family resources than the general population. This economic disadvantage is compounded by the financial cost of disability. As a group, disabled people generally have poorer general health status, and poor access to support services and other arrangements that might allow them to move from a marginalised position in society.

694. Many disabled people are unable to reach their potential or participate fully in the community because of the barriers they face in doing things that most New Zealanders take for granted. The barriers range from the purely physical, to the attitudinal.

695. The consultation undertaken to develop the New Zealand Disability Strategy identified 'attitudes' as the major barrier to the full participation of disabled people in all parts of daily life.

696. There is very little specific research covering people with disabilities within Council literature that expresses the current status or concerns of the disabled community in Christchurch.

697. It is suggested future research includes how best to consult with members of the community with disabilities to ensure their needs are met when planning new developments or programmes. This is essential for the planning of buildings, activity programmes and transport options to enable the access people with disabilities require.

Facilities

698. This project did not review any national or non-Council based literature related to this goal.

699. The review of Council research suggested that areas for study include:

- Catering for the interests of targeted groups such as older adults, older children, Maori and people with disabilities;
- Addressing the recreation needs for the Eastern suburbs until the 2017 aquatic indoor facility is built;
- Assessing the existing skate park and BMX cycling facilities for catering to all abilities, not just those with advanced skills;
- Assessing all recreation facilities for compliance with CPTED principles;
- Reviewing sports clubs and field services for the city.

700. Facilities in specific areas of the city that have been identified as in need of further investigation include:

- Acheson Avenue facility in Shirley;
- Edgeware community centre feasibility;
- Linwood youth-focused facility;
- Collingwood House in New Brighton;

- Heathcote community centre;
- Richmond community centre;
- Bromley community centre feasibility;

701. Governance and management of community centres, and the feasibility of multi-agency tenancies in them, is also recommended for future investigation.

Recreation

702. This project did not review any national or non-Council based literature related to this goal. However, this topic is covered very well in Council metro and ward research. The city-wide research has a different focus in that it looked at the intra- and inter-personal barriers to active participation in recreation and physical activity, whereas the ward level research often narrowed in on the links between recreation and specific target groups such as youth.

703. There is a bias towards needs analyses or consumer profiles rather than looking at the strengths of the facilities and services already in existence. However, there are examples of research that looks at both the supply and demand side of recreation, such as the Global Leisure Group's studies on leisure, parks and waterways, attempting to present a more balanced view. Some of the common areas these studies identified were the lack of facilities in suburban areas that catered specifically for interest groups such as older people, older children, people with disabilities and Maori people.

704. Most of the research on recreation pre-dates the Aquatic Facilities Plan, hence refurbishments to Jellie Park and the development of the Graham Condon Leisure Centre in Papanui would most likely address the identified issues in the North West areas of the city.

705. However, East Christchurch suburbs, which often have the higher deprivation areas, more Maori and Pacific Islanders and more youth, have a noticeable gap in recreation facilities (but still have a high number of greenspace areas). In particular, the following areas have been identified in the research as having concerns about the recreational opportunities or facilities available to the identified groups:
    - Aranui – youth, older children, Maori and Pacific Islanders
    - Bromley – children, families with young children, older people
    - Inner City East – older people, beneficiaries
    - Phillipstown & Linwood – youth

706. For the most part, the issue with recreation does not seem to be due to a lack of facilities in most areas (although as noted above, there are specific areas in the eastern suburbs of the city that this is not the case), but more for the lack of participation by inactive people. As stated, the metro study on the barriers to active participation clearly identifies the issue as getting the inactive people to participate in the facilities and programmes that already exist by focusing on the intra- and inter-personal barriers, rather than focusing on the infrastructure and building new facilities.

707. The main areas that need to be investigated further are reviewing the arts and recreational services for older people, Maori, and people with disabilities; exploring the gaps in high deprivation areas in the Eastern suburbs; and to assess the safety guidelines for parks according to CPTED principles. Additionally, reviewing the sports clubs and field services around Christchurch has been identified as a possible research topic for consideration.

Conclusion

708. The review confirms the challenges identified in the Council's Strategy
    - An ageing population;
    - Increasing cultural and ethnic diversity;
    - Differing levels of disadvantage between population groups;
    - The complexity of factors contributing to social exclusion;
    - The capacity of voluntary and community groups;
    - Decreasing civic engagement.

709. The review confirms Council's ongoing support and resourcing of
    - Early childhood education;
    - Affordable social housing;
    - Community development activities;
    - Voluntary and community capacity building.

710. It validates current initiatives aimed at improving the public's understanding of local government and their capacity to participate effectively, including tailoring engagement processes to meet the specific needs of minority and under-represented groups.

711. It confirms the need for inter-sector collaboration, including local and central government collaboration.

712. It suggests that greater priority could be given to:
    - Greater planning and catering for the ageing population, including planning for the changing cultural makeup of the older people population and addressing the barriers to accessing services;
    - Reorienting funding and services to have a greater emphasis on reducing inequalities;
    - Ensuring greater Maori participation at all levels of planning and delivery of services, including governance, staff, and community providers (particularly focusing on increasing Maori in the area of community development). This is because addressing socio-economic issues alone will not address the gap for Maori;
    - Supporting services focusing on early intervention;
    - Targeting more wrap-around services to social housing complexes, including injury prevention programmes, physical activity programmes, and primary health services;
    - Family-centred approach (as initiated by the Families Commission).

REFERENCE LIST

ACC. (2006). Falls – a leading cause of hospitalisation, *Dunedin*. University of Otago.

Acheson, D. (1998). Independent Inquiry into Inequalities in Health. London: Stationery Office.

Advanced Business Research. (2005). Banks Peninsula District Council Community Survey. Christchurch: Christchurch City Council.

Age Concern New Zealand. (2002). Age Concern Elder Abuse and Neglect services: The need for a national database for all elder abuse and neglect services in New Zealand and an analysis of referrals (for the period 1 July 1998 to 30 June 2001): Report to Ministers of the Crown and the Ministry of Social Development. . Wellington Age Concern New Zealand.

Age Concern New Zealand. (2005). Age Concern Elder Abuse and Neglect Prevention services: An analysis of referrals for the period: 1 July 2002 to 30 June 2004, . Wellington: Age Concern New Zealand.

Aimer, P. (2002). Evaluation of the Hornby Youth Work Project. Christchurch: Christchurch City Council.

Alpass, F., & Mortimer, R. (2007). Ageing Workforces and Ageing Occupations: a discussion paper. Wellington: : Department of Labour.

Andrews, R., & Cowell, R. (2005). Civic Education and Local Government. A Literature Review. London: Office of the Deputy Prime Minister.

Aslin, H. J., & Brown, V. A. (2004). Towards Whole of Community Engagement: A Practical Toolkit: Murray-Darling Basin Commission

Aspden, J., & Birch, D. (2005). New Localism – Citizen Engagement, Neighbourhoods and Public Services: Evidence from Local Government (pp. 154). London Local and Regional Government Research Unit, Office of the Deputy Prime Minister.

Atkinson, R., & Willis, P. (2006). Community Capacity Building – A Practical Guide Paper No. 6. Hobart: Housing and Community Research Unit.

Audit Commission. (1999). Listen Up. Effective community consultation London: Audit Commission.

Audunson, R. (2005). The Public Library as a Meeting-Place in a Multicultural and Digital Context -The Necessity of Low-Intensive Meeting-Places. *Journal of Documentation, 61*(3), 429-441.

Banks, S., & Shento, F. (2001). Regenerating Neighbourhoods: A Critical Look at the Role of Community Capacity Building. *Local Economy, 16*(4), 286-298.

Barrett, P., Twitchin, S., Kletchko, S., & Ryan, F. (2006). The living environments of community-dwelling older people who become frail: Another look at the Living Standards of Older New Zealanders survey. *Social Policy Journal of New Zealand,, 28*, 133–157.

Barrow, A. (2000). Sydenham Needs Analysis: Research Report. Christchurch: Christchurch City Council.

Barwick, H. (2004). Young Males: Strengths-based and male-focused approaches Wellington Ministry of Youth Development

Bisley, C. (2006). Report for Community Support Unit on Colombo Street Store - Conversion for Community Use. Christchurch: Christchurch City Council.

Blakeley, R. (1995). The Question of Community Development. Wellington: Department of Internal Affairs.

Blakeley, R. (1996). Think Piece (Work in Progress). Wellington: Department of Internal Affairs.

Boffa Miskell, (2006). Christchurch Bus XChange: CPTED and Pedestrian Movement Studies. Christchurch: Christchurch City Council.

Bowden, G. (1994). Linwood and Phillipstown Community Profile: Recreation Survey Results of Young Linwood People. Christchurch: Christchurch City Council.

Bowles, S. (1999). "Social Capital" and Community Governance. *Focus, 20*(3 (Fall)), 6 - 10.

Boyce-Campbell, K. (unknown). The Y7-10 Project: A Mapping and Awareness-raising Exercise Regarding Children Aged 10-13. Christchurch: Christchurch City Council.

Breheny, M., & Stephens, C. (2007). Older Adults' Experience of Family Life. , *Linked Lives and Independent Living. A Qualitative Analysis of Interviews with Thirty-six Older Adults*. Wellington Families Commission.

Bridgman, R. (2004). Child-Friendly Cities: Canadian Perspectives. *Children, Youth and Environments, 14*(2).

Broadwater, G. (2001). *Engaging New Audiences in Community Development*. Paper presented at the Presented at the 2001 Southern Region Community Development Institute.

Bromell, D., & Hyland, M. (2007). Social Inclusion and Participation: A Guide for Policy and Planning. from http://www.msd.govt.nz/work-areas/social-research/sip-guide.html

Burke, K. (2004). Engaging with Communities Over Outcomes. A Review of Innovative Approaches to Meeting the LGA 2002 Challenge of Identifying Community Outcomes. Wellington: Local Government New Zealand.

Burley, P. (2001). Collingwood House: Evaluation Report. Christchurch: Christchurch City Council.

Burley, P. (2006). Future Management of the Bishopdale Community Centre. Christchurch: Christchurch City Council.

Burton, P., Richards, R., Briggs, M., & Allan, H. (2000). *Striking a Better Balance*. Dunedin: Health Funding Authority.

Butcher, A., & Hall, L. (2007). *Immigration and social cohesion: From policy goal to reality? Paper to the* Paper presented at the ESOL Home Tutors' Conference 19 May 2007.

Butcher, A., Spooney, P., & Trlin, A. (2006). Being Accepted: Discrimination and Social Exclusion of Migrants and Refugees in New Zealand, *New Settlers Programme Occasional Paper No. 13,* . Palmerston North:: Massey University.

Byrne, J. (1999). Literature Review on Community Development. Occasional Paper 1999/6. Wellington: Labour Market Policy Group, Department of Labour

Campbell, G. (2003). The Intergenerational settlement of refugee children in New Zealand: New Zealand Refugee and Migrant Service.

Cambell, J. (1995). A Strategy for Children in Christchurch. Christchurch: Christchurch City Council.

Campbell, L. (1996). The Children's Strategy Study: Research Report. Christchurch: Christchurch City Council.

Campbell, L. (1998). Youth Forum: Fathering the Future. Christchurch: Christchurch City Council.

Canterbury Development Corporation. (2004). Ethnic Communities Employment Advocacy Project. Christchurch: Christchurch City Council.

Canterbury District Health Board. (2004). Canterbury Health Needs Assessment. Christchurch: Canterbury District Health Board

Canterbury District Health Board. (2004). Future Directions for Mental Health and Addiction Services in Canterbury. CDHB Mental Health and Addiction Strategy. Christchurch: Canterbury District Health Board.

Canterbury District Health Board. (2005). Planning health and disability support services for older people over the next 20 years – a brief literature review, April 2005. Christchurch: Canterbury District Health Board.

Canterbury District Health Board. (2006). Healthy Ageing, Intergrated Support. Older People's Health Services Strategy. Rautaki Ratonga Hauora Kaumatua 2006-2010. Christchurch: Canterbury District Health Board.

CDC. (2006). Community Engagement: Definitions and Organizing Concepts from the Literature. from http://www.cdc.gov/phppo/pce/part1.htm or http://www.cdc.gov/phppo/pce/

CDC/ATSDR Committee for Community Engagement. (1997). Community engagement: Definitions and organizing concepts from the literature. Principles of community engagement-Part 1. . from http://www.cdc.gov/phppo/pce/part1.htm

Chawla, L. (2002). Insight, Creativity and Thoughts on the Environment: Integrating Children and Youth into Human Settlement Development *Environment and Urbanization, , 14 October* (2), 11-22.

Cheyne, C. a. C., M., & Comrie, M. (2002). Enhanced legitimacy for local authority decision-making: challenges, setbacks and innovation. *Policy and Politics 30* (4), 46-82.

Child Poverty Action Group. (2008). Socai Report 2006 - CPAG Comment *Child Poverty Action Group*. Auckland.

Christchurch City Council. (1997). Report on Refugee Issues in Christchurch. Christchurch: Christchurch City Council.

Christchurch City Council. (2000). Policy Review - Council Support for Residents Groups. Christchurch: Christchurch City Council.

Christchurch City Council. (2001). Youth Recreation and Sport Forum Report. Christchurch: Christchurch City Council.

Christchurch City Council. (2002). Physical Recreation and Sports Strategy. Christchurch: Christchurch City Council.

Christchurch City Council. (2004). Profile of Christchurch Children and Youth (0 to 25 yrs of age). Christchurch: Christchurch City Council.

Christchurch City Council. (2005a). Hornby Urban Heartlands. Christchurch: Christchurch City Council.

Christchurch City Council. (2005b). Nga Whakaaro o Nga Maori o Aranui Hui November 2004. Christchurch: Christchurch City Council.

Christchurch City Council. (2005c). Population Ageing and a Profile of Christchurch's Older People (65 Years and Over). Christchurch: Christchurch City Council.

Christchurch City Council. (2006). Community Housing Marketing Review. Christchurch: Christchurch City Council.

Christchurch Community Mapping Project (2004). Community Mapping Summary Report. Christchurch: Christchurch City Council.

Christchurch Social Policy Interagency Network. (2003). *A Collaborative Plan for Christchurch Youth 2003 – 2006*. Christchurch Ministry of Social Development o. Document Number)

Claridge, M. (2001). Geography and the Inclusive Economy: A Regional Perspective. New Zealand Treasury Working Paper 01/17. Wellington: The Treasury.

Cleland, G. (2000). Analysis of Feedback from People with a Disability, their Families, Carers and Service Providers. Christchurch: Christchurch City Council.

Clifton, O. (1998). South Christchurch Youth Strategy. Christchurch: Christchurch City Council.

Community Energy Action Charitable Trust (2008). Fuel Poverty Workshop Proceedings 4 June 2008, Christchurch. Christchurch Community Energy Action Charitable Trust.

Commission for Children and Young People and Child Guardian. (2006). Creating Child-Friendly Cities. Setting an Agenda for Children and Young People. Brisbane: Commission for Children and Young People and Child Guardian.

Community and Voluntary Sector Working Party. (2001). Communities and Government Report of the Community and Voluntary Sector Working Party. Wellington.: Ministry of Social Development.

Community Government Relationship Steering Group. (2002a). *He Waka Kotuia: Joining Together on a Shared Journey*. Wellington: Community Policy Team, Ministry of Social Policy.

Community Government Relationship Steering Group. (2002b). Participatory Processes. In He Waka Kotuia: Joining Together on a Shared Journey. Wellington: Community Policy Team, Ministry of Social Policy.

Community Mapping Project. (2004). *Summary Report*. Christchurch: Christchurch City Council.

Cook, L. (2001). Healthy Christchurch Engagement Report. Community and Public Health

Courtney, M. (2004). The Future Interface Between Public Health and Local Government. A Thinkpiece for the National Public Health Advisory Committee. Wellington: National Public Health Advisory Committee.

Courtney, M. (2006). *Putting Pen to Paper Creating Partnering Agreements That Work*. Auckland: Waitakere City Councilo. Document Number)

Cox, E., Swinbourne, K., Pip, C., & Laing, S. (2000). A Safe Place To Go: Libraries and Social Capital. Sydney: University of Technology Sydney and the State Library of New South Wales.

Cram, F. (2007). Building the Capacity of Maori and Iwi Providers of CYF Social Services – A review of the Literature: unpublished.

CTN. (2007). Needs Assessment of Governance and Organisational Capacity Building Issues Christchurch: CTN.

D'Aeth, L. (2001a). Evaluation of the Work of Manuka Cottage 1990-2001. Christchurch: Christchurch City Council.

D'Aeth, L. (2001b). Evaluation of the Work of Te Whare Roopu O Oterepo (Waltham Cottage) 1990-2001. Christchurch: Christchurch City Council.

D'Aeth, L. (2002). Report on the Parklands Youth Consultation Process. Christchurch: Christchurch City Council.

Davey, J. A., & Cornwall, J. (2003). Maximising the Potential of Older Workers (NZ Institute for Research on Ageing: Future Proofing NZ Series). Wellington New Zealand Institute for Research on Ageing.

Deloitte Touche Tomatsu (1996). CCC Review of Riccarton Town Hall and Community Needs Analysis. Christchurch: Christchurch City Council.

Department for Community Development. (2006). Contemporary Literature on Capacity Building and the Strengths Perspective and Good Practice Wisdom for the Capacity Building Strategic Framework 2005 to 2007. Perth: Department for Community Development.

Department of Child Youth and Family Services. (2005). Review of Targeted Programmes Wellington: Department of Child Youth and Family Services.

Department of Health. (1983). Inequalities in Health (Black Report). London: HMSO.

Department of Internal Affairs. (1997). Building Strong Communities: A 'Thinkpiece". Wellington: Department of Internal Affairs.

Department of Internal Affairs. (2003). Guidelines to Consult with Maori Wellington: Department of Internal Affairs.

Department of Internal Affairs. (2006). Analysis of Community Outcomes from Draft Long-term Council Community Plans 2006 - 2016. Wellington: Department of Internal Affairs.

Department of Labour. (2004). Refugee Voices: A Journey Towards Settlement, . Wellington: Department of Labour.

Department of Labour. (2006a). The New Zealand Settlement Strategy in Outline. A Future Together. Wellington: Department of Labour.

Department of Labour. (2006b). Our future together. New Zealand Settlement Strategy. Wellington: Department of Labour.

Department of Labour. (2006c). Settlement National Action Plan Wellington: Department of Labour.

Department of Prime Minister and Cabinet. (2003). Sustainable Development for New Zealand Programme of Action. Auckland: Department of Prime Minister and Cabinet.

Development Matters (2005). Evaluation of Ka Whakaaro O Ka Rakatahi (Youth Initiatives Trust) and Diverse Café. Christchurch: Christchurch City Council.

Dewe, S. (2004a). The Strickland Street Community Garden: Community Views. Christchurch: Christchurch City Council.

Dewe, S. (2004b). A Profile of Halswell. Christchurch: Christchurch City Council.

Dick, B. (1997). Community consultation checklist [On line]. from http://www.scu.edu.au/schools/gcm/ar/arp/comcon.html

Doherty, S., & Mayer, S. (2003). Results of an Inquiry into Capacity Building Programs for Nonprofit Programs.

Duell, R. & Paringatai, M. (2002). Youth Initiative Facilitator's Report: Proposals from Young People. Christchurch: Christchurch City Council.

Dunstan, K., & Thomson, N. (2006). Demographic Aspects of New Zealand's Ageing Population. Wellington.: Statistics New Zealand.

Edwards, B. (2007). Does it Take a Village? Investigations of Neighbourhood Influences on Young Children's Development in Australia. *Australian Institute of Family Studies*.

Fairhall, C. & Fairhall, S. (2004). Survey of Older People in South West Christchurch. Christchurch: Christchurch City Council.

Fallon, P. (2006). Elder abuse and/or neglect: Literature review. Wellington Ministry of Social Development.

Families Commission. (2005a). Briefing to Incoming Minister Wellington: Families Commission

Families Commission. (2005b). Briefing to the Incoming Minister. Wellington: Families Commission.

Family and Community Services and Office for the Community and Voluntary Sector. (2005). Managing Well: Resources for Community and Voluntary Organisations, Wellington: Ministry of Social Development. Wellington: Ministry of Social Development

Family Strengthening Policy Center. (2007). Family Strengthening Writ Large: On Becoming a Nation that Promotes Strong Families and Successful Youth. Washington: National Human Services Assembly.

Fanslow, J. (2004). Violence against women in New Zealand: prevalence and health consequences. *The New Zealand Medical Journal, 117* (1206), 5

Fergusson, D., Hong, B., Horwood, J., Jensen, J., & Travers, P. (2001). Living Standards of Older New Zealanders. Wellington Ministry of Social Development.

Fitzgerald, L. (2005). Future Generation Lyttelton: Youth Report on the Youth of Lyttelton Harbour Basin. Christchurch: Christchurch City Council.

Forrest, R. (2004). *Who Cares About Neighbourhoods?* Paper presented at the Housing Studies Association Autumn Conference 'Community, Neighbourhood, Responsibility'. from http://www.bristol.ac.uk/sps/cnrpaperspdf/cnr26pap.pdf

Foster, S., Giles-Corti, B., & Knuiman, M. (2006). Perceptions of Safety in Suburban Neighbourhoods: Exploring the Influence of the Physical Environment. Crawley: Planning and Transport Research Centre.

Francis, J. (2002). Family and Community Development Project - Evaluation Report. Christchurch: Christchurch City Council.

Gedson, S. (2005). Demographic Profile of Maori in Christchurch. Christchurch: Christchurch City Council.

Genet, G. (2000). Barriers to Participation in Active Recreation and Sport: A Case to Identify Constraints and Solutions for Specified Christchurch Subgroups. Christchurch: Christchurch City Council.

Global Leisure Group (2002a). Fendalton Waimairi Leisure, Parks and Waterway Study.Christchurch: Christchurch City Council.

Global Leisure Group (2002b). Burwood Pegasus Leisure, Parks and Waterway Study. Christchurch: Christchurch City Council.

Global Leisure Group (2002c). Spreydon Heathcote Leisure, Parks and Waterway Study.Christchurch: Christchurch City Council.

Global Leisure Group (2003a). Riccarton Wigram Leisure, Parks and Waterway Study. Christchurch: Christchurch City Council.

Global Leisure Group (2003b). Hagley Ferrymead Leisure, Parks and Waterway Study. Christchurch: Christchurch City Council.

Goulet, D. (1989). Participation in development: New avenues. *World Development, 17*(2), 165-178.

Gray, A. (2008). Refugee Resettlement A Literature Review. Wellington: Department of Labour.

Greer, G. (1997). The Riccarton Wigram Community's Priorities for Provision of Community Board Services. Christchurch: Christchurch City Council.

Harrison-Ward, J. (2003). *A Simple Guide for Engaging the Community in Emergency Management*. Western Australia FESAo. Document Number)

Hart, R. (1992). Children's Participation: From Tokenism to Citizenship. Florence: Unicef.

Hart, S. (2003). Eastern Services Bus Forum. Christchurch: Christchurch City Council.

Hauptmann, J. (2005). *Toward a Theory of Civic Engagement*: Park University International Center for Civic Engagemento. Document Number)

Hay, P. (2006). Safer Banks Peninsula: Car Security Results 2006. Christchurch: Christchurch City Council.

Healy, T., & Cote, S. (2001). The Well-being of Nations. The Role of Human and Social Capital (pp. 119). Paris: Centre for Educational Reserach adn Innovation at OECD.

Herman, R., & Renz, D. (2004). *More Theses on Nonprofit Organisational Effectiveness*. Paper presented at the Paper to International Society for Third Sector Research 6th International Conference. from http://www.jhu.edu/~istr/conferences/toronto/workingpapers/herman.robert.pdf

Herrara, M. (2004). Urban Leisure - Young People in the Central City. Christchurch: Christchurch City Council.

HFA. (1998). Maori Health Operating Group's National Strategic Plan for Maori Health 1998-2001. Wellington: HFA.

Hickey, K. & Armstrong, B. (2002). Injury Prevention Christchurch: Community Injury Prevention and Safety Project. Christchurch: Christchurch City Council.

Hollebon, D. (2005). Burnside Community Survey. Christchurch: Christchurch City Council.

Holstein, M. B., & Minkler, M. (2003). Self, Society, and the "New Gerontology". *The Gerontologist, 43*, 787–796.

Hong, B., & Jensen, J. (2003). Assessing the adequacy of private provision for retirement: A living standards perspective, *Working Paper 03/04*. Wellington Centre for Social Research and Evalution, Ministry of Social Development.

Howat, K. (2001). Aranui Youth Forum. Christchurch: Christchurch City Council.

Howden-Chapman, P., L. Signal, et al. (1999). "Housing And Health In Older People:Ageing In Place " Social Policy Journal of New Zealand **13**: 14–30.

Howden-Chapman, P., & Tobias, M. (2000). Social Inequalities in Health: New Zealand 1999. Wellington: Ministry of Health.

Hucker, B. (1997). Community and Local Government Reform: A Brave New World? In Bell, Claudia (ed.) Community Issues in New Zealand. Palmerston North: Dunmore Press.

Hurnard, R., Hyslop, D., & Tuckwe, I. (2005). The Living Standards, Incomes and Accommodation Costs of Older New Zealanders Revisited. New Zealand Treasury Working Paper 05/03. Wellington: New Zealand Treasury.

Innes, J. E., & Booher, D. E. (2004). Reframing Public Participation:Strategies for the 21st Century. *Planning Theory & Practice, 5*(4), 419–436.

INSITE. (2005). Insite Report: Party Pills, Herbal Highs, NOS and Inhalants. Christchurch: Christchurch City Council.

Jacobsen, V., Nicholas, M., Crawford, R., Annesley, B., Christoffel, P., Johston, G., et al. (2001). Investing in Well-being: An Analytical Framework, New Zealand Treasury Working Paper 02/23, . Wellington: New Zealand Treasury.

Jamieson, K. (1998). Poverty and Hardship in Christchurch - A Reference Guide. Christchurch: Christchurch City Council.

Jensen, J., Krishnan, V., Hodgson, R., Sathiyandra, S. G., Templeton, R., Jones, D., et al. (2006). New Zealand Living Standards. Wellington: Ministry of Social Development.

Johnson, A. (2007). Rebuilding the Kiwi Dream. A proposal for Affordable Housing in New Zealand Manukau: Salvation Army Social Policy and Parliamentary Unit.

Johnston, G. (2004). Adult literacy and economic growth New Zealand Treasury Working Paper 04/24. Wellington: New Zealand Treasury

Jones, K. (1995). People and Participation in Rural Areas. A report on relationships between local governments and communities in the United States, United Kingdom and Ireland. Wellington: Winston Churchill Memorial Trust.

Joughin, P. (2002). Community Development Scheme Review. Christchurch: Christchurch City Council.

Kalil, A. (2003). *Family Resilience and Good Child Outcomes: A Review of the Literature*. Wellington Ministry of Social Development.

Kaplan, A. (1999). The Development of Capacity. New York: United Nations Non-Government Liaison Service.

Kawachi, I., Kennedy, B. P., & Wilkinson, R. G. (Eds.). (1999). *The Society and Population Health Reader: Income Inequality and Health*. New York: The New Press.

Kelly, S. (2000). Bromley/Cypress Gardens Skate Facility Research. Christchurch: Christchurch City Council.

Kelly, S. (2006). Review of YWCA Emergency Accommodation. Christchurch: Christchurch City Council.

Khawaja, M., Boddington, W., & Tang, I. (2007). New Zealand's 65+ Population: a statistical volume. Wellington: Statistics New Zealand.

Kirk, R. & Daley, V. (1997). The Need For and Use of Current and Future Out of School Programmes (OSPs) by Children 5-12 Years of Age in Christchurch: The Christchurch City Report. Christchurch: Christchurch City Council.

Krishnan, V., Jensen, J., & Ballantyne, S. (2002). New Zealand Living Standards 2000. Wellington: Ministry of Social Development.

Labonte, M. (1974). A new perspective on the health of Canadians. Ottawa: Ministry of Supply and Services.

Langford, F. (2001). Christchurch Central City - Pedestrian Count Survey. Christchurch: Christchurch City Council.

Lievore, D., & Mayhew, P. (2007). The scale and nature of family violence in New Zealand: a review and evaluation of knowledge. Wellington: Ministry of Social Development.

Lima, I. & Borovnik, M. (2004). Canterbury Pacific Youth and Alcohol Awareness Fono 2004. Christchurch: Christchurch City Council.

Local Futures. (2005). Local Government Consultation and Engagement with Māori. Wellington: School of Government University of Victoria.

Local Government Commission. (2005). *Guidelines to Assist Local Authorities in Undertaking Representation Reviews*. Retrieved. from http://www.lgc.govt.nz/lgcwebsite.nsf/Files/GuidelinesRepReviews2005/$file/GuidelinesRepReviews2005.pdf.

Local Government New Zealand. (2004). Local Authority Engagement with Maori: Survey of Current Council Practices. (No. I877144ISO). 2006, from http://www.hrc.co.nz/hrc_new/hrc/cms/files/documents/06-Sep-2006_14-50-44_Local_Government_and_Diversity.ppt#258,2,Purpose of the forum

Local Government New Zealand. (2006). Local Government and Diversity. 2006, from http://www.hrc.co.nz/hrc_new/hrc/cms/files/documents/06-Sep-2006_14-50-44_Local_Government_and_Diversity.ppt#258,2,Purpose of the forum

Local Government New Zealand. (2007). Crime Prevention Through Environmental Design (CPTED). from http://www.lgnz.co.nz/projects/CPTED/

Lolotai, M. (2005). Out of School Programmes: Research in Aranui. Christchurch: Christchurch City Council.

Loomis, T. (2005). Investing in Community Capacity Building: The Role of Government in Strengthening Communities. Wellington: Local Government and Community Branch. Department of Internal Affairs.

Low, C., & Cowton, C. (2004). Beyond stakeholder engagement: the challenges of stakeholder participation in corporate governance. *International Journal of Business Governance and Ethics 1*(1), 45 - 55

Lowndes, V., & Pratchett, L. (2001). Trends in Public Participation: part 2 - citizens' perspectives. *Public Administration, 79*(2), 445-455.

MacDonald, J. (1998). Youth Policy Study: Report of the Youth Strategy Working Party to the CCC. Christchurch: Christchurch City Council.

MacGibbon, L. (2003). Investing in the Next Generation: an Evaluation of Out of School Programmes for CCC. Christchurch: Christchurch City Council.

MacGibbon, L. (2004). "We don't want to seem too demanding" Information Needs of Refugees and New Migrants to Christchurch. Christchurch: Christchurch City Council.

MacGibbon, L. (2005). Riccarton Community Needs Profile. Christchurch: Christchurch City Council.

MacGibbon, L., & Greenaway, R. (2004). An Evaluation of the Christchurch Refugee and Migrant Centre. Christchurch: Christchurch City Council.

MacGibbon, L., & Greenaway, R. (2006a). Christchurch OSCAR Network Evaluation. Christchurch: Christchurch City Council.

MacGibbon, L., & Greenaway, R. (2006b). A Review of Three CCC Early Learning Centres. Christchurch: Christchurch City Council.

MacGibbon, L., & Morton, M. (2001). A Community Needs Analysis of the Shirley Area. Christchurch: Christchurch City Council.

Maharey, S. (2000). Social exclusion a threat to social cohesion. A paper presented to the New Zealand-Australia Community Services Ministers Council (CSMC).

Malcolm, M. (2007). More than the warp and the weft growing the strength of the whole cloth. Keynote Adrress to NZCOSS Conference October 2006. . Wellington: NZCOSS

Christchurch City Council. (2007). Local and Central Government Agencies Guide - Strategies, Services and Plans of Government Agencies working alongside People from Refugee and Migrant Backgrounds. Christchurch: Christchurch City Council.

Mayoral Taskforce on Homelessness. (2005). Report to the Mayor from the Task Group on Homelessness. Christchurch: Christchurch City Council

Mayoral Taskforce on Poverty. (2001). Report of Mayoral Taskforce on Poverty. Christchurch: Christchurch City Council.

Mayoral Taskforce on Poverty. (2005). Report of Mayoral Taskforce on Poverty. Christchurch: Christchurch City Council

McLaren, K. L. (2000). Tough Is Not Enough: Getting Smart About Youth Crime. Wellington: Ministry of Youth Affairs.

McLauchlan, J. & Ellis, K. (1998). South Christchurch Youth Summit. Christchurch: Christchurch City Council.

McLauchlan, J. & Raymore, L. (1997). The Christchurch Kiwiable Programme: A Survey of Service Users. Christchurch: Christchurch City Council.

McOscar, P. (1998). Bishopdale Community Centre Review and Community Needs Analysis. Christchurch: Christchurch City Council.

McOscar, P. & Rathbun, K. (1998). CCC Community Facilities: A User Profile. Christchurch: Christchurch City Council.

Milburn, N. (1997a). Youth Needs in Linwood. Christchurch: Christchurch City Council.

Milburn, N. (1997b). Linwood North Community Profile. Christchurch: Christchurch City Council.

Milburn, N. (1997c). Broomfield Community Profile. Christchurch: Christchurch City Council.

Milburn, N. (1997d). Assessment of the Need for Out of School Care Programmes in the Gilberthorpe Primary School Catchment Area. Christchurch: Christchurch City Council.

Milligan, S. & Jillings, M. (2006). Reinvesting in the Social Nucleus: Mairehau Needs Analysis. Christchurch: Christchurch City Council.

Ministry of Education. (2001a). Adult Literacy Strategy. Wellington: Ministry of Education.

Ministry of Education. (2001b). Literacy and Numeracy Strategy. Wellington: Ministry of Education.

Ministry of Education. (2001c). Pasifika Education Plan Wellington.: Ministry of Education.

Ministry of Education. (2001d). School Leavers 2001. Wellington.: Ministry of Education.

Ministry of Education. (2002a). Pathways to the Future, a ten-year Strategic Plan for Early Childhood Education Wellington Ministry of Education.

Ministry of Education. (2002b). Tertiary Education Strategy 2002/2007 Wellington Ministry of Education.

Ministry of Education. (2003). Statement of Intent 2003-2008. Wellington.: Ministry of Education.

Ministry of Education. (2004). Reducing Inequalities In Education Outcomes In 2003/04 in Annual Report 2003/04. Wellington: Ministry of Education.

Ministry of Education. (2005). Maori Education Strategy. Wellington: Ministry of Education.

Ministry of Education. (2007). New Zealand Disability Strategy - Education's Implementation Work Plan. Wellington.: Ministry of Education.

Ministry of Health. (1999a). *Our Health Our Future - Hauora Pakari, Koiora Roa - The Health of New Zealanders 1999*. Wellington: Ministry of Health.

Ministry of Health. (1999b). Taking the Pulse: The 1996/97 New Zealand Health Survey. Wellington: Ministry of Health.

Ministry of Health. (2000a). The New Zealand Health Strategy. Wellington: Ministry of Health.

Ministry of Health. (2000b). ,Social Inequalities in Health: New Zealand 1999, . Wellington: Ministry of Health.

Ministry of Health. (2001). New Zealand Health Strategy DHB Toolkit Interpersonal Violence 2001 (edition 1: October), 7. Wellington: Ministry of Health.

Ministry of Health. (2002a). Health of Older People Strategy. Health Sector Action to 2010 to Support Positive Ageing. Wellington: Ministry of Health.

Ministry of Health. (2002b). New Zealand Youth Health Status Report. Wellington: Ministry of Health.

Ministry of Health. (2002c). Reducing Inequalities in Health. Wellington: Ministry of Health.

Ministry of Health. (2002d). Youth Health: A Guide to Action. Wellington: Ministry of Health.

Ministry of Health. (2004a). Ageing New Zealand and Disability Services 20012021: Background Information. International Responses to Ageing Populations. Wellington: : Ministry of Health.

Ministry of Health. (2004b). Living with Disability in New Zealand. Wellington: Ministry of Health.

Ministry of Health. (2007). Reducing Health Inequalities for all New Zealanders. Wellington: Ministry of Health.

Ministry of Health, & Ministry of Pacific Island Affairs. (2004). Tupu Ola Moui, Pacific Health Chart Book 2004. Wellington: Ministry of Health.

Ministry of Justice. (2005). *National Guidelines for Crime Prevention Through Environmental Design in New Zealand. Part 1: Seven Qualities of Safer Places*. Retrieved. from http://www.justice.govt.nz/pubs/reports/2005/cpted-part-1/cpted-part-1.pdf.

Ministry of Justice and Ministry of Social Development. (2002). Youth Offending Strategy Report. Wellington.: Ministry of Justice and Ministry of Social Development.

Ministry of Pacific Island Affairs. (2005). Pacific Community Outcomes 2005: Report for the Christchurch City Council Long Term Council Community Plan Christchurch: Ministry of Pacific Island Affairs.

Ministry of Social Development. (2001). Living Standards of Older New Zealanders. Wellington Ministry of Social Development.

Ministry of Social Development. (2003). *The Social Report* Retrieved. from http://www.socialreport.msd.govt.nz/introduction/index.html

Ministry of Social Development. (2004a). Children and Young People: Indicators of Wellbeing in New Zealand. Wellington: Ministry of Social Development.

Ministry of Social Development. (2004b). *New Zealand Families Today*. Wellington: Ministry of Social Development.

Ministry of Social Development. (2005). Settling in Christchurch: Refugee and Migrant Community Social Service Report. Wellington: Ministry of Social Development. .

Ministry of Social Development. (2007a). Pockets of Significant hardship and Poverty. Wellington: Ministry of Social Development.

Ministry of Social Development. (2007b). Positive Ageing Indicators Wellington Ministry of Social Development.

Ministry of Social Development. (2007c). *The Social Report 2007*. Retrieved. from http://www.socialreport.msd.govt.nz/introduction/index.html

Ministry of Social Development. (2008). *The Social Report 2008*. Retrieved. from http://www.socialreport.msd.govt.nz/introduction/index.html

Ministry of Social Policy. (2001). The Social Development Approach. Wellington: Ministry of Social Policy.

Moore, R. (2000). Walking in Each Others Shoes - An Integration Forum. Christchurch: Christchurch City Council.

Moore, R. (2005). Alternative Transport: Travelling Home for Central Christchurch Late at Night - Potential for Action. Christchurch: Christchurch City Council.

Mora, L. (2002). Christchurch Inner City Agency/Organisation Interviews Part One. Christchurch: Christchurch City Council.

Mora, L. (2003). Christchurch Inner City 'Streeties' - Perspectives, Aspirations and Challenges Part Two. Christchurch: Christchurch City Council.

Murray, C. J. L., & Lopez, A. D. (1996). The Global Burden of Disease. Geneva: World Health Organisation, Harvard School of Public Health, World Bank.

Nam, B., & Ward, R. (2006). Refugee and Migrant Needs: an annotated bibliography of research and consultations. Wellington: RMS Refugee Resettlement Inc.

National Advisory Committee on Health and Disability. (1998). The Social, Cultural and Economic Determinants of Health in New Zealand: Action to improve health. Wellington: National Advisory Committee on Health and Disability.

National Health Committee. (1998a). The Social, Cultural and Economic Determinants of Health in New Zealand: Action to Improve Health, *A Report from the National Advisory Committee on Health and Disability (National Health Committee)*. Wellington: National Health Committee.

National Health Committee. (1998b). The Social, Cultural and Economic Determinants of Health in New Zealand: Action to Improve Health. Wellington: National Health Committee.

National Health Committee. (2004). To Have an 'Ordinary' Life: Community membership for adults with intellectual disability. Wellington National Health Committee.

New Zealand Government. (2001). Pathways to Opportunity Wellington: New Zealand Government.

New Zealand Police. (2005). Briefing to the incoming Minister Wellington: New Zealand Police

Newton, M. (2003). Fendalton Waimairi Youth Recreation/Leisure Consultation. Christchurch: Christchurch City Council.

Ngai Tahu (2001). Ngai Tahu 2025. Christchurch, Ngai Tahu.

Nowland-Foreman, G. (1995). Neither Mendicants Nor Deal-Makers: Contracting, Government Funding and Voluntary Organisations. Background Paper prepared for New Zealand Council of Christian Social Services: Photocopied.

Nowland-Foreman, G. (2006). Investing in Capacity: A Review of Arts Waikato and Social Services Waikato for Trust Waikato Hamilton: Social Services Waikato for Trust Waikato

Nowland-Foreman, G. & Wylie, S. (1998). Report on the Development of an Older Adults Policy for CCC. Christchurch: Christchurch City Council.

OECD. (2002). Education at a Glance: OECD Indicators: 2002 Edition. Paris.: OECD.

Office for Senior Citizens. (2007a). Briefing To The Incoming Minister For Senior Citizens 2005. Wellington Office for Senior Citizens.

Office for Senior Citizens. (2007b). Positive Ageing Strategy. Wellington Office for Senior Citizens.

Office for the Deputy Prime Minister. (2002a). Council Tax Consultation – Guidelines for Local Authorities. London: ODPM.

Office for the Deputy Prime Minister. (2002b). Public Participation in Local Government A survey of local authorities. London: ODPM.

Office of Disability Issues. (2001). The New Zealand Disability Strategy. Making a World of Difference. Whakanui Oranga. Wellington: Office of Disability Issues

Office of Disability Issues. (2005). Briefing to the Incoming Minister for Disability Issues - Making a World of Difference. Wellington: Office of Disability Issues

Office of Senior Citizens. (2007a). *Positive Ageing Strategy Action Plan and Annual Report*. Retrieved. from http://www.osc.govt.nz/positive-ageing-strategy/index.html#2.

Office of Senior Citizens. (2007b). *Positive Aging Strategy Action Plan and Annual Report*. Retrieved. from http://www.osc.govt.nz/positive-ageing-strategy/index.html#2.

Office of the Deputy Prime Minister. (2002). Public Participation in Local Government – A Survey of Local Authorities. London Office of the Deputy Prime Minister.

Office of the Deputy Prime Minister. (2005). Civic Education and Local Government. A Literature Review. London: Office of the Deputy Prime Minister.

Opinions Market Research (1998a). Attitudes to Cycling in Christchurch: Stage 1 - Initial Exploratory Qualitative Research Findings. Christchurch: Christchurch City Council.

Opinions Market Research (1998b). Attitudes to Cycling in Christchurch: Stage 2 - Quantitive Research Findings. Christchurch: Christchurch City Council.

Opinions Market Research (1998c). Assisting with the Youth Recreation Needs Study - Initial Qualitative Stage. Christchurch: Christchurch City Council.

Opinions Market Research (2000). Building a Supply Picture for Sport and Recreation in Christchurch. Christchurch: Christchurch City Council.

Parrett, J. (2005). Hagley Ferrymead Older Adults Research. Christchurch: Christchurch City Council.

Parsons, L. (2005). Refugee Resettlement in New Zealand and Canada. Wellington: RMS Refugee Resettlement.

Paton, D. (2006). Report on Capacity Building in Community Organisations. . Auckland: ASB Community Trust.

Peace, R. (2001). Social exclusion: a concept in need of definition? *Social Policy Journal of New Zealand, 16*(16).

Peri, K., Fanslow, J., Hand, J., & Parsons, J. (2008a). Elder abuse and neglect Exploration of Risk and Protective Factors. Wellington NZ Families Commission.

Peri, K., Fanslow, J., Hand, J., & Parsons, J. (2008b). Elder abuse and neglect. Exploration of risk and protective factors. A report for the families commission: Families Commission.

Perry, B. (2007). Household Incomes in New Zealand trends in indicators of inequality and hardship 2002-2004. Wellington Ministry of Social Development

Peters, M. & McOscar, P. (2000). Burwood and Pegasus Community: Youth Recreation Needs Study. Christchurch: Christchurch City Council.

Phibbs, S. & Kelly, S. (1996). Belfast: A Community in Transition: Recreation and Community Services Needs Analysis. Christchurch: Christchurch City Council.

Phibbs, S. & Kelly, S. (1998). Upper Riccarton Community Needs Analysis. Christchurch: Christchurch City Council.

Pickett, K. E., & Pearl, M. (2001). Multilevel Analyses of Neighbourhood Socioeconomic Context and Health Outcomes: A Critical Review *J Epidemiol Community Health, 55*(February), 111-122.

Putnam, R. D. (2000). *Bowling Alone. The Collapse adn Revival of American Community*. New York: Simon and Schuster.

Reid, M. (1993). Community Centres - Facilities for the Enhancement of Community Life. Christchurch: Christchurch City Council.

Reid, M. (Ed.). (1997). *A Local Government Perspective on Social Capital*. Wellington: Institute of Policy Studies.

Research First. (2006). Christchurch City Council and the Intercultural Assembly: A Three Year Review. Christchurch: Christchurch City Council.

Research New Zealand. (2006). 45 Plus: Choices in the labour market: Final Report - Stage 1 Review of literature on programmes of career information, advice and guidance for mature non-participants. Wellington: Department of Labour

Richardson, M. (1998). *Social Capital: All That is Good?* Unpublished Masters, University of Canterbury, Christchurch.

Richardson, M. (2003). Community Funding Review Summary Report. Christchurch: Christchurch City Council.

Richardson, M. & MacDonald, J. (2000). Metropolitan Community Profile: Working Document. Christchurch: Christchurch City Council.

Robertson, M. C., Devlin, N., Gardner, M. M., & Campbell, A. J. (2001). Effectiveness and economic evaluation of a nurse delivered home exercise programme to prevent falls. 1: Randomised controlled trial. *BMJ, March 24*(322(7288)), 697.

Rossiter, J. & Hill, M. (2006). Needs of Older Adults Living in the Inner City East Community. Christchurch: Christchurch City Council.

Routledge, R. & Nicholas, G. (2006). Merivale and Environs - A Community Survey. Christchurch: Christchurch City Council.

Royal Australasian College of Physicians Health Policy Unit. (1999). For Richer, for Poorer, in Sickness and in Health. Sydney: Royal Australasian College of Physicians Health Policy Unit.

Royal Commission on Social Policy. (1988). *Towards a Fair and Just Society*. Wellington: Royal Commission on Social Policy.

Rudge, J. and R. Gilchrist (2005). "Excess winter morbidity among older people at risk of cold homes: a population-based study in a London borough." Journal of Public Health **27**(4): 353-358

Safe Communities Foundation New Zealand. (2007). Criteria and Process for Accreditation as a Safe Community of the WHO Safe Community Network. from www.safecommunities.org.nz .

Sampson, R. J. a. W. B. G. (1989). Community Structure and Crime: Testing Social-Disorganization Theory. *American Journal of Sociology, 94*(4 (January)), 774-802.

Saville-Smith, K. (2008). Facing up to Fuel Poverty: What Research Tell Us? Wellington, Centre for Research, Evaluation and Social Assessment.

Schischka, J. (2007). Report on Sydenham Community Development Project Interviews conducted Sept-Nov 2006. Christchurch: Christchurch City Council.

Schroder, R. (2004). Canterbury Centre for Youth Health and Development (CCYHD) Scoping Report. Christchurch: Christchurch City Council.

Simmons, D., Fairweather, J., Stone, M. (2003). Tourism in Christchurch and Akaroa: Challenges for Planning and Recommendations for Management. Christchurch: Christchurch City Council.

Simpson, T. (2001). Youth Needs in Burnside/Bryndwr. Christchurch: Christchurch City Council.

Singh, A., & Cohen, S. (2001). A General Practitioners Guide to Managing Severe Mental Illness. London: Sainsbury Centre.

Smith, G. D., Bartley, M., & Blane, D. (1990). The Black report on socioeconomic inequalities in health 10 years on. *BMJ, Aug 18;301*(6748), 373–377.

Smith, H. (1994). Survey of Women's Needs in Phillipstown. Christchurch: Christchurch City Council.

Snively, S. (1994). The New Zealand Economic Cost of Family Violence. . Auckland: Coopers and Lybrand.

Snook, T. (1998). Communication and Consultation in Linwood: A Community Research Project. Christchurch: Christchurch City Council.

Sopoaga, F., Buckingham, K., Paul, C., Gray, A., & Nair, s. (2004). Health Needs Analysis Pacific People South Island. Dunedin: Department of PReventative and Social Medicine.

South Island Shared Service Agency Ltd. (2004). The need for services for older people in Canterbury Christchurch: South Island Shared Service Agency Ltd.

Southern Centre Multi-sensory Facility (2006). The Southern Centre: Community Consultation Results. Christchurch: Christchurch City Council.

Sparrow, M. (1998a). Templeton: A Household Survey. Christchurch: Christchurch City Council.

Sparrow, M. (1998b). Riccarton and Wigram Wards Community Safety from Crime Report 1998. Christchurch: Christchurch City Council.

Sport Canterbury. (2002). Market Research Report: Assessment into the Health of Sports Clubs in Christchurch Clubs. Christchurch: Christchurch City Council.

St John, S., & Wynd, D. (Eds.). (2008). *Left behind: How social and income inequalities damage New Zealand children* Auckland: Child Poverty Action Group

Statistics New Zealand (2006). Identifying Non-Profit Institutions in New Zealand. Wellington, Statistics New Zealand.

Statistics New Zealand. (2006). Demographic Trends 2005 – Reference Report. Wellington: Statistics New Zealand.

Statistics New Zealand (2007). 2006 Disability Survey. Wellington, Statistics New Zealand.

Statistics New Zealand (2007). Counting Non-profit Institutions in New Zealand. Wellington, Statistics New Zealand.

Stephenson, J., & Scobie, G. (2002). The Economics of Population Ageing, *New Zealand Treasury Working Paper 02/05*. Wellington: The Treasury

Stevenson, A. (2007). What We Know About How Urban Design Affects Children and Young People: The Interaction Between Health Outcomes and the Built Environment. Christchurch: CCC and CDHB.

Stewart, C. (2006). Injury Morbidity and Mortality Data Christchurch. Christchurch: Christchurch City Council.

Strategic Leisure Ltd. (2000) Avonhead Sport, Recreation and Art Study. Christchurch: Christchurch City Council.

Tay, R. (1999). Voices of Asian Youth. Christchurch: Christchurch City Council.

Taylor, D., & Stretton, C. (2004). The Otago Exercise Programme:An evidence-based approach to falls prevention for older adults living in the community. *Continuing Medical Education, December*.

Te Kaiawhina Ahumahi. (2007). Scoping Exercise – Social Service NGO Training and Qualifications Draft Report unpublished.

Te Puni Kokiri. (2000). Progress Towards Closing Social and Economic Gaps Between Maori and Non-Maori. A report to the Minster of Maori Affairs. Wellington: Te Puni Kokiri.

Te Puni Kokiri. (2003). Evaluation of the Te Puni Kokiri Capacity Building Programme. Wellington: Te Puni Kokiri

Te Puni Kokiri (2006). Statement of Intent. Wellington: Te Puni Kokiri.

Te Puni Kokiri (2007). Quality of Life Indicators for Maori. Wellington, Te Puni Kokiri.

Te Puni Kokiri (2007). Ngä Kaihanga Hou. For Mäori Future Makers. Wellington, Te Puni Kokiri.

The Children's Ombudsman. (2006). *Child Impact Analysis. Achieving quality in decisions that concern children and young people.* Retrieved. from http://www.bo.se/files/in%20english,%20publikationer,%20pdf/publications/child%20impact%20analysis_achieving%20quality_%202006.pdf.

Third Age. (2000). Mature Aged Workforce - Is There a Future? Christchurch: Christchurch City Council.

Thomas, C. (1997). The Bryndwr Consultation. Christchurch: Christchurch City Council.

Thomas, C. (2005). Bryndwr Community Consultation Draft. Christchurch: Christchurch City Council.

Thomas, R. & Wilkinson, S. (1992). Christchurch Youth: Issues and Needs. Christchurch: Christchurch City Council.

Thorpe, F., Marr, J. & Richardson, J. (2007). The Migrants Report 2007: A Demographic Profile of Ethnic Minority Migrant Groups in Christchurch City. Christchurch: Christchurch City Council.

Tobias, M., & Howden-Chapman, P. (2000). Social Inequalities in Health, New Zealand 1999: A Summary. Wellington: Ministry of Health.

Tomkinson, E. (2006). Teenage Pregnancy. Christchurch: Christchurch City Council.

True, J. (2005). *Methodologies for Analysing the Impact of Public Policy on Families*. Wellington: Families Commission

UNICEF. (2003). A League Table of Child Maltreatment Deaths in Rich Nations. Geneva.: UNICEF Innocenti Research Centre.

United Nations Development Programme. (2005). Inequality and Human Development, Chapter 2 of the Human Development Report 2005: International Co-operation at a Crossroads - Aid, Trade and Security in an Unequal World. New York: United Nations Development Programme, Human Development Report Office

University of Auckland. (2003). Christchurch Youth: A Profile of their Health and Wellbeing. Auckland: University of Auckland (Faculty of Medical and Health Sciences).

University of Auckland. (2007). Violence and New Zealand Young People. Auckland: University of Auckland (Faculty of Medical and Health Sciences).

Ussher, S. (2004). A Ticket to a Sustainable Future for the Walking School Bus Programme. Christchurch: Christchurch City Council.

Varheim, A. (2006). *Social capital and the Multicultural Challenge: the Role of the Public Library*. Paper presented at the Paper Prepared for Presentation at the 4th Annual Meeting of the Document Academy at the School of Information. from

http://thedocumentacademy.hum.uit.no/events/docam/06/papers/avarheim-docam2006.pdf

Voigt, K. (2005). Report on Needs, Expectations and Priorities of the Bromley Community. Christchurch: Christchurch City Council.

von Pein, T. (2000a). Bromley/East Linwood Area Profile Research. Christchurch: Christchurch City Council.

von Pein, T. (2000b). Sumner/Moncks Bay Area Profile Research. Christchurch: Christchurch City Council.

VUW. (2006). *Discussion Forum: Community Engagement* Paper presented at the Forum on Police-Community Engagement, Hunter Council Chamber, Victoria University of Wellington.

Wainwright, T. (2005a). The Health and Independence of Older Cantabrians. Christchurch: South Island Shared Service Agency.

Wainwright, T. (2005b). Planning health and disability support services for older people over the next 20 years – a brief literature review. A resource paper for the Canterbury District Health Board's Older People's Health Services Strategy Project, April 2005. Christchurch: South Island Shared Service Agency.

Waitakere City Council. (2001). *Interacting with our Community a Community Interaction*. Auckland Waitakere City Council, o. Document Number)

Wason, K. (2002). Needs Analysis Review: Hoon Hay. Christchurch: Christchurch City Council.

Wellington City Council. (2003). Implementation Of The Social Strategy- Stage 1. Wellington: Wellington City Council.

Western Australian Planning Commission. (2006). Designing Out Crime Planning Guidelines. Perth: Western Australian Planning Commission.

Whitehead, M. (1992). Inequalities in Health: the Health Divide. London: Penguin.

WHO. (1998). The Solid Facts. Geneva: WHO.

Wilkinson, R. (1996). *Unhealthy Societies: The Afflictions of Inequality*. London: Routledge.

Wise, S. (2001). Creating "Child Friendly" Communities: A Strategy to Reclaim Children from Risk *Australian Journal of Social Issues, 36*(2 May), 153.

Wolfreys, J. (2001). Bridging the Gaps in Youth Employment: Canterbury Youth Employment Forum Report. Christchurch: Christchurch City Council.

Wong, S. (2003). Integration of older refugees. The integration experiences of older Assyrian, Cambodian and Somali refugees in Wellington, *A paper submitted to Victoria University of Wellington in partial fulfilment of the requirements for the Graduate Diploma in Science*. Wellington: Victoria University of Wellington.

Woodward, A., & Kawachi, I. (1998). 8Why Should We Reduce Health Inequalities? Reasons for Acting on the Social, Cultural and Economic Factors that Cause Ill Health. Wellington: National Advisory Committee on Health and Disability.

Woolcock, M. (1999). *Social Capital: The State of the Notion.* Paper presented at the Multidisciplinary seminar on Social Capital: Global and Local Perspective, Helsinki.

Woolley, M. E., & Grogan-Kaylor, A. (2006). Protective Family Factors in the Context of Neighborhood: Promoting Positive School Outcomes. *Family Relations, 55*(January 2006), 93–104.

Wylie, C. (2001). Research Projects on Competent Children Study. Wellington.: New Zealand Council for Educational Research.

Wylie, S. (1999a). Graffiti Vandalism: The Current Situation in Christchurch and Potential Counter-measures. Christchurch: Christchurch City Council.

Wylie, S. (1999b). 4YP (For Young People) Youth Entertainment Project Review. Christchurch: Christchurch City Council.

Wylie, S. (1999c). Strategy for Out of School Programmes in Christchurch and Its Ward Areas. Christchurch: Christchurch City Council.

Wylie, S. (2000a). Recreation and Arts Involvement of Older Adults in Christchurch: A Needs Analysis. Christchurch: Christchurch City Council.

Wylie, S. (2000b). Skateboarding, Inline Skating and Freestyle BMX Cycling Strategy. Christchurch: Christchurch City Council.

Wylie, S. (2001). Central City Pedestrian Activity Survey. Christchurch: Christchurch City Council.

Wylie, S. (2002). Christchurch Youth Work Project Progress Report. Christchurch: Christchurch City Council.

Wylie, S. (2003a). Christchurch City Council Children's Holiday Programme: Parent/Caregiver Survey. Christchurch: Christchurch City Council.

Wylie, S. (2003b). Evaluation of Spreydon Youth Community. Christchurch: Christchurch City Council.

Wylie, S. (2003c). Wigram Community Sport, Recreation and Art Needs Analysis. Christchurch: Christchurch City Council.

Wylie, S. (2004). Evaluation of LYFE. Christchurch: Christchurch City Council.

Wylie, S. (2005a). Evaluation of the Hornby Youth Worker's Project. Christchurch: Christchurch City Council.

Wylie, S. (2005b). Evaluation of Employment Services Offered by Kingdom Resources Ltd., A Charitable Company. Christchurch: Christchurch City Council.

Wylie, S. (2005c). South New Brighton - Southshore Community and Recreation, Sport and Arts Needs Analysis. Christchurch: Christchurch City Council.

Wylie, S. (2006a). Evaluation of Cross Over Trust. Christchurch: Christchurch City Council.

Wylie, S. (2006b). Christchurch Youth Work Project: Status Report. Christchurch: Christchurch City Council.

Wylie, S. (2006c). Feasibility Study on Suburban-based Community Group Shared Accommodation: Suburban Community Houses. Christchurch: Christchurch City Council.

Wylie, S. (2006d). Community and Recreation Needs Analysis and Community Facilities Plan for Belfast. Christchurch: Christchurch City Council.

Wylie, S. (2006e). Review of the Acheson Avenue Renewal Project. Christchurch: Christchurch City Council.