

**Appendix:**

**Interviews with**

**Community stakeholders**

## TRENDS

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### a). Older people

The population of older people is increasing. The population of older people is characterised by:

- More women than men.
- An increasingly large number of people over the age of 85.
- Many of these older people over 85 are staying in their own homes with support from a number of agencies.
- Falls are the number one health problem for people over the age of 85.
- There is increasing awareness of alcohol and drug problems in the older population.

As the population ages, the percentage of the population with Alzheimer's and dementia will increase. There is an expectation that an older population will make greater demands on the health system.

### Youth

Young people are more mobile than in the past. The importing of cheaper Japanese used cars has resulted in more young people being able to afford to buy cars at a younger age. "Boy racers" have received wide media coverage, but this is not just a local issue, but a world-wide trend. The "risk-taking behaviours" of young people in cars is exacerbated by the combination of driving and use of alcohol.

More young people now hang out in suburban malls than in the central city. They can travel on the Orbiter to all city malls. Although many shops and theatres target advertising to the youth market, groups of young people aren't welcomed in malls. Mall managers are handing out three year trespassing orders to young people.

Young people are also hanging out at the bus exchange. Young people as a group are one of the main consumers of bus transport services, but the bus exchange does not accommodate their needs in any way, for example, screening videos for young people waiting to catch the bus.

The alcohol ban in the central city is reducing crime in the vicinity. There is some concern that the ban may simply be displacing the problem to the suburbs.

More young offenders appearing before the courts have severe alcohol or drug abuse problems.

There are many young people in the Asian communities in Christchurch. The influx of young Asians to English language schools has a major impact on central Christchurch. Very little is known about the needs of Asian youth in Christchurch. Their needs have not been taken into account in the planning of services or facilities.

### **Education**

Truancy rates are increasing. One term last year over 1200 young people were picked up off the streets and malls for truanting for the first time. There is a need for alternative educational facilities for the 10 – 15 age group.

Young people leaving school will not work in one type of job for the rest of their lives. When they leave school they need to be flexible with good all-round skills.

### **Housing**

Housing is becoming increasingly expensive. Rents have gone up because of the scarcity of rental property in Christchurch. It is also more difficult for people to save the required deposit to buy a house because the value of residential property has also increased rapidly in the past year.

Housing information, advice, advocacy and education is not funded by any state agency. Both state and local govt are involved in housing provision, but

neither provide advice themselves nor contract voluntary sector provision in the way that CYF does for child & family services.

### **Work**

There are skills shortages in trades, and at the top end of the social services, for example, teachers, nurses, and doctors. These shortages are a global problem, and we need to recognise that NZ is a player in this global market.

The lack of jobs for young graduates in Christchurch, coupled with the repayment of students loans, is resulting in many young graduates going overseas for employment. At this point in time it is difficult to know if they will return to NZ, or if their education and skills will be permanently lost to this country.

Unemployment rates are coming down, but the gap between the highest and lowest incomes is increasing.

### **Poverty**

Single parent families on benefits are living in poverty. Their benefits are inadequate to meet the everyday, ongoing costs for themselves and their children.

Although poverty is a significant issue in Christchurch, there is no forum where issues relating to poverty can be addressed. There is currently no overview of how poverty is manifested in Christchurch. There appear to have been no tangible results resulting from the CCC poverty research completed about 7 years ago.

### **Families**

Many children are being brought up in women-headed families where there is no male role-model. There are few males in social services or education, and boys in particular, are missing out by not having good male role models in their lives.

## **Health**

De-institutionalisation of the mental health sector is continuing to impact on the community. Placing people in the community should be done because it is the best option for those concerned, and not as a money saving exercise.

Alcohol and drug abuse in young people is a growing trend. Young people of both genders and all ethnic groups are affected by drug and alcohol. There are no facilities in

Christchurch to treat young people at the severe end of alcohol and drug use. A lot of early intervention programmes and projects are not picking up young people with abuse issues early enough.

## **Cultural/Ethnic/Immigration**

There is a significant growth in numbers of Maori living in Christchurch and Canterbury. For example, there were 15,394 Maori in Canterbury in 1994, and 21,500 in 1996. By the year 2121, the Maori population in the Canterbury area is predicted to increase by 52%. The Maori population has a greater proportion of children and young people than the general population.

The low voter turnout of 48% at the last local authority elections is part of a trend of disengagement with politics. Currently there are no Maori councillors on the CCC, which is a significant concern for Maori in Christchurch.

There are few Maori working in statutory agencies, and those who are employed are usually in the lowest positions.

There is a growing relationship between the voluntary sector and the tangata whenua which is very positive.

There is a growth in the number of people from non-English speaking backgrounds in Christchurch. Christchurch has traditionally been conservative, and with our communities becoming more diverse, there is a need for acceptance of difference.

The war against Iraq is creating huge problems in the refugee communities as people who have lived through a war are re-traumatised by what they see and hear in the media. People from Iraq or bordering countries are worried about their relatives still in the war zones.

### **Voluntary and community sector**

Government departments are becoming increasingly specialist in their services, and are expecting the voluntary or community sector to pick up many services that they no longer provide. For example, a voluntary organisation can run parenting programmes, but be unable to meet the requirements for the primary agency working with the family. Child Youth and Family has become an assessment service and once the assessment is completed, voluntary organisations are expected to provide all the required services.

There are fewer people willing or able to do voluntary work in Christchurch. Many families rely on two incomes to survive, and people without jobs often cannot afford to volunteer. The volunteers with skills working in the community are overloaded and near burnout. Heavy compliance requirements for funding are creating situations where highly skilled volunteer management committees or boards are required.

The government is required to work with the voluntary/community sector, but this need to consult is placing extra work onto already stretched community organisations. The community mapping exercise was seen as a positive model for combined consultation and needs assessments.

Informal volunteering, for example caring for elderly parents or grandchildren, is increasing, but is still largely invisible.

There is less activism within the voluntary and community sectors as organisations struggle to provide essential services that they are contracted for. There is a greater emphasis on "Fixing the individual, rather than

exploring some of the social inequities that created the problem in the first place”.

Funding has caused a fragmentation of voluntary and community groups, with new groups being funded at the expense of ones that have been successfully providing services to the community for several years.

There is a trend for funding providers to fund for projects, but not for organisational infrastructure. Without the infrastructure the organisation will fall over. As one representative of a community group stated “If we don’t get the funding to keep the systems going, putting money into projects is just like throwing it away, because it can’t be sustained in the long term”.

## 2. OUTCOMES

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“We want a city that is safe for everyone, no matter what age, ethnicity or gender. People will be safe in their homes, on the streets and in the workplace, and have the opportunity to fulfil their potential”.

Participants came up with a number of statements similar to the one above where they identified the following ideas:

- Society is equitable
- Personal safety
- Being valued
- People reaching their potential
- People being involved in communities
- Everyone has access to a living income, health care, housing and education.
- Education is inclusive of people with different cultural backgrounds, sexualities, abilities and disabilities.
- All children leave school literate and numerate.
- People feel in charge of their own lives.

- Older people are respected and supported.
- Older people have adequate supports to live in their own homes.
- Older people have affordable options in residential care.
- There is a greater recognition and acceptance of difference.

### **3. PRIORITIES OF OUTCOMES**

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Participants were not asked to prioritise the outcomes.

### **4. CRITICAL FACTORS THAT CONTRIBUTE TO ACHIEVING SUCCESSFUL OUTCOMES**

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#### **Community wellbeing**

- Greater buy-in from the Maori community into democratic processes at both Central and Local Government levels.
- The adoption of an official 'poverty line', under which no individuals or families are expected to manage. Benefits and minimum wage levels would be set in relation to the poverty line.
- Everyone has to be part of finding the solution, not just the CCC or a government department. There needs to be community ownership of community issues.
- There needs to be a greater respect for older people, adequate resources to meet their needs, and more staff trained in the caring roles.
- Being realistic about what can and cannot be achieved by voluntary/community organisations.
- Greater communication and collaboration between Government Departments and community organisations.

- There need to be links between the business and the tertiary sectors. The tertiary sector needs to be responsive to the employment markets.
- There needs to be greater diversity in workplaces which are sometimes segregated along gender or racial lines, for example women in teaching, Maori men in freezing works.

## **5. FACTORS MAKING PROJECTS SUCCESSFUL**

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### **Resources**

- There need to be adequate resources going into the community sector to provide the needed services. The community should not be seen as a cheap option for delivery of essential social services for the Government.

### **Processes**

- Clients/consumers need to be involved in setting up organisations and deciding how services will be run.
- Buy-in from the community.
- Organisations need to be adaptable to change.
- Organisations need clear goals for all members to work towards achieving.
- Teamwork.
- Researched needs.
- Good planning that builds on the results of research.
- Evaluation

### **Structures**

- Collaborative projects that are interdepartmental and involve the community organisations, for example Healthy Christchurch, model alternative structures for community action.
- Community organisations need to have skilled management committees or boards.

### **People**

- It is important to have the right people in all positions.

- Key individuals need to have passion, commitment, and drive.
- Effective leadership is critical – it is often difficult to remove ineffective people from top positions.
- Need to have adequate time.

### **Barriers or limitation to achieving the desired outcomes**

Barriers to achieving desired outcomes were the opposite of comments listed under questions four and five above. Additional barriers identified include:

- Lack of recognition for organisations in the voluntary sector.
- The way that some Government Departments operate is disempowering clients. People need an adequate living wage as a right, and not a privilege that can be removed by a Department.
- In Christchurch there is too much emphasis on the central city to the detriment of the suburbs. For example, the cost of renovations to Cathedral Square could have been more productively used in suburban centres.
- In Christchurch there is little turnover of staff in key social service agencies. This does not enable new people with new ideas to move into positions of influence.
- Racism is a barrier to achieving positive outcomes. The media is not helpful when giving inadequate information on the situation, for example with the Ngai Tahu Childcare facility at the Polytechnic.
- The physical environment of cold Christchurch winters makes it difficult to meet desired outcomes of everyone living in a warm house/flat.
- The myriad of accountability reporting requirements from different government funding bodies is a barrier to the voluntary sector achieving outcomes.

### **Need for additional funding/services**

Most representatives of agencies interviewed did not believe that more money was needed in the Christchurch community, but that existing resources be better prioritised and organisations funded adequately for longer term contracts..

### **Priorities for additional funding**

In the context of the comments to question 7, people identified a need for more resources to be spent on:

- Post school courses for Maori.
- Parenting programmes
- Funding to ensure continuity in voluntary organisations.
- School support services for children with disabilities.

### **Organisational contributions to the community**

Participants were asked what contribution their organisations made to the community. In addition to the services they delivered to their clients/consumers, participants identified the following contributions:

- Local and national networks that can be utilised by Local and Central government for consultation and identification of community needs.
- The opportunity for people to develop skills and take on leadership roles within their communities.
- A different perspective that emphasises empowerment and self-determination.
- Provide a voice for specific groups, for example Maori, Pacific peoples, people with mental health issues.
- Lobbying at the national level for the voluntary sector.
- A co-ordinating role for Government and community services. One participant described this contribution as “We are the cement holding together supportive services to new citizens”.

## 6. COLLABORATION

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### **Opportunities for increased internal collaboration**

Representatives of most community/voluntary agencies said that they had excellent internal communication and collaboration. Most agencies are small with paid staff and volunteers at one site. Agencies with staff at different sites made a conscious effort to ensure that information channels were kept open.

### **Opportunities for increased collaboration with external agencies**

Apart from one organisation that did not wish to share information for commercial reasons, all other agency representatives interviewed talked about extensive use of networks across the community, Local Government and Central Government departments. For example, the Youth Workers Collective is made up of many member organisations involved in working with young people. The Youth Workers Collective works on projects in collaboration with other agencies, for example, the Police, Community Boards, and Child Youth & Family.

Two collaborative projects were mentioned by several participants. The Strengthening Families project was cited as a successful collaborative project by agencies working with children, young people and their families. The second project mentioned was the Healthy Christchurch initiative. Most of the organisations represented in this report were signatories to the Healthy Christchurch charter and several were actively involved in Healthy Christchurch projects.

Although collaboration and co-operation between agencies is a defining characteristic of the way the voluntary/community sector operates, several people mentioned that there is a cost to collaboration. They were prepared to meet that cost, because of the positive spin-offs for their organisations and their clients/consumers.

## ***People interviewed***

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Norm Dewes	Nga Maata Waka
John Harrington	Youth Worker's Collective
Maria McEntyre	Waipuna
Donna Ellen	Childwise
Kathrine Peet	Volunteering Canterbury
Ruth Gardiner	Volunteering Canterbury
Jan Francis	Mayors for Jobs
Sue Turner	Mental Health Foundation
Gilbert Taurua	He Oranga Pounamu
Sharon Torstenson	Council of Social Services
Andrew Dickerson	Age Concern
Angela Howard	Age Concern
Paul Traynor	Alcohol and Drug Assn NZ
Linda Trocker	DPA
Felicite Jardine	Refugee Resettlement Support
Fiona Pimm	He Oranga Pounamu
Sue Ashworth	Primary Principals Association
Raewyn Saunders	Paparoa St School