

Community and Social Recovery Needs and Capacities in Ashburton District in Covid-19 Times



**Prepared for Safer Mid Canterbury and Ashburton District's Caring
for Communities Welfare Recovery Group**

By

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EXECUTIVE SUMMARY

Background

The “Caring for Communities Welfare Recovery Group”, through Safer Mid Canterbury commissioned research which could underpin a planned response model to support the community and social sector through Covid-19 and beyond. The present research was undertaken by Sarah Wylie, a social and community researcher and evaluator.

Methodology

The research employed a predominantly qualitative methodology, comprising a brief literature review, review of relevant demographic data, electronic surveys of service providers, community organisations and health and wellbeing services, schools, funders and members of a Pasifika Facebook group for the district, and 106 community experts - social, community and health and wellbeing-focused providers and a sample of schools across the district, along with groups well-equipped to provide commentary of the economic situation in Ashburton took part in 36 in-depth, semi-structured interviews and focus groups (32 face-to-face and 4 undertaken by phone). Data was collected through late July and August 2020.

Findings

Ashburton district is a community of relative affluence, with historically low unemployment and an economy with a strong agricultural base, which in the current environment means a high proportion of workers and businesses are classed as essential. While Covid-19 has impacted some businesses in the community, and especially hospitality and tourism businesses centred in Methven, and retail in Ashburton, the impact has been, and is expected to continue to be less strong than in many other parts of the country.

As a district known as caring and historically responsive to local need, the community has a good range of social supports and services in place, both via a presence of larger national organisations and smaller homegrown solutions to local need, and the community is strongly supportive of its own services.

Ashburton district is fortunate to have a sizeable number of local philanthropic trusts and strong service clubs and groups, which work hard to operate in a collaborative manner and are well-supported by the community.

The community service sector is much more networked and coordinated than it was a few years ago, and some excellent examples of collaboration are occurring between agencies and organisations, and between funders themselves. Coordination and collaboration have been enhanced through the Covid-19 welfare response.

While Ashburton's social and community sector is relatively strong, there are service gaps or areas of weakness. At a general community level, the most significant gaps/weakness are as follows:

- Coordination and collaboration in social services is not as strong as it could be.
- Service navigation is difficult, especially for people who have not needed to access services in the past.
- While more available than was the case a few years ago, counselling remains hard to access for some, and especially 1) low / no cost counselling for younger children, families, parents/couples, men and 2) available outside the GP/medical system
- Access to mental health services has improved but issues remain around capacity and waitlists, and lack of local acute response outside normal working hours.
- Access to GPs is improving but still limited.
- There is a lack of youth-friendly health and wellbeing services.
- There is a shortage of social housing and a lack of emergency housing.
- The community has limited access to stopping violence services, especially for men.
- There is room for improvement in cultural awareness and competency.
- There is only very limited sexual health service access outside GPs locally.
- Need for parenting guidance and reassurance, especially around supporting the mental health of children.

Through the present research, the following social, wellbeing and community needs emerged most strongly at a general population level:

- Stress and burnout among many professionals and community workers in the NFP sector and across government agencies and providers
- Hidden hardship - While the number of job losses in Ashburton as a result of Covid-19 have not been large, a number of workers have had their hours reduced, and a number of part-time roles that comprised the second income in a family household have been cut: official statistics do not tell the full story - some families are under considerable financial stress, experiencing food poverty, and for some, for the first time
- Lack of cultural acceptance - Ashburton's ethnic population composition has been changing for some time, but the community is still struggling to adapt this change - much more effort is needed to build understanding of Te Tiriti o Waitangi, to celebrate Māori culture and heritage as Tangatawhenua, and within a context of manaakitanga, to foster and encourage an acceptance of newcomers, and stand up against racism - need was highlighted both within NFPs and across the community
- Anxiety and mental health needs relating to Covid-19
- Mobility - Ashburton is hard to get around for people with disabilities, and for frail older adults, and rurally isolated people (Total Mobility is seen as too expensive for a

lot of people with disabilities) - need for a community van to be trialled in Ashburton District

- Need for more opportunities for positive prosocial and fun activities for young people
- Still a sizeable proportion of the population without adequate digital connectivity
- Need to retain the government department presence that Ashburton has locally
- Significant need for initiatives that build and strengthen wellbeing at individual, family and neighbourhood level, across generations, and focused strongly on the Five Ways to Wellbeing

Looking to the near future, research findings raise concerns that family harm, alcohol and drug needs and budgeting needs may increase once wage subsidies come to an end, that mental health supports would come under much more pressure as the realities of the post-Covid-19 economy sink in. Housing may come under increased pressure as people move back to Ashburton district from overseas and from other parts of the country more impacted economically, and as other newcomers move to the area from elsewhere in New Zealand looking for work.

The present research also highlighted needs for some particular groups, with Pasifika, young people, migrants and people needing to access support services for the first time emerging as the groups least catered for currently in terms of level of need.

Recommendations

On the basis of the research findings, the following recommendations are put forward as the basis of a welfare recovery plan for Ashburton District, and as priority areas that funders could strive to address:

Networking, Coordination and Collaboration

- I. Continue to resource coordination roles in the Ashburton District community, and maintain functional existing networks – Safe Communities Ashburton District Steering Group, the Caring Communities Recovery Group (at least for the next 12 months), Ashburton Community House Tenants’ Group, Suicide Prevention Network, Youth Offending Team, Ashburton Service Level Alliance (Canterbury Clinical Network) the Kahui Āko, Falls Prevention Network etc., supported with strategic inter-agency planning.
- II. Prioritise development of stronger networking and collaborative relationships within the 1) youth (bringing together Hakatere and Arowhenua Marae representatives, youth workers, youth wellbeing workers and mental health workers, youth group leadership, alternative education and youth training providers, youth coaches, youth transition workers school pastoral care staff, Police Youth Aid and youth justice, community development and recreation staff from ADC 2) migrant support sectors

and 3) training sectors (YMCA, Ashburton Learning Centre, Ara, AgITO, Work and Income – Apprentice Boost Scheme etc.).

- III. Where resourcing tightens, funders could consider the suggestion of requiring evidence of meaningful collaborative relationships in any new funding application.
- IV. Extend an invitation to join the Caring for Communities Welfare Recovery Group to include key training providers locally, including Ashburton Learning Centre and YMCA.
- V. Caring for Communities, working alongside the Ashburton Economic Recovery Group, should advocate strongly for development of a business network for the district, especially focused on retail and hospitality businesses.

Service Navigation and Information

- VI. The development of a Citizens Advice Bureau for Ashburton District is well-aligned to local need. This service should be adequately resourced to develop a comprehensive and regularly updated social services directory (hard copy and online) for the Mid Canterbury area, with strong input from service providers themselves via existing networks. Along with social and community support services, this directory should include as complete a list as possible of Pasifika churches, mainstream churches, the Ashburton mosque and other places of worship, as much as a resource for the community as for service providers themselves. It would also be useful to identify key sports clubs with high Māori, Pasifika, Filipino and other migrant participation within the district.
- VII. Full consideration should be given to the piloting of an initiative focused on the development of volunteer service navigators within migrant communities – social media cultural group administrators, church leaders of the Pasifika churches and churches such as Ashburton New Life and Ashburton Catholic Church with large migrant congregations / church communities, and people within those sports clubs with large numbers of migrant participants, trained and resourced with information about local services to help guide people in need to supports that are tailored to their needs, and provide reassurance around know service access barriers.
- VIII. Actively encourage existing services to undertake outreach through churches, sports clubs and workplaces with high engagement with migrants (and especially Pasifika and Asian communities, and more the rurally isolated), promoting their services directly.
- IX. The present research strongly evidences the value of Mana Ake in the local community and navigator roles based within medical centres.

Cultural Awareness, Acceptance and Cultural Competency

- X. Full consideration should be placed on enhancing the cultural competency of Mid Canterbury's community and social service providers, through Tikanga and Te Reo Māori training and professional development opportunities (delivered collaboratively where possible to make this cost-accessible for all providers), use of simple meeting protocols such as karakia, use of greetings in Te Reo and purposeful Iwi involvement.
- XI. Priority should be given to supporting community activities and events which celebrate Māori culture and heritage as Tangatawhenua, and within a context of manaakitanga, foster and encourage an acceptance of newcomers.
- XII. The research strongly endorses efforts of Welcoming Communities and other providers to build cultural understanding and acceptance towards refugee and migrant groups.

Service Gaps

- XIII. Advocate for and actively support efforts to enhance the access and availability of counselling services in the Mid Canterbury area, and especially low / no cost counselling for younger children, families, parents/couples and men and counselling which is accessible outside the GP/medical system.
- XIV. Advocate strongly for enhanced local access to mental health services in general.
- XV. The present research strongly endorses the value of development of the existing premises of BASE into a Youth One Stop Shop (YOSS), collaborating with Hype and drawing in other service providers to deliver youth-friendly services including counselling, wellbeing support, sexual health clinics and young parent support and combining this with the much-needed drop-in and hang-out space.
- XVI. Development of appropriate social housing which meets local needs and addressing the lack of emergency housing in Mid Canterbury should be prioritised, with housing expected to come under increased pressure in the short – medium term locally.
- XVII. Strong advocacy is needed to address the limited access to 1) stopping violence services locally, especially for men; 2) sexual health clinics outside GP practices; and 3) parenting supports accessible to single parents and families where a parent(s) works shift work and childcare is a barrier to participation
- XVIII. The research endorses the value of the trial of a community van in Mid Canterbury, and other measures which aim to increase the capacity for socially / rurally isolated people / people with disabilities who are unable to drive to engage in activities in their community which facilitate social connection and fun.

- XIX. Priority should be placed on initiatives which seek to enhance digital connectivity and technological capacity of older adults, people who are rurally isolated, and people with disabilities.
- XX. There is an increased and on-going need for initiatives that build and strengthen wellbeing at individual, family and neighbourhood level, focused strongly on the Five Ways to Wellbeing, and especially those that have inter-generational appeal.
- XXI. Findings support development of a dedicated Pasifika social service based in Mid Canterbury, but this would need strong codesign from Ashburton's Pasifika communities, and would be more cost effective as a branch of E Tu Pasifika or Fale Pasifika than as a standalone organisation.
- XXII. Findings highlight a need for much more provision of fun and appealing alcohol-free recreation opportunities for young people and for people with disabilities across the district, including both outdoor and indoor activities.
- XXIII. Findings highlight a need for stronger advocacy towards development of training opportunities locally, and for active promotion of employment opportunities that do exist for young people, both part-time and full-time.

Support for those who Support Others

- XXIV. Findings of the present research affirm the hard work put in through 2020 across the community, health, education and social service and support sectors, and the additional stress on this workforce which resulted from Covid, and continues. Professionals, community workers and volunteers in the NFP sector and across government agencies and providers should be acknowledged, but also given opportunity to support their own wellbeing.
- XXV. Funders can ease the pressure on those providers with which they have high trust relationships through a move to longer term funding arrangements, and these should be considered where possible.

TABLE OF CONTENTS

EXECUTIVE SUMMARY	2
1. BACKGROUND	9
2. RESEARCH QUESTIONS	10
3. METHODOLOGY	11
4. DEMOGRAPHICS	14
5. LITERATURE REVIEW	21
6. RESEARCH FINDINGS	28
6.1 Interview Findings	28
6.2 Findings of Survey of Community and Social Service Providers	63
6.3 Findings of Survey of Schools	73
6.4 Findings of Survey of Funders	76
7. DISCUSSION	79
8. RECOMMENDATIONS	83
REFERENCES	87

NOTE TO READERS

The researcher acknowledges the assistance provided by all those individuals and agencies who gave up their time to be interviewed or take part in focus groups, or provided information as part of the present research.

The projections and recommendations made in this report have been made on the basis of conscientious analysis of the research data and understanding of community trends, but are subject to uncertainty and variation as a result of evolving events.

While due care was taken throughout the research process, the author accepts no liability for errors or incorrect statements in the report arising from information supplied to the author during the research process.

1. BACKGROUND

A new group, the “Caring for Communities Welfare Recovery Group” was recently formed under the Mid Canterbury Safe Communities project, adapting the existing CDEM welfare function. The work of this group and of Ashburton District Council’s Civil Defence Recovery Manager in response to Covid-19 needs to be built on a solid evidence base, and to do this, Safer Mid Canterbury sought to commission research which could underpin a planned response model to support the community and social sector post Civil Defence involvement. Further, Advance Ashburton Foundation, the generous funder of this research, made a commitment to continue funding at least to the degree that they were into the Ashburton District pre-Covid-19. They seek to base their funding decisions on robust evidence of need, and the findings of the research strive to inform them of where funds can best be used in the next 1-2 years.

The present research was undertaken by Sarah Wylie. Sarah is a social and community researcher and evaluator with extensive experience in the community and social sectors across Greater Canterbury, including Ashburton District. Sarah has considerable experience in undertaking strategic research to inform community and social sector recovery practice, as a result of the Canterbury earthquakes.

2. RESEARCH QUESTIONS

The research sought to address the following research questions:

1. What is the current status of Ashburton District's NGO sector? (Strength and gap analysis, effectiveness of networks, extent and capacity for collaboration)
2. What is the capacity of the not-for profit and publicly funded social, education and health sector to respond to community needs arising from Covid-19 in the short, medium and longer term? (Strengths, opportunities, challenges, risks)
3. What is the central government, social and philanthropic funding landscape for the next 1-2 years and beyond, and what implications will this have for the community and social sector of Ashburton District?
4. What community, social and wellbeing needs are being addressed by the community and social sector now, and in what manner, and what is anticipated medium and longer term?
5. What needs are evident currently and are anticipated in the medium and longer term for migrants, socially isolated older adults, young people, unemployed workers and their families (and in particular, those new to unemployment) and how are these needs best addressed?
6. What do community providers need to maximise their capacity to support social recovery in Ashburton District?
7. How can the community, social, health and education sectors complement initiatives targeting economic development to maximise the district's capacity for recovery?

3. METHODOLOGY

The research employed a predominantly qualitative methodology, as follows:

- A brief online literature review was undertaken of literature regarding social impacts and best practice responses to Covid-19 for the community and social sector, relevant prior research in the district and articles relating to the philanthropic and governmental funding of the social and community sector post-Covid-19.
- Relevant demographic data from the Safer Communities annual report is presented, with some information updated.
- Four electronic surveys were undertaken:
 - a. A survey of service providers, community organisations and health and wellbeing services, administered via electronic survey link email to a range of local databases as follows:
 - the Caring Communities Recovery Group
 - Safe Communities Ashburton District Steering Group
 - Ashburton Community House Tenants' Group
 - Suicide Prevention Network
 - Ashburton Service Level Alliance (Canterbury Clinical Network)

The survey sought responses pertaining to the research questions, and the design of the survey was informed by other similar surveys being undertaken by other Communities – Auckland, Napier, by SEWN social service network in Christchurch, and Social Link Tauranga-Moana Aotearoa. There were 21 responses to this survey, around a 40 percent response rate.

- b. A second version of the survey (tailored to schools) was sent to the 23 schools across Ashburton district, to which 7 schools responded, yielding a 30 percent response rate.
 - c. A survey of funders was sent to 30 funders (including central government, local government, philanthropic trusts, service clubs and groups), which were members of the Mid Canterbury Funders' Forum, to which 7 responded (a response rate of 23.3 percent).
 - d. Following up a suggestion which emerged through consultations led by the Migrant Support Worker, a survey was promoted via link to members of the Facebook Group "Samoans of Ashburton", to which 3 people responded.

- 36 in-depth, semi-structured interviews and focus groups (32 face-to-face and 4 undertaken by phone) were conducted with representatives of a range of social, community and health and wellbeing-focused providers and a sample of schools across the district, along with groups well-equipped to provide commentary of the economic situation in Ashburton. The sample strived to robustly capture perspectives of those working to support Māori, Pasifika and other migrants, socially isolated older adults, young people, people with mental and/or physical health vulnerabilities, and individuals and families experiencing financial hardship across both urban and rural settings. A high proportion of consultations took the form of focus groups, and a number included service consumers. In total, 106 people took part in an in-depth interview or focus group. Most consultations took between 45 and 70 minutes.

Those organisations consulted via interview / focus group included the following:

- Hakatere Marae and Arowhenua Rūnaka Liaison
- Work and Income – staff meeting
- Oranga Tamariki – staff meeting
- Ashburton Ministers’ Association
- Mana Ake team – Mid Canterbury
- Safer Mid Canterbury staff members (Refugee Settlement Service, Youth Justice Service, Hype Youth Health Centre, Mid Canterbury Newcomers Network, Rural Driver Licensing Scheme, SEEDS, CACTUS, youth support)
- Ashburton District Council members of Emergency Management team
- Elected member, ADC
- ACADS
- Mid Canterbury Principals’ Association
- Rural Support Trust Mid Canterbury
- Ashburton Learning Centre
- Salvation Army - Ashburton
- PSUSI – Mid Canterbury (Enliven, Youth Coach, Early Start)
- Family Violence Coordinator
- Welcoming Communities Coordinator and Economic Development, Ashburton District Council
- He Waka Tapu
- HYPE and BASE
- Ashburton Police
- Front desk staff – Ashburton Community House
- Electoral Office staff – Rangitata Electorate
- Wellbeing Opuke - Youth Wellbeing Coordinator, Methven
- Canterbury Employers’ Chamber of Commerce
- Representatives of a local banking team
- Waitaha Primary Health

- Age Concern Canterbury – Ashburton
- Federated Farmers Mid Canterbury
- Ashburton Senior Citizens
- Birthright
- CCS Disability Action
- Volunteering Mid and South Canterbury
- YMCA South and Mid Canterbury
- St John
- Immigration Advisor

It was initially intended that 4-5 focus groups would be held with representatives of populations which emerge as requiring special consideration in the development of a planned social recovery response. This proved logistically challenging (notably due to the onset of calving season and the return to level 2), so instead, some of the service provider focus groups included service consumers themselves, and the Pasifika survey was launched. Further, the Migrant Support Social Worker, who was networking strongly at this time anyway, was provided with a small set of research questions to guide discussion and report back findings.

All focus groups and any face to face interviews followed social distancing and hygiene protocols in place at that time.

4. DEMOGRAPHICS

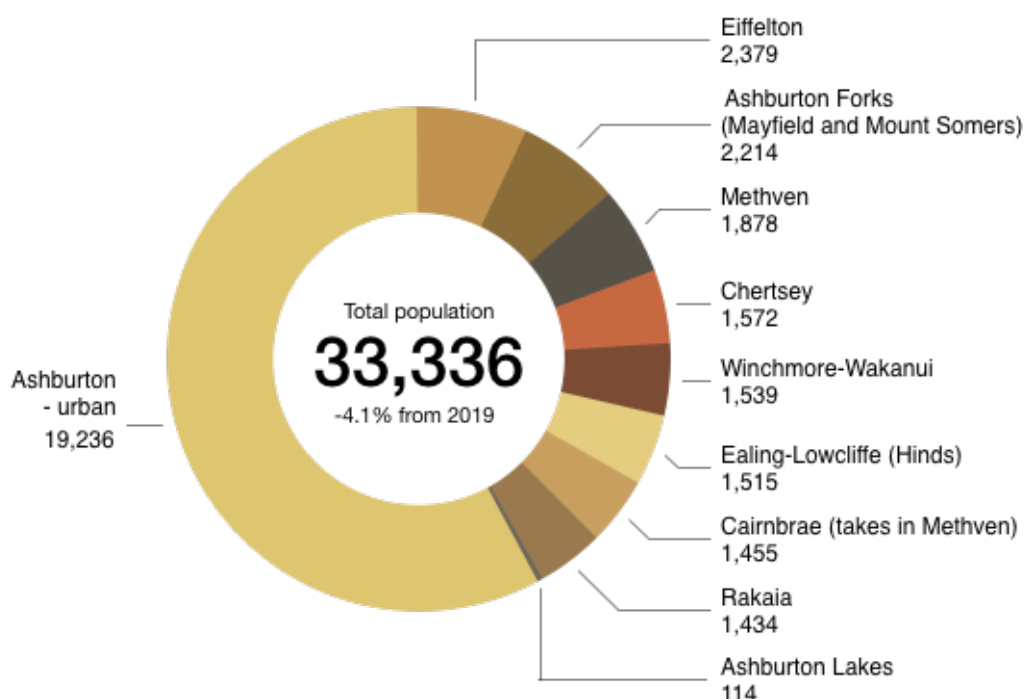
The following is drawn directly from Safe Communities: A snapshot of the Ashburton District 2020 (Wylie & Morton, 2020 for Safer Mid Canterbury).

A diverse physical environment

Stretching from the Southern Alps to the Pacific Ocean and bordered to the north and south by two major rivers, the Rakaia and the Rangitata, Ashburton District encompasses varied physical environs, from sweeping coastline to rugged mountains and rolling plains. The 6,175 km² district, located in the central South Island of Aotearoa New Zealand, is centred on the town of Ashburton.

Agriculture continues to form the economic heart of the Ashburton District, with 26.3% of the district's 2018 Gross Domestic Product (GDP) coming from agriculture in 2019 (MBIE, 2019), notably down from 2013, when the agricultural industry contributed to almost a third of the district's GDP. The district was experiencing strong GDP growth at the time of the 2013 census, and growth in 2019 remained stronger than for New Zealand as a whole, with regional GDP growth of 4.2% compared with 3.0% nationally (Infometrics, 2019).

Population Counts



Statistics New Zealand 2020

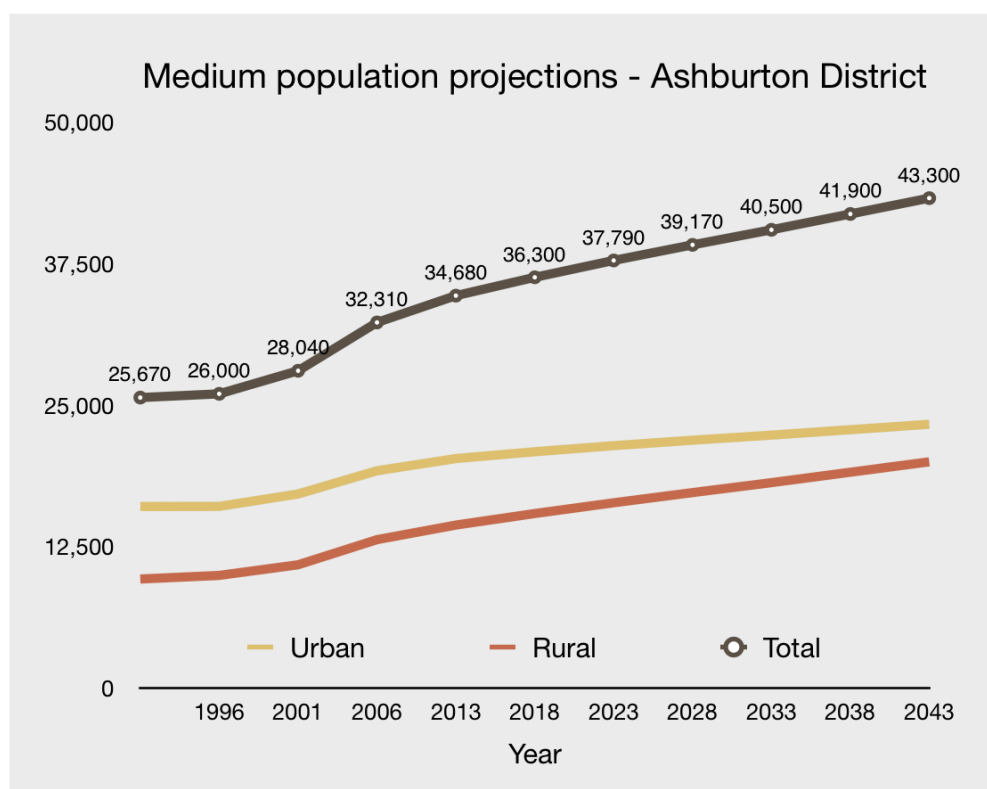
Just under three-fifths (57. 7%) of the district's population resides in urban Ashburton (19,236) and just over two-fifths (14,097, 42.3%) live in rural Ashburton District: Winchmore-

Wakanui, Chertsey, Ealing-Lowcliffe (Hinds) Cairnbrae (Methven), Ashburton Forks (Mt Somers and Mayfield), Rakaia, Ashburton Lakes, and Eiffelton (the latter taking in Lake Hood).

The 2018 population of Ashburton District, 33,333, was up 3.2% on the 2013 Census population, 32,300, an increased lower than had been projected.

Population projections based on 2018 Census data are yet to be released by Statistics New Zealand. According to 2017 projections, our district is predicted to experience steady growth for the next 30 years, although the rate of growth was expected to slow.

Over the coming decades, strongest population growth is predicted to occur in rural areas of the district, and especially Ealing-Lowcliffe (which takes in Hinds), Chertsey, and Ashburton Forks (Mt Somers and Mayfield).

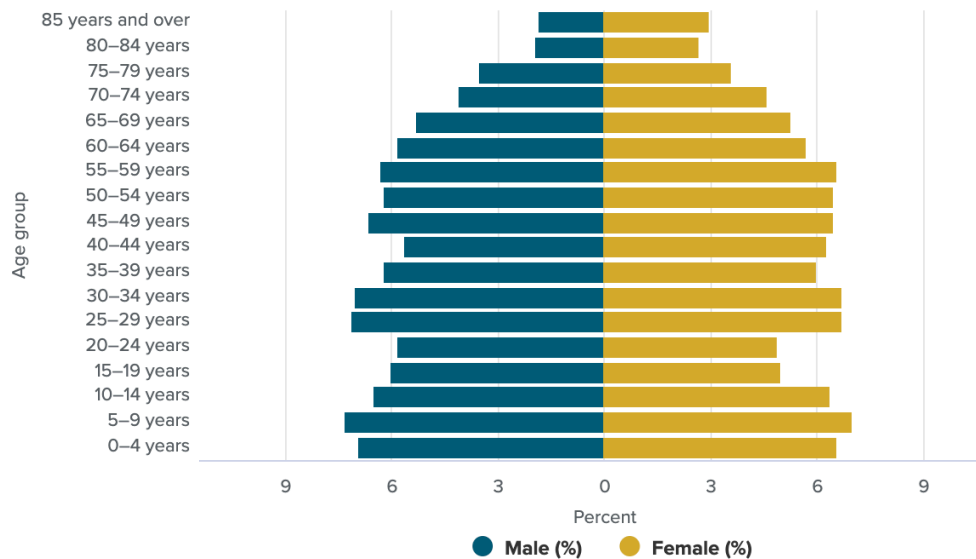


Statistics New Zealand sub-national population projections (2017)

Population Structure

The composition of Ashburton District's population is changing, and demographics are expected to continue to change in the future. Like the rest of New Zealand, the district's population is ageing. The median age in Ashburton District is 39.1 years old, slightly younger than the 2013 median age of 39.8 but older than the median age for New Zealand as a whole, 37.4 years. 17.9% of people in Ashburton District are aged 65 years and over, compared with 15.2% of the total New Zealand population. 20.4% of people are aged less than 15 years in Ashburton District, compared with 19.6% for all of New Zealand (Statistics New Zealand, 2020).

Age and sex of people in Ashburton District, 2018 Census

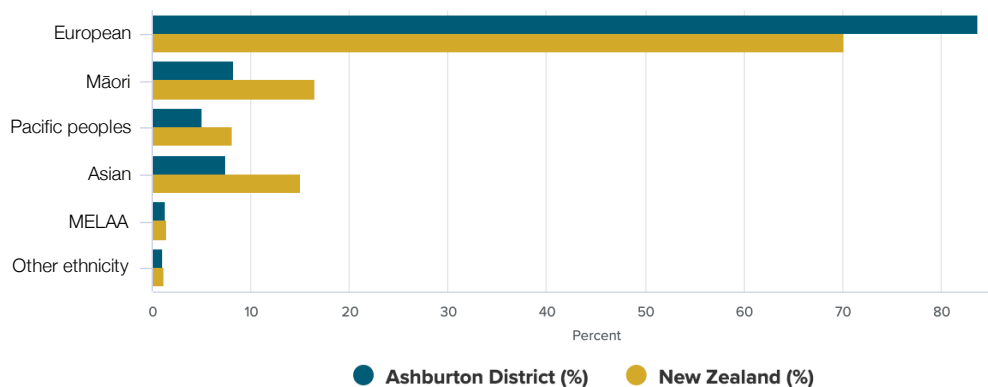


Along with age distribution, the ethnic composition of the district is also changing. While the district remains predominantly European (83.8%), Māori comprised 8.2% of the 2018 population, up from 7.3% in 2013, while 7.4% of the district’s 2018 population were Asian (up from 3.9% in 2013), 5.1% of the district’s usual residents are Pacific people (3.4% in 2013) and 1.3% Middle Eastern / Latin American / African (MELAA).

18.8% of people in Ashburton District were born overseas, compared with 27.1 % for New Zealand as a whole, and 15.3% in 2013.

Between 2013 and 2018, strongest growth in the proportion of population aged 65 and over occurred in Cairnbrae (which includes Methven) and Eiffelton (rural surrounds of South Ashburton), whilst strongest growth in the proportion of population under 15 years occurred in Rakaia.

Ethnic groups for people in Ashburton District and New Zealand, 2018 Census

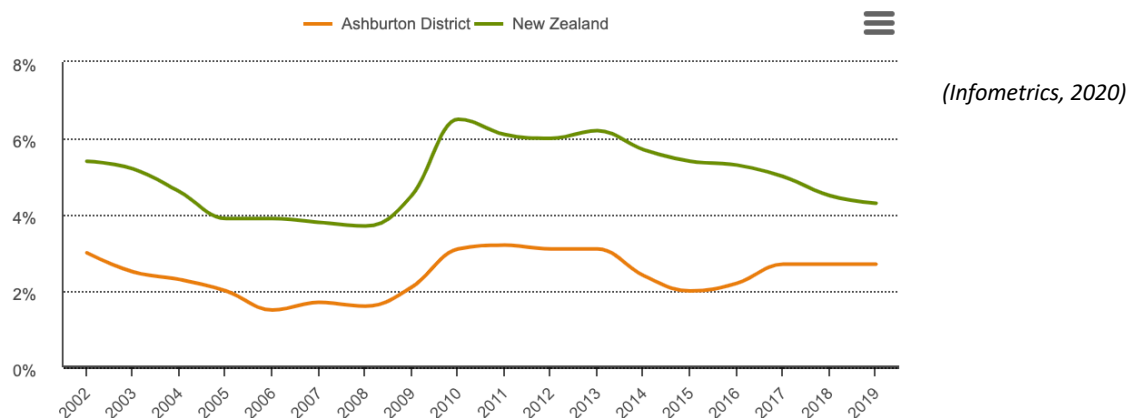


Statistics New Zealand, 2018 Census Place Summaries (2020)

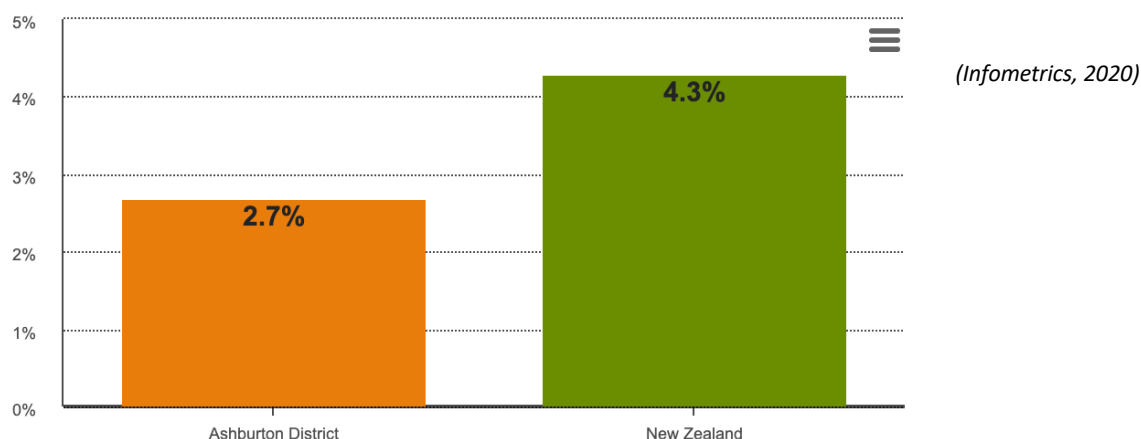
Income and Employment

Ashburton District has for some years been characterised with low rates of unemployment, although the rate for 2019 increased over the previous year. The annual average unemployment rate in Ashburton District for 2019 was 2.7% (1.8% in the previous year). Ashburton District's unemployment rate was considerably lower than the New Zealand average rate of 4.3% over the year to December 2019. Over the last ten years, the unemployment rate peaked at 3.3% in September 2011.

Unemployment rate, 2000-2019 – Ashburton District and New Zealand



Unemployment rate, 2019 – Ashburton District and New Zealand



For the quarter to 30 June 2020, Ashburton had 1,461 people receiving benefits, with 702 registered for Jobseeker Support, 282 receiving the Sole Parent Benefit, 459 receiving Supported Living Benefits and 18 receiving another type of benefit. The total number of people receiving benefits was up 15.3 percent on the quarter to March 2020, and was the highest it had been in the last five years (MSD, 2020). Females (55 percent of benefit recipients) and Māori (18.2 percent) were over-represented in benefit recipients of working age. The unemployment rate remains the same as 2019, 2.7 percent (Infometrics, 2020).

At the time of the 2018 Census, as was the case in 2013, the most common occupational group in Ashburton District was 'managers', followed by labourers, and the median personal income for those aged 15 years and over in Ashburton District was \$35,900, up from \$32,900 in 2013. This compared with a 2018 median of \$31,800 for all of New Zealand. 28.9% of people

aged 15 years and over in Ashburton District had an annual income of \$20,000 or less (down from 31.7% in 2013), compared with 34.5% of people 15 years plus in New Zealand as a whole. 33.6% of people aged 15 years and over (up from 27.9% in 2013) had an annual income of more than \$50,000, compared with 31.6% of people in New Zealand.

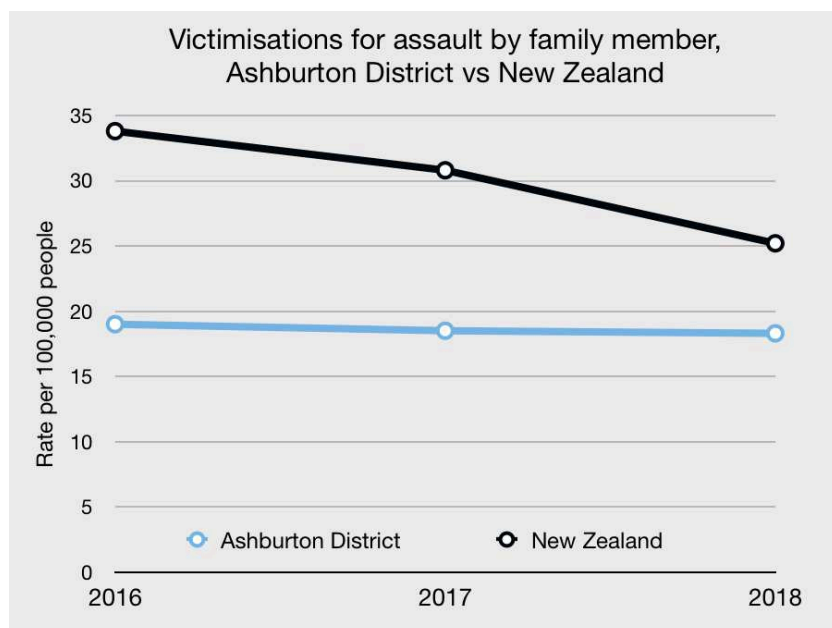
At the time of the 2018 Census, 11.2% of usual resident males aged 15 years and over and 4.1% of females in that age group in Ashburton earned over \$100,000. For Māori, these figures were 4.8% and 2.1% respectively. Median household income for Ashburton District in 2013 was slightly lower than the national median.

Education

Ashburton's population is, on average, less qualified than New Zealanders as a whole. At the time of the 2018 Census, 75.2% of people aged 15 years and over in Ashburton District had a formal qualification, compared with 81.8% of people in New Zealand. Only 13.9% of Ashburton residents aged 15 years and over in 2018 held a bachelor's degree or higher as their highest qualification, compared with 24.8% for New Zealand as a whole.

Educational attainment for Māori, as is the case nationally, was lower for Māori in the district. Census 2018 findings indicate that 70.2% of Māori aged 15 years and over in Ashburton District had a formal qualification, compared with 74.7% for Māori in New Zealand. 6.9% of Māori aged 15 years and over in Ashburton District in 2018 held a bachelor's degree or higher as their highest qualification, compared with 12.5% of New Zealand's Māori population.

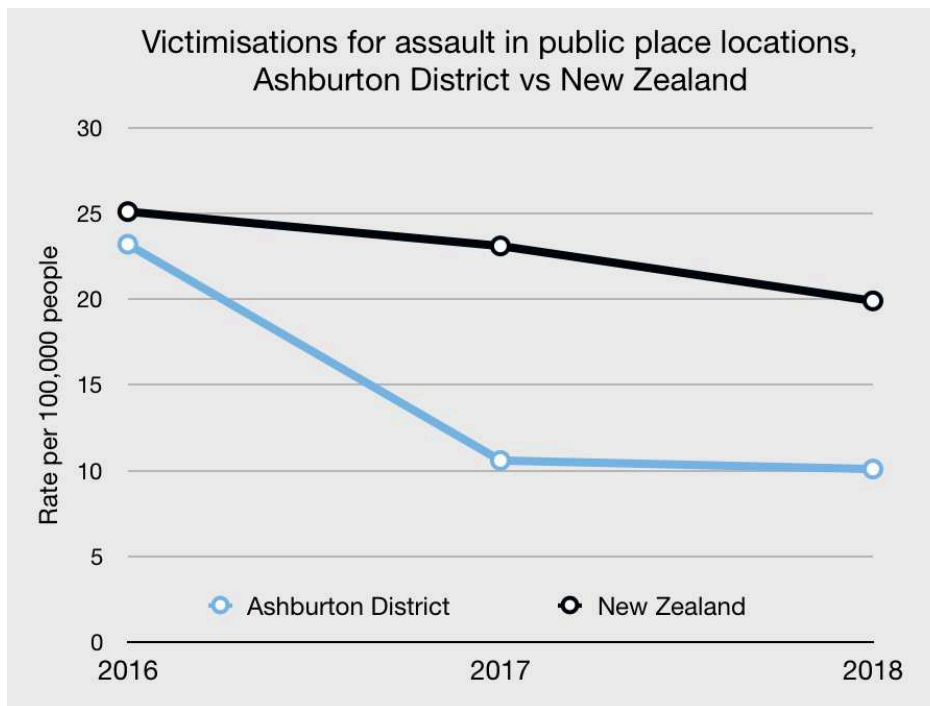
Crime and Victimisation



In the Ashburton District there were 44 victimisations for assault by a family member in 2019, 67 in 2018, 63 in 2017 and 59 in 2016. There were 32 victimisations for assault in public place locations in the district in 2019, 35 in 2018, 36 in 2017, and 72 in 2016.

Includes data for assault by ex-partner/boyfriend/girlfriend.

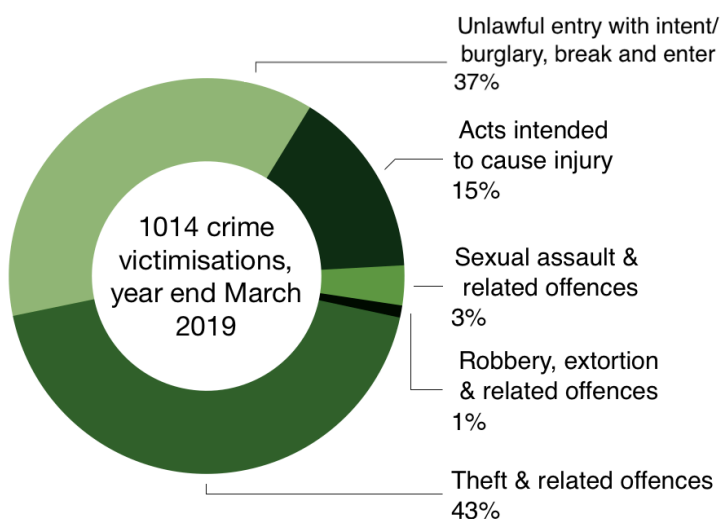
Instances are excluded where, at 30 days after coming to Police attention, Police determine no crime actually occurred.



*Compiled by NZ Police and Safe Communities Foundation NZ.
Data current as at 26 February 2020.*

Public place locations include terminal, conveyance in transit, car park, open space, street/footpath and public place locations. Instances are excluded where, at 30 days after coming to Police attention, Police determine no crime actually occurred.

According to Police Statistics for the year to March 31, 2020, 891 crime victimisations were reported to Police within the Ashburton District, down from 1,084 for the previous year. Around 90% of reported crimes in the 2019-20 year to end of March were theft and related offences.



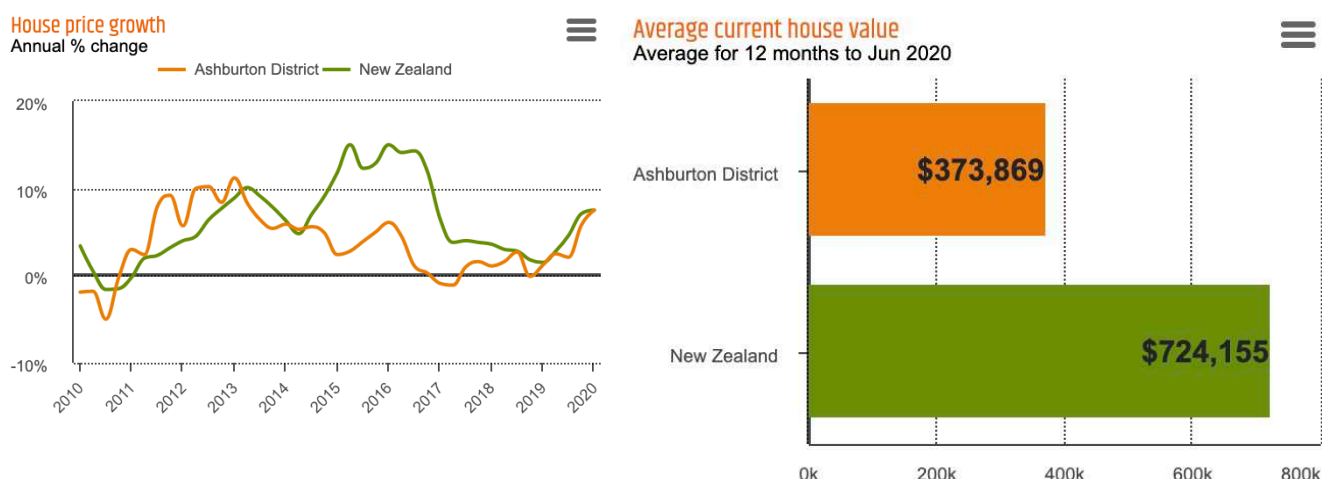
Looking at time of day that victimisation (all types) is reported to occur, Saturdays and Sundays had highest levels of victimisation, followed by Fridays.

While the number of victimisations in the Ashburton District had trended up from 2014 to mid-2018, the rate of reported victimisation dropped back since that time.

Police.govt.nz, 2020

Police data for the year to 30 June 2020, taking in the full period of Lockdown, shows a reduction in reported crime across all offence types except sexual assault (which increased from 11 to 13 incidents for the same period the previous year). The number of offences for the year to June 30 2020 was 873, compared with 1,096 for the previous year.

Housing



Infometrics 2020

Other Economic Indicators

Based on the Infometrics Economic Monitor for Ashburton for the quarter to 30 June 2020, compared to the Canterbury region and to New Zealand as a whole, Ashburton has experienced a smaller drop in GDP in the June 2020 quarter, down 0.7 percent on the same period in 2019 compared with a drop of 2.3 percent for Canterbury and 2.1 percent for New Zealand. Whereas residential consents were up 16.4 percent across Canterbury and 8.1 percent nationally compared to the same period last year, they were down 7.9 percent in Ashburton District in the June 2020 quarter, although Ashburton experienced an increase of 15.3 percent in non-residential consents in the same period, compared with a fall of 36.6 percent across Canterbury and an 8.8 percent fall for the country as a whole. House prices increased at the same rate for Ashburton as for New Zealand as a whole, up 7.5 percent on the same period last year, and whereas the number of house sales fell across Canterbury (-3.9 percent) and New Zealand (-6.0 percent), they increased ever so slightly for Ashburton, (+0.2 Percent). The number of vehicle registrations fell nationally and regionally, and while they also fell in Ashburton, the decrease was smaller.

Notably, consumer spending was down 4.3 percent on the annual average for Ashburton District, compared with -2.8 percent nationally.

5. LITERATURE REVIEW

Health and Wellbeing Impacts

A COVID-19 Health and Wellbeing Survey was developed by the Ministry of Health and CBG Health Research Limited, collecting information about how New Zealanders are being impacted by COVID-19. Around 300 new people (aged 15+ years) are interviewed each day who previously took part in the New Zealand Health Survey, and at the time agreed they could be contacted in future for further research. Interviewing began on 30 March 2020 and is continuing daily, with results published weekly. The authors note that there are some limitations to the sample used, such as small numbers of Asian and Pacific respondents and participation limited to English speakers. As at 31 August, the latest report available was to 23 August 2020, with a sample size of 29,066 respondents by that time, in week 21 of the survey.

The proportion of respondents who report that they are satisfied with their life tracked quite steadily upwards over the first 15 or so weeks the survey has been held, from 70 percent (Satisfied or Very Satisfied) in week 1 to 83 percent in week 13; since then, it stabilised at 80-82 percent, and dropped to 78 percent in the last week, the week ending 23 August. Levels of reported anxiety or depression tracked slightly and steadily downwards over the period of the survey, from 13 percent at the start of Level 4 Lockdown to 8 percent in week 21. Levels of feeling lonely reduced noticeably once New Zealand moved to Level 1, increasing slightly, but quite a bit lower than during Lockdown.

The proportion of respondents to the Ministry of Health survey who reported feeling nervous about current circumstances decreased quite steadily from start of Lockdown to mid June where they bottomed out before slowly increasing again. At the time of the Auckland Level 3 alert in August, they were only slightly lower than they had been in week 3 of the March-May Lockdown. Perceptions of risk of getting Covid also trended quite strongly upwards once Auckland went into Alert Level 3. An increased number are also reporting being stressed about leaving home. (10 percent, up from 4 percent before the Auckland Level 3 Alert.)

As at the end of August, 7 percent of survey respondents reported struggling to pay for basic costs of living that week, while 3 percent had lost their main source of income. 35 percent had applied for the Wage Subsidy on their employer had applied on their behalf.

The social and economic impacts of the Covid-19 pandemic are diverse; people are experiencing these differently depending on their source of income, place of residence, migration status, age, level and sources of social connection, and a multitude of other factors.

Citizens Advice Bureau, which delivers its services through 80 locations across New Zealand, published a report in June 2020 documenting demands on its service and service delivery

from the time Lockdown was announced to the move to Level 1, and their report very much reinforces the diversity and complexity of need arising from Covid-19. On 24 March, the service received the highest number of calls it had ever received on its 0800 number, with much of the queries relating to concerns re shared care during Lockdown, and people trying to understand what Alert Level 4 entailed. From March, the service saw steady demand for emergency food assistance and queries regarding concerns for their working conditions from essential workers, with tenancy issues and queries from people struggling to pay their rent and mortgages increasing in early April. The service supported people through Lockdown who increasingly struggles with digital exclusion: without internet connectivity, some people struggled to access information to support them socially and economically during this period. Without access to MSD welfare support, an increasing number of migrant workers also turned to CAB for help and advice. As the country moved out of Lockdown, CAB reported increased enquiries relating to employment, changes in wages, redundancy, and increased evidence of financial hardship.

Migrant workers

Ashburton District Council Welcoming Communities undertook a survey of community needs in May 2020, obtaining feedback from 11 organisations working to support migrants across the district, an 11 percent response rate. Their research highlighted migrants on work visas, and especially those for whom their visa is expiring as especially vulnerable, with financial hardship increased because this group cannot access benefits if employment is lost; Filipino dairy workers were identified as one such group. For those with visas, staff wanting to move farms could not due to immigration technicalities, while a number of workers were unable to come to New Zealand to take up positions arranged prior to the Covid-19 crisis. During Lockdown, the lack of access to internet at the library was identified as a challenge, with people without internet access at home unable to keep in touch with family and friends overseas. Their survey highlighted ongoing issues of discrimination.

Groups working to support migrant workers across the district and who responded to the survey identified networks as working well to get information out to migrants. Good information was seen as available for those who did have access to the internet, but a number did not have such access. It was perceived that some migrant workers in need were not reaching out for help.

Newly unemployed

Unemployment can have devastating effects on the psychological, economic and social wellbeing of both individuals and communities (Blustein, 2019), and vocational psychology experts have highlighted the current impacts of Covid-19 on unemployment as contributing to grief and trauma (Blustein, Duffy, Ferreira, Cohen-Scali, Cinamon & Allan, 2020). Blustein et al. (2020) and others have written about the differing experiences of the pandemic, with some workers with high levels of education and a capacity to work remotely experiencing stress juggling childcare while working during Lockdown, but able to continue earning, while

others cannot continue to work during Lockdown, have lost their jobs because of the economic downturn contributed in large part by the pandemic, or continue to work but under more stressful conditions.

Young people

Prior to the Covid-19 pandemic, young people were already more represented in unemployment figures nationally, and internationally. However the pandemic has hit young people especially hard globally. In May 2020, a quarter of workers in the US aged under 25 were out of work, while in New Zealand, Ministry of Social Development figures show the percentage of 18 to 29-year-olds on the job seeker's allowance rose from 4.1 per cent to 6.5 per cent between February and April (Stuff, 2020). As well as over-representation on unemployment statistics post-Covid, young people will also feel the pandemic's impacts through their Kiwisaver, and a tightening job market in the longer term. Young people need to be a priority group in any response to pandemic recovery.

Socially isolated older adults

In considering the impact of Covid-19 responses on social isolation and loneliness, the British Society of Gerontology stressed that these conditions are not unique to older people, affecting all ages, and in fact that in the UK, studies show loneliness as more common among young adults than older adults. Being seen as part of the community was seen as an important buffer against feelings of isolation, and accordingly, the Society of Gerontology, Brooke & Jackson (2020) and other commentators argued strongly that groups working to foster social connection among older people, and indeed anyone experiencing social isolation and loneliness, should strive to continue to deliver these activities and supports during these times, and should be resourced to do so. The British Society of Gerontology also called for a need for new approaches and strategies which improve people's social connections at this time, utilising technology where needed.

"We should be thinking of this period as an opportunity to bring people and generations together, especially by helping to bridge digital divides across society where these exist."

Also from the UK, Marston, Musselwhite & Hadley (2020) expressed a concern that older people who were not digitally connected via Smartphone apps and social media were at a social disadvantage during Covid-19 times, without the same opportunity to connect with others. Armitage & Nullems point to online technologies as a resource to be harnessed to provide social support networks and foster a sense of belonging.

Brooke & Jackson (2020), Armitage & Nellums (2020) Gott (2020) and Whittaker (2020) raised concerns that prolonged social distancing measures could negatively impact on the physical as well as mental health and wellbeing of some older people, if these measures prevent older people from undertaking as much physical exercise as they normally engage in through structured classes or social groups. Gott referred to a second wave of impact of social

distancing measures on older adults. Brooke & Jackson highlighted paradoxes in some public health messaging to older adults internationally, telling older people to maintain social isolation, while also telling them to stay connected, but offering no advice as to how to do this concurrently.

In the New Zealand context, Professor Merryn Gott at the University of Auckland's School of Nursing is leading research exploring the impact of the COVID-19 pandemic on people aged 70 years + across cultural groups via in-depth interviews (n=30), an online survey of providers through Age Concern nationally, collection of photos and stories from the public, and a media content analysis. That study is very similar to one being undertaken by the University of Stirling in the UK and led by Professor Anna Whittaker, with negative impacts of social distancing the key focus, along with strategies (including the use of technology) that could enhance social connection and physical activity during the crisis.

Research recently completed in Christchurch, through funding from two Council Community Board Governance Teams and involving interviews with 26 more vulnerable older adults during Alert Level 3 and 2 (Wylie, 2020) found that during the highest levels of Lockdown, level 3 and 4, life was not greatly different for some of the most socially isolated older people, rarely able to get out of home at the best of times. For others who depend on organised activities delivered by community providers and specifically designed to reduce social isolation, and who experience loneliness when at home alone, the Lockdown was hard. A large proportion of the participant group in this research received assistance from family, neighbours, friends, churches and community providers to which they were already linked to meet their practical needs – accessing groceries and medication, paying bills or withdrawing money for those doing their shopping.

Lockdown was a time of increased contact from family for many, via digital technology – Zoom, Skype, Facetime, Video messaging, Snapchat, WhatsApp and email, through phonecalls and texts, and because a lot of older adults had family members dropping off their groceries. While participants did not come up with a lot of suggestions for things that providers could be doing differently to support socially isolated older adults during level 1, it was clear that this increased connection with family and with neighbours was something that providers could try and build on as things move forward. Many of the people interviewed were eagerly anticipating the resumption of the activities they normally engage in either as recipients, participants or volunteers, affirming the value of business as usual delivered by the community providers, and simply by resuming business as usual, the community providers will be upholding the wellbeing of socially isolated adults once more in these Covid-19 / post-Covid-19 times. The research suggested that some people will need more encouragement to get along to these activities than they might have done before, with some of the most vulnerable people having lost their sense of routine, and confidence to go out. People will need reassurance that they will be safe if they attend, and at the same time, too

much focus on processes and procedures is likely to deter others from resuming normal activities: it is a fine balance.

Impact of Covid-19 Pandemic on the Social and Community Sector

Globally, the Covid-19 pandemic has impacted negatively on the community and social sector, and New Zealand is no exception. Surveys undertaken across 880 organisations in 122 countries in March and May 2020 (Voices of Charities 2020) found that the vast majority reported negative impacts from the global health crisis. A national Covid-19 impact survey was undertaken across the community and voluntary sector in New Zealand in May-June 2020, through a collaborative effort from Centre for Social Impact, Hui E! Community Aotearoa, Philanthropy New Zealand and Volunteering New Zealand (Centre for Social Impact, 2020). Based on responses from over 1,400 organisations, they identified clear strengths and service adaptability across this sector in its response to Covid-19.

BDO New Zealand, which has a physical presence in Ashburton District, published an article in May 2020 regarding the impact of Covid-19 on the charitable sector. They reported that New Zealand has one of the highest numbers of charities in the world per capita, with one charity for every 190 people, and that the impact of Covid-19 on charities was unlikely to be any different to its impact on other sectors of the economy, with those impacted including employees, volunteers, clients and other stakeholders. They noted that while some charities continued to operate their core services during Alert Levels 4 and 3, many lost valuable income streams during this time, for example through not being able to operate thrift shops, with the impact of this loss of revenue streams in some cases marked. They also identified donations, fundraising, grants, fees and subscriptions and interest / dividends as negatively impacted by the pandemic, at the same time noting that many charities do not operate with large financial reserves. Impacts were identified as resulting from gaming trusts receiving diminished income due to pubs and bars being closed, philanthropic trusts having less to pass on due to reduced incomes themselves, a tightening of belts in public donations, fundraising events not being able to occur, and low interest rates.

Echoing the findings of the Time to Shine research published by Centre for Social Impact (2020), BDO New Zealand did see hope for those NFP organisations which are nimble at this time, adapting services and collaborating with others to meet needs whilst also rationalising where necessary but predict that some community organisations will struggle to survive this latest time of challenge.

In June 2020, Philanthropy New Zealand released findings of a survey they undertook of their funder members about their response to Covid-19. Findings highlighted the impact that lower returns on investment were having on the pool of philanthropic funding, with respondents indicating about a five per cent drop overall in the funding amount they expected to distribute over the next 12 months. They noted early indications of a move to higher trust models of

funding, longer-term agreements and simplifying application and reporting processes. The Centre for Social Impact survey of community providers found that as at May-June 2020, almost three-quarters expected reduced funding and 59 percent indicated that they had cut back their services at the time of the survey. While challenges were being experienced, their survey findings also found a strong sense of optimism from providers.

During the Covid-19 Lockdown, Philanthropy New Zealand produced an open letter to funders asking them to adopt best practice principles as follows:

- Proactively communicate with grant recipients any changes in giving and processes and explain why;
- Be accessible and responsive to requests for information and engagement from those they fund;
- Stay as informed as possible of Government support and activity to know what additional help their grantees may get or where there are gaps in support;
- Collaborate with other funders to identify ways to ease the burden on community groups needing to communicate with multiple funders;
- Consider what flexibility they can offer including:
 - Trusting not for profits that funds can go to the highest need, rather than necessarily spending it on the activity outlined in the contract;
 - Reducing reporting requirements;
 - Extending reporting and spending deadlines.

Their survey indicated quite strong uptake of this advice.

Strategic Pay published its annual report on remuneration in the not for profit sector in mid-2020. They reported that under current circumstances with the Covid-19 pandemic, 50 percent of NFP organisations are holding off / still deciding on salary increases, and 23 percent are considering redundancies (Strategic Pay 2020).

The New Zealand Institute of Directors published an article in April 2020, during Lockdown, responding to a letter that had been sent by a collective of not-for-profits to the Prime Minister, highlighting the concerns and challenges they were facing. The Institute pointed to the Wage Subsidy Scheme, use of emergency funds, virtual fundraising during Lockdown and seeking financial advice as important during that time for community and social sector organisations, but also urged NFPs to consider what opportunities are out there under a “new normal” to reinvent their services in order to achieve long-term viability, applying strategic thinking to doing this, and considering mergers, consolidations and collaborative partnerships.

Ashburton district is fortunate that through Safer Mid Canterbury, it already has some strong systems supporting collaboration in place in its social and community sector. Safer Mid Canterbury is built on a collaborative governance model, striving towards six key priority

areas: rural safety, falls in older people, road safety, environment, alcohol, drugs and community safety and family harm reduction and prevention. Safe Communities Ashburton District upholds the principles and values of collaboration – working together to create positive change, sharing skills, resources, information, ideas and experience to increase community safety, empowering local residents and operating with honest, respect and integrity (Safe Communities Ashburton District, 2019).

6. RESEARCH FINDINGS

6.2 Interview Findings

Thirty-six in-depth, semi-structured interviews and focus groups (32 face-to-face and 4 undertaken by phone) were conducted with 106 representatives of a range of social, community and health and wellbeing-focused providers and a sample of schools across the district, along with groups well-equipped to provide commentary of the economic situation in Ashburton. A high proportion of consultations took the form of focus groups, and some included service consumers.

The Mid Canterbury Economy

The Mid Canterbury economy has a strong agribusiness core (farmers comprise around 40 percent of the businesses connected with via the Government-initiated Regional Business Partners Project, focused on growing existing business), with dairying described by an economic informant as “at the top of the waterfall”; if dairying has a strong year, then many other sectors of the economy benefit, including cropping farmers, irrigation suppliers, transport, construction, retail and hospitality, and others. As at the beginning of 2020, Mid Canterbury’s economy, across a variety of sectors, was identified as having a positive outlook. Following some difficult years in the dairying sector – the low payout in 2016-17 and resulting reductions in land use change, increased environmental regulation and the impacts of Mycoplasma Bovis on the district, dairy farmers were in a good position going into 2020, and this was flowing on to other sectors, with lots of construction underway or in the pipeline. Community service providers interviewed commonly talked of the strength posed to the community by its economic composition in terms of Covid recovery.

Over the past few years the farming community has been observed to shift slightly, with a younger workforce running farms, and a move to see people more as an asset than a resource and towards more inclusive and flexible practice, an increased recognition of the value of migrant workers, and more supportive and caring approach to employment. Farms struggle with ongoing labour shortage issues, with a lack of New Zealanders willing to take on these roles. Migrant workers are seen as critical, and have a reputation of being hard working and flexible, fitting in well. Many of the learnings gained from Mycoplasma Bovis, including contact tracing, were identified as supporting the country in its Covid response. For farmers, resilience gained through this experience also supported them in relation to Covid-19.

When the country went into Lockdown, stress and concern was evident across the business sector, as was the case across the community, with uncertainty around how long it would last, and concerns around staffing and loss of income. A lot of businesses were very proactive

in reaching out for support, and banks tried to move quickly to accommodate their needs, utilising technology heavily to meet changing needs. There was quite strong uptake reported for moves to interest-only mortgages and loans, but these needs were quite short-lived, with most returning to normal within two months. Quite a high level of uptake of mortgage holidays was observed for Ashburton, but many have returned to the norm – banks following up on these very regularly, as required under banking codes of conduct. When mortgage holidays were initiated, these required considerable system change for some, where there was no “wiggle room” in some loans, already paying the minimum, in some cases at the start of a loan. The Wage Subsidies were observed to make a huge difference for this community, described as a “game changer”.

Banks in the community have seen low uptake of the Business Finance Scheme, described as very complex. A lot of the measures put in place to support businesses and individuals through Lockdown and beyond were never used. Many banking clients reached out early on in Lockdown, but really just seemed to want to know that help was there if they needed it. The Regional Business Partners Project brought in an advisory fund in response to Covid, where businesses could access \$2000 grants for professional advice. While these have not been picked up much by agribusiness, there has been uptake from other businesses experiencing growth on the back of Ashburton’s strong dairying performance.

Many vulnerable people – frail / isolated older adults and people with disabilities depend on face to face banking for social contact and because they are in many cases not digitally connected. Banks in Ashburton tried to take a very proactive approach to supporting those clients who they have such a relationship with, with the banks rostering a day open each week to still provide a face to face service. Banks worked hard to connect a number of these people to internet banking during Lockdown, the group consulted reporting making the same progress towards digital connection of these clients in three weeks as they normally would in three years. A range of tailored, personal solutions were also employed to support vulnerable people in their banking during this period. That said, they also observed an increase in fraud and scams during Lockdown.

Feedback regarding economic impacts of Covid-19 on Ashburton district’s economy put these at lower than Selwyn District, and considerably lower than those of Christchurch, because of the strength of the farming economy currently, and the impact this has to flow-on businesses. Methven was identified the community hardest hit economically, due to its stronger tourism and hospitality economy. Hospitality businesses in Ashburton itself depend more on business travellers than tourism for their revenue. Where tourism businesses have been hit with a decline in demand, these sometimes have knock-on impacts. For example, the parachuting operator has experienced a significant decline in business, and this has led to a decline in avgas sales for the usual supplier.

While Ashburton district has yet to see any significant rise in unemployment, there have been redundancies, with Bunnings the largest closure, a resort in Methven going into receivership, AMI closing its Ashburton branch, and some other businesses closing down or consolidating, though reportedly not all as a result of Covid-19. Some small family businesses are believed to be being “propped up” by a family member working in another job, and further closures are expected once the wage subsidies come to an end. With the fat now gone, businesses would be in a much worse place should another Lockdown occur of the scale of that of March-May 2020. There has been a demand for information around business restructure, not because it is needed, but more for reassurance. Concern was raised that media attention to the economic impacts of Covid-19 in other parts of the country and globally raise levels of anxiety and uncertainty, even though the Mid Canterbury economy’s composition is very different, more insulated from impacts due to its high proportion of essential workforce in agri-industry and supporting industries. A need was flagged for sharing of good news stories at this time, to put the local focus in the spotlight.

Quite a large amount of feedback was provided regarding the economy from informants in the social service sector, speaking more from a perspective of Ashburton resident than from that of economic “expert”, with views formed from what they had observed in their community. The Covid payments and Wage Subsidies were identified as supporting many people locally who may have struggled during Level 4, 3 and since, but a number of informants raised the concern that when these run out, some people will be in crisis, and some of these will be people who have never been in the situation before of not having enough money to pay their bills. The impact of Covid-19 was widely identified by those interviewed as delayed in Ashburton, not only by the subsidies, mortgage holidays etc., but also by a number of other factors:

- The fact that Ashburton is a community of relative affluence, where many people go overseas at least annually. Unable to do this, informants knew of many in their communities who had either been able to draw on their travel nest-eggs in crisis or had spent their travel savings in different ways, replacing kitchens, painting etc, and in the process, created work for local tradespeople, spent money on hardware etc., with all that money flowing into the local economy and keeping other people afloat. Not being able to travel, especially for many Ashburtonians who have family overseas, was identified as a source of stress for some.
- The building industry entered Covid times with a backlog of work lined up, and they are still working through that, delaying the impact of any decrease in new work that may arise. It was suggested that many local businesses did not qualify for the wage subsidies because their income was not down the 30-40 percent required, but may well decline later as the buffering effects wear off, so the real picture of impact may be hidden.

Ashburton District's farming sector is seen as quite well-networked, through Federated Farmers, Fonterra, irrigation schemes, ATS Farmer Corp and other bodies, whereas networking and collective advocacy and collaboration across other business types was seen as poor. Ashburton has no business association and its small traders tend to operate alone, with poor connectivity with each other, nor to Ashburton District. Concerns were raised that some businesses will not be getting information on all the recovery supports that are available. Ashburton District Council ran some sector events and webinars as a response to Covid-19, and while some businesses connected through these, others, and particularly smaller trades-based businesses did not engage.

Ashburton District reportedly has \$648 million in building works in the next five years cross schools, housing, and large projects at Talleys and ANZCO. With the district very accessible to businesses in Christchurch and Ashburton, there is a strong likelihood that some of this work could be picked up from businesses based outside Ashburton District, meaning the district itself does not see the full economic benefit that it could from these projects. Some construction workers based in Queenstown have been pulled back to Christchurch already as work in Queenstown dried up in the face of Covid-19, offering potential to pick up on Ashburton contracts.

A number of providers interviewed felt that the connection between economic development and welfare recovery was not as strong as it could be locally. They wanted to see a mechanism for connection with businesses in place, building knowledge of supports that are available with people in the business sector to help them connect people in need with support. Connections were also seen as valuable where redundancies could be made in the future, to support agencies to better respond to need in a targeted way. Economic development was seen as more likely to be successful if businesses understand welfare issues. As an example, one informant group talked about how if older people are afraid to go out, they will not be spending in the local economy to the usual extent, but if retailers know about the barriers to older adults wanting to come to their store, café etc., they can work more proactively to address this barrier.

Some people interviewed felt that economic recovery was somehow viewed as more important than welfare recovery, where the two responses should very much sit hand in hand, as two parts to a whole response.

Strengths of Mid Canterbury's Not-for-Profit Social, Community and Wellbeing Sector in the Face of Covid-19 Recovery

Ashburton and the wider district was strongly identified as **a community where people care about each other**, and where over many years, this has resulted in **services being put in place**

locally, either via home-grown solutions designed to meet local needs, or the presence of national or regional agencies and services locally. Services are seen as **responsive to local needs**. As an example, Mana Ake workers and others identified a need for parents to have access to additional support to help them understand and respond to their children's emotions in a supportive way, and were able to access funding locally to make this available in the community. Other examples are the BOOST literacy programme, delivered by Ashburton Learning Centre which operates in almost every primary school across the district, utilising volunteers to support literacy development in children, through a locally adapted programme funded by Advance Ashburton, SEEDS, a free, highly practical parent support programme delivered by volunteers in the homes of families with preschoolers (Safer Mid Canterbury) and Community Navigator health roles supported through a collaborative effort involving Waitaha Health and Advance Ashburton.

"We're very lucky in our own bubble."

"We tick a hell of a lot of boxes."

"We put things in place."

"Underneath the official social supports is the underlying network of people who can support others – people know people."

"In Ashburton, when the chips are down, people pull together."

The community was widely identified as having a **good array of social supports and services in place**, being big enough to have services based locally, yet small enough that at least some people know what these services are. The community was identified as **strongly supportive of its own services**, with many services functioning with a strong volunteer base, and a wide range of services sustained and upheld in large part through the financial contributions of local people and local businesses. When it comes to supporting its own community organisations, the community was seen as generous.

The **generosity** of Ashburton district's community was seen in a perception that it is a community of "do-ers", and in strong local buy-in to fundraising efforts of local groups and services, and significantly, through its very strong presence and culture of philanthropy. The district has a **sizeable number of local philanthropic trusts and strong service clubs and groups**, some of which were described as "amazing" in the support they provide to local families and individuals. As just a couple of examples, it was mentioned on multiple occasions that Advance Ashburton funds learning disability assessments through Seabrook McKenzie for children, and that Ashburton Benevolent Trust funds tutoring for children with learning

needs, and an array of extracurricular activities for children in families experiencing hardship. With the applications process simple and quick, these funds make a significant difference locally to the wellbeing of tamariki and their whānau.

The community was identified as having made **significant strides in recent years in terms of the level of networking, coordination and collaboration between agencies and organisations**. Safer Mid Canterbury was flagged as one organisation that has strengthened inter-agency linkages locally, drawing a range of services together to address shared priorities, while Community House Mid Canterbury was also widely noted as enabling this, in part through service co-location (eg. it is very easy for a worker to take a client and physically introduce them to another service that can meet their needs), but also via its bi-monthly network meetings. In recent months, the Emergency Management Group formed around Covid-19, and the Caring for Communities Welfare Recovery Group that came out of this have themselves been seen to further develop inter-agency connections and real examples of collaboration, as services became more aware of what each other agency is doing, and ways of working together better. The Youth Offending Team (YOT) was identified as efficient and an effective source of networking, as is the Ashburton Service Level Alliance in the health and wellbeing space, and the Falls Prevention Network and Parenting Network that Safer Mid Canterbury are working to establish are expected to make a significant positive difference in enhancing collaboration between agencies.

The community has **some very strong, larger not-for-profits** which are well-established locally, including Salvation Army, St Vincent de Paul, Presbyterian Support Upper South Island (PSUSI) and Age Concern Canterbury Ashburton. Safer Mid Canterbury was seen to have made a significance difference to the level of service provision available locally.

A range of other strengths were identified less commonly. These are as follows:

- The presence of He Waka Tapu, and the relationships this agency is building with other services locally, and especially with schools, the local marae, PSUSI, Timaru Women's Refuge and E Tu Pasifika and the strength added by having a Kaupapa Māori social service provider based locally.
- Neighbours are good at looking out for neighbours, and people are good at spotting people in need or responding to practical support needs directly. While several informants commented that people do not always notice the "underbelly" of Ashburton, they will help if asked.
- Some service providers contracted to cover Ashburton District do achieve this well: Age Concern Canterbury was seen to be delivering elder abuse and neglect services effectively locally, while Timaru Women's Refuge was also doing well at ensuring a

quality service was available locally for women and children experiencing/ed family violence and harm.

- Mana Ake has made a significant difference in meeting needs of tamariki and their whānau locally.
- Hakatere Marae, while operating differently to a rūnaka tūrangawaewae marae, being an urban marae and located out of Ashburton town, is now a complete facility, able to host tangihanga and noho marae experiences. The marae has good connections in place with He Waka Tapu (MoU in place), PSUSI and a range of other community agencies.
- NFPs are well-gearred to meet basic needs, and services cover both urban and rural areas.
- Ashburton Guardian do a great job at promoting local social services.
- There is good wraparound support in most schools, and a strong pastoral care focus.
- Ashburton has a committed not-for-profit workforce, and some positive staff changes have occurred in recent times in a number of agencies.
- Good networking occurs between schools.
- The Kai for Kids programme piloted at Netherby School may be rolled out across other schools in the district.
- Anglican Advocacy Service is meeting a real community need – advocacy falls outside the contracts of many other NFPs.

Gaps and Weaknesses in the Mid Canterbury Not-for-Profit Social, Community and Wellbeing Sector that may Hinder Covid-19 Recovery

While Mid Canterbury was generally seen as fairly well catered for in terms of social services, a number of gaps emerged quite strongly from feedback. The gaps / areas of service weakness that emerged most strongly were as follows:

Counselling – especially 1) low / no cost counselling for younger children, families, parents/couples, men and 2) available outside the GP/medical system

Brief Intervention Counselling (BIC) is available in Ashburton for older children, young people and adults, and counselling and through CAF, but to access this, people have to be referred via their GP, and this poses a number of barriers to service access including fear of this influencing residency / Visa applications / renewals for migrants, costs barriers, shame / stigma and access issues for young people. High need for counselling support was identified for younger children around anxiety and anger issues, for couples and for men, but counselling is expensive for these groups (in the vicinity of \$100 per session) and private counsellors are in heavy demand, so it can be hard to get appointments. Wait times for publicly funded counselling in Ashburton were reported as sometimes long, up to 8 months. Having CAF in Ashburton is huge progress from a few years ago, but because staff travel down from Christchurch to deliver counselling, they lose travel time out of their working day, limiting the number of sessions that can be delivered. A truly locally based publicly funded counselling service was seen as a more cost effective and efficient option. Contracts for provision of counselling in Ashburton are often given to providers from outside Mid Canterbury, and the costs of delivering a remote service are high - \$5,000 for 10 sessions with a psychologist is not uncommon. A need was widely highlighted for more investment in local service provision, which was seen as significantly more cost effective, reaching far more people.

Mental health services in general – while service access has improved, it is still limited – as well as a shortage of counsellors, it was commonly reported that a number of GPs locally, and indeed some social supports, could do a lot better at recognising mental health issues. Some GPs are seen as unhelpful at not only recognising mental health issues but also dealing with these in a supportive manner. Ashburton only has local acute adult mental; health service during normal working hours, and outside of these times, people have to be taken to Christchurch to access treatment. Police are sometimes involved in transporting people for acute services, and this takes a lot of time, and takes policing resource out of the district. There is a lack of respite care locally.

Just in the last month there have been new services for early intervention Mental Health developed, linked to GP Practices and provided by PHO funding e.g. Te Tumo Waiora. Presbyterian Support has been involved in developing these in collaboration with other providers along with additional supports for teens, parents and children. The training of more staff to deliver these programmes is achieving a greater reach in client numbers. Ashburton Service Level Alliance has been working hard around development of Navigators based with GPs. Working in with Ashburton Hospital, they are supporting people identified through Ashburton Hospital as needing to register with a GP or transfer to another GP.

Coordination and collaboration in social services is not as strong as it could be – Coordination was identified as not as valued as it could be, yet as funding and resourcing grows harder to access, this was seen as more important than ever. Some excellent examples of collaboration around service design and provision were identified, and the Covid

emergency management response was identified as strengthening inter-agency connections, but a number of stakeholders interviewed felt that considerable room for improvement remained. In some cases, relationships between agencies have weakened through changes in staff over time – these relationships were seen as something that need building and supporting in an ongoing manner through inter-agency professional development and team building. While some areas have improved, especially via regular network meetings, some degree of patch protection, competitiveness and siloed operation was perceived by some informants. These people wanted to see networking go beyond a superficial level, with planned inter-agency responses. These are occurring in some areas of the community.

Access to GPs is improving but still limited – health centres often have full books and new people cannot enrol and existing residents cannot transfer practices. Uptake of online booking systems (patient portals) whereby patients can book in with their choice of GP, order repeats of prescriptions etc. have been slow to be adopted in Ashburton district, and practices were identified as generally conservative in their approach. At the time of the interviews, mostly under level 1, most practices were still undertaking consultations by phone. While the situation is improving, there remains a shortage of female GPs locally, and GP turnover was flagged as an issue – it is hard to get an appointment, and very hard to build a relationship with an individual GP over time.

There is a significant gap in capacity to support people to navigate services, with no decent community service directory available. The establishment of a Citizens Advice Bureau is seen as a positive development, but this needs to be resourced to develop and maintain up-to-date, comprehensive hard copy and online resources regarding where to go for help and who does what locally. While navigator roles have been established in local medical practices, it was reported that they are filled by people from outside the district who are not well-networked to have access to this information / knowledge. Expos were identified as not always getting information to the people who really need it. A lot of services and supports that are available in Christchurch are not available in Mid Canterbury, so community workers moving to Ashburton from Christchurch or other larger cities spend the first few months finding out what is available locally, and this is not always easy. Some services are especially hard to navigate, and are unlikely to be accessed unless key workers know about them. As one example, GPs with concerns regarding a child's behaviour can refer the child to the Child Health Support Service phoneline and a social worker will follow up on this, but how do parents know to ask the GP about a behavioural issue? And how many workers know about it to suggest this pathway to support?

Lack of youth-friendly health and wellbeing service access – Discussions are already underway to combine Hype and BASE as one entity, operating as a youth one stop shop (YOSS), with a health clinic and drop-in under one roof, providing young people access to counselling, sexual health clinic, mentoring and employment support in a youth-friendly environment. Currently, young people are often reluctant to access mental and sexual health

services at their GP, due to fear of family finding out, or costs barriers. GP practices are inconsistent in their provision of free sexual and mental health support to young people, and the reception staff at some practices are very off-putting for young people. Further, young people are sometimes unable to access a GP consultation because of an outstanding debt between their parents and the practice. The researcher heard first-hand from a young parent who wanted to enrol with a practice in her own right, and not under their parent(s), but who could not until they paid off the family debt (over \$150), which they did, out of their sole parent benefit.

Shortage of social housing and lack of emergency housing is a significant gap in the community. While Kāinga Ora has housing stock locally, there is often a mismatch in the stock available and the requirements (house size etc.) of those needing social housing. It is extremely hard to access social housing for single men, people with disabilities and women in their 60s. Ashburton District Council has over 60s housing but feedback suggests that demand far outstrips supply. Lack of emergency housing hampers timely responses to family harm, especially where alternative emergency housing is needed for males.

Limited access to stopping violence services – lack of mandated services since the government ended the contract for local delivery. Men's stopping violence counselling accessed privately costs around \$100 per session, and as with other counselling, is hard to access. Some services stepping in to support people around stopping violence are not resourced to do so. Professional development needs were also highlighted in relation to family harm, with a perceived lack of understanding of family harm in some services, and at wider community issue, a perception among some members of the community that family harm is not an issue in this community. Feedback regarding the service Timaru Women's Refuge is delivering to Ashburton was positive.

Lack of / room for improvement in cultural awareness and competency – while progress is being made in some quarters, such as PSUSI that is working very hard to improve cultural competency strategically across its organisation, the Runaka is often not always included in inter-agency groups from the outset, and key organisations are not always fulfilling their obligations under Te Tiriti O Waitangi.

Paucity of sexual health service access outside GPs – until 2019, Family Planning operated in Ashburton, initially seeing around 1,800 clients per year and dropping to 1,300 – 1,500, but this service was withdrawn due to some no shows and being costly to run. A 45 minute sexual health clinic is now run fortnightly at the hospital, delivered by a Christchurch-based doctor. People wanting to access sexual health services generally have to travel to Christchurch to do so. Lack of sexual health services locally was widely flagged as a significant gap. Anecdotally, the number of pregnancies among young people is increasing locally post-Covid.

Lack of choice in training and alternative education opportunities locally – The Salvation Army closed down its alternative education nationally in 2019 after running at a loss for several years. YMCA continues to deliver alternative education but their model does not suit every young person. Ashburton College runs alternative education for year 10-11, and Te Kura is an option locally but requiring self management. Ara runs a very limited array of training locally, and also operates a bus to their Timaru campus, but given the size of Ashburton District today, the community was seen as under-catered for in terms of local training provision. Ashburton Learning Centre deliver NCEA Level 1 for adult students, the theory component of driver licensing for car, heavy transport and forklift, including to migrants in partnership with Safer Mid Canterbury, and Work and Income are strongly promoting Apprenticeship Support for Employers including Apprenticeship Boost, supporting employers of apprentices in their first two years of training.

There is a need for parenting guidance and reassurance, especially around supporting the mental health of children. Parenting programmes that are held over several weeks are too much of a commitment to attend for parents who work shifts or single parents who need to pay for babysitters in order to attend. A need was highlighted for more “bite-sized” parenting workshops and supports.

Other less commonly identified gaps / service weaknesses identified via interview include the following:

- Volunteer numbers are dwindling for some services, and some volunteer pools are very elderly, with limited capacity to assist during Alert levels 2+. The pool of volunteers is very stretched across so many volunteering opportunities.
- There is a lack of support for children with ADHD and other spectrum disorders.
- Some households are experiencing overcrowding as family members return to New Zealand from overseas following quarantine, and other families had people visiting from overseas at the time of the Level 4 Lockdown, who cannot return overseas. Income, which for some, is reduced, is having to stretch to feed multiple mouths.
- A lot of jobs are available in the district in the farming sector, and especially dairying, but these are skilled and often require retraining and physical work, and do not appeal to older workers.
- There is a lack of Pasifika-led service delivery and services tailored to meet Pasifika needs.
- Lack of parenting skills is a real issue for some families in the community, but many of the programmes available to address this issue are too intense to attract or be

accessible to the parents who could benefit most from them. The Primary Principals' Association is bringing John parsons to the community for a seminar and supporting training in 2021 to try and address this need.

- IRD Child Support payments did not reduce in response to Covid-19 even if a worker lost their job. IRD penalties for child support are being applied in full unlike the case for business tax. This issue is especially impacting males, and some previously high income earners, with high child support payments, are now struggling to meet their obligations.
- Lack of public transport is an issue which impacts on people with disabilities, young people and frail older adults, and especially those who are more isolated.
- Lack of transport acts as a significant barrier to service access, and while the health shuttle operated by St John makes a difference, it is not always possible to access this.
- Sitting between Timaru and Christchurch, Ashburton district receives services from both locations, often without coordination between such services. Key decisions about Ashburton whānau are sometimes made in Christchurch or Timaru by people who do not know / understand the community.
- A number of services are stretched to capacity, housed in buildings that are too small to enable services to expand to meet needs.
- Some very small services operate in Ashburton District, with only one part-time worker. Some of these meet very niche needs, but are highly effective. They are seen as very vulnerable to closure as funding tightens.
- There is a lack of low cost, larger venues for delivering wellbeing activities to the community.
- Ashburton District had an amazing Strengthening Families programme when this service was funded, and its loss left a huge gap. There is hope that the existing Children's Team can be shaped back into something like what used to operate.
- There is a lack of youth worker support for lower level need - 24/7 youth workers operate in the district but are very siloed from other youth services.
- Lack of advocacy supports for people with disabilities – the few support services available are very stretched, yet families often need advocacy and guidance to make the best use of the individualised funding model.

- No chaplaincy service at the hospital.
- It is great that Early Start has begun being delivered locally, as early intervention was a significant gap locally.
- In anticipation of the arrival of refugees to Ashburton, funding has gone into resettlement services, but not into the support services these families may well need around health, housing and wellbeing.
- Contracts for service delivery in Ashburton are in some cases not being delivered on, especially around health, parenting support and counselling. There is a significant need for contract holders to fulfil their obligations and deliver services locally that they are being funded for.
- Lack of affordable dental care.
- There is only one wheelchair taxi in Ashburton and it is hard to access.
- It is very hard for people with disabilities to get a job or access supports in job seeking. While Workbridge will come to Ashburton, this is very hard to arrange.
- There is a significant need for support for children and parents around separation.
- More supports for children and families are needed in the community accessible via self referral.

Current and Anticipated Social, Wellbeing and Community Needs - General

Alongside the service gaps / weaknesses identified and the needs for which these gaps / weaknesses relate, a range of other needs were identified as observed currently in the Mid Canterbury community in general. The needs most commonly identified were as follows:

- **Stress and burnout are real issues facing many professionals and community workers** – many service providers across sectors worked through Lockdown, often in high pressure situations, and demands have continued since. NFP managers were identified as often carrying heavy burdens via increased community / client need and resourcing impacts and concerns. Further, some managers are operating with people in governance roles who do not have a solid understanding of the difference between governance and management. While a need for upskilling around governance is

perceived, some people in these roles feel they do not need this. Needs were flagged for measures to support self-care of staff and management of social supports.

- **Hidden hardship** - While the number of job losses in Ashburton as a result of Covid-19 have not been large, a number of workers have had their hours reduced, and a number of part-time roles have been cut. These are often the second income in a family household, so they often do not show up in Work and Income job seeker data, masking the impacts of Covid-19. It was quite widely reported that some workers did not receive a wage subsidy who probably should have, and some workers (predominantly in aged care, meat processing and retail) lost their jobs because they could not work through Lockdown, due to health issues or because they had dependents at home who needed their care. Some families are under considerable financial stress, experiencing food poverty, and for some, for the first time. Schools are seeing evidence of food poverty.
- **Lack of cultural acceptance** - Ashburton's ethnic population composition has been changing for some time, but the community, and especially the older community is still struggling to adapt this change. Issues of racism, overt, casual and systemic were quite widely raised as social needs facing Ashburton district. Racism was identified as existing both within the traditional Ashburton community and migrant populations themselves, especially directed towards Māori and Pasifika. Considerable need was highlighted for much more effort to build understanding of Te Tiriti o Waitangi, to celebrate Māori culture and heritage as Tangatawhenua, and within a context of manaakitanga, to foster and encourage an acceptance of newcomers, and stand up against racism of any kind. Some informants felt that racism had become more of an issue in recent months, under Covid. Ashburton Learning Centre can deliver training in Tikanga and Te Reo Māori, and with funding, have the capacity to run more courses and wananga. When training has been delivered in the local community around Māori tikanga and Te Reo, there has been strong uptake, but a lot more such training was seen as needed, followed by efforts to raise understanding of other cultural groups also. Such training needs to be adequately resourced. Some philanthropic funding has gone into Te Reo locally, which is highly valued. However many people delivering Tikanga and Te Reo training do so without being paid. Disappointment was expressed that Waitangi Day is not upheld as a celebration of biculturalism, but rather multiculturalism in Ashburton. Both were seen as important needs in their own right.
- **Significant anxiety and mental health needs relating to Covid-19** – while flagged in the section above as a significant service need for the community in general, a number of informants noted increased anxiety and mental health needs as a result of the Covid-19 preventative response, and saw anxiety levels as likely to increase whenever there is an escalation in alert level.

- **Mobility** - Ashburton is hard to get around for people with disabilities, and for frail older adults, but Total Mobility is seen as too expensive for a lot of people with disabilities. Further, transport is a significant barrier to service access and social connection for people who are rurally isolated. A number of people interviewed strongly identified a need for a community van to be trialled in Ashburton District.
- **There is still a sizeable proportion of the population without adequate digital connectivity** – Work and Income services are increasingly being provided digitally, and support is available to help families with this, but it remains a significant issue for many families and older adults. Meantime, Ashburton Learning Centre deliver computer upskilling and digital technology training, with capacity to grow this with resourcing.
- **There is a need to retain the government department presence that Ashburton has locally.**
- **Significant need for initiatives that build and strengthen wellbeing at individual, family and neighbourhood level, focused strongly on the Five Ways to Wellbeing** and especially fostering connectedness and mindfulness. A number of informants felt that with stronger resourcing of these kinds of activities, many of which can be delivered at low cost, the need for more resource intense mental health supports could be significantly reduced. While there is strong research evidence behind the Five Ways to Wellbeing, finding funding for activities designed to address these is often difficult, despite many of these being very low cost.

Other community and social needs less commonly highlighted included the following:

- Ashburton continues to have a binge drinking culture, and drugs remain an issue for some young people in the context of having little opportunity for positive social connection and recreation outside sport and physical recreation. It was reported by a youth worker that meth is currently easier to acquire than marijuana is. Some of the marijuana available locally is reportedly laced with meth.
- Ashburton has hidden poor – older people who struggle to pay their rent.
- Because it is costly to deliver services in Ashburton when the contract is held by an external provider, some services require people to travel to Christchurch or Timaru for, and for some families, the time requirements of doing so make service access very difficult. As a consequence, the level of need often rises to the extreme before people reach out to access support. More support is needed for people who do need to travel

for appointments, some of whom do not have warranted or registered vehicles, and the trip to the appointment can end up very costly if they are ticketed.

- While it is great that Ashburton District has interventions in place around suicide prevention, it was suggested that these would benefit from being more strongly connected with the health system, and effectiveness could be enhanced through this. Privacy sometimes poses a barrier to best practice. Ashburton previously had a vulnerable persons register operating, but this was disbanded.
- It is hard for services to recruit professionals for roles in Ashburton District, seen as rural.
- Lack of skills is a significant barrier to single parents re-entering the workforce but to gain these skills, they often need to travel because the array of training available locally is so limited. While some people make this work with the support of family, single parents without such support struggle to get themselves out of poverty, because work-relevant training is so hard for them to access and juggle around the demands of parenting
- Bullying remains an issue in schools.
- Many people with disabilities cannot drink alcohol, but there are few opportunities for socialising in the evening that do not centre around alcohol. The Lockdown was very hard on people with disabilities whose social connectedness is enabled by having a support worker take them and assist them to participate in activities like swimming or games groups. Lockdown was a very isolating experience for many.

Looking to the near future, there was an expectation expressed by a number of informants that **family harm, alcohol and drug needs** and **budgeting needs** would increase once wage subsidies come to an end, that **mental health** supports would come under much more pressure as the realities of the post-Covid-19 economy sink in. There is also an expectation that it **may become harder to recruit volunteers over time**, but this was less to do with Covid-19 and more to do with less willingness to volunteer across younger generations generally, except for one-off, more intense voluntary roles, and less availability to volunteer during daytime hours.

Alongside an anticipated demand for mental health supports in the form of counselling, an increased need for **preventative wellbeing measures** was widely anticipated, and seen as much needed even now – **activities promoting and facilitating the five ways to wellbeing and encouraging and fostering social connection at family, neighbourhood and community level.**

Housing was anticipated to come under increased pressure as people move back to Ashburton district from overseas and from other parts of the country more impacted economically, and as other newcomers move to the area from elsewhere in New Zealand looking for work.

Needs of the Long-Term Unemployed Population

Ashburton has for a number of years experienced very low levels of unemployment compared to other communities in New Zealand, and its long term unemployed tend to be people who are difficult to place in employment due to underlying, often complex needs. Some within this group are impacted by the lack of disability supports towards employment, or alcohol and drug issues previously highlighted, while inter-generational unemployment is an issue for some. Work and Income was identified as having good connections and relationships with its long term clients, and feedback regarding the service they provide in Ashburton district was very positive.

Some of Ashburton's long term unemployed struggle with issues of isolation, depression and lack of connection, and Lockdown was identified as particularly hard on some single parents on benefits who had no reprieve from parenting during Lockdown and struggled with the isolation. However feedback from service providers regarding how this group fared during Lockdown and since was largely positive, with longer term unemployed seen as characterised by resilience during Lockdown. Beneficiaries received extra payments, and without the same outgoings as normal life, many were financially better off as a result of Covid-19, with lower demand on foodbanks from their regular service users. Drugs like meth and cannabis became less accessible in Lockdown, and several people who were waiting for drug treatment managed to wean themselves off drugs during this period.

Looking forwards, extra pressures on housing as ex-pats move back into Ashburton, and people relocate to the area in search of employment, or seek to move down in the housing rental market to reduce costs in face of reduced income once subsidies end was anticipated by one or two informants to place additional pressure on the housing market locally, that could be strongly felt by those at the bottom of the market.

Needs of Those who have Lost Jobs / Income due to Covid-19

With strong employment in Ashburton compared to other parts of the country, many of the workers who have recently been made redundant in Ashburton have found new employment before they even finished in the current role. At the time Work and Income were consulted for this research, the community still had more vacancies than they were able to fill.

The issue most strongly identified regarding this group by those interviewed was the reality that many of the people who have lost jobs, had hours reduced or suffered a loss of income from business will never have accessed support before, and **will not know where to go to access the assistance they need. For them, information was seen as key** – critical to their wellbeing at this difficult time. As mentioned, **service navigation has been highlighted as a significant need for this community**, requiring address through navigator roles in health (eg. the Waitaha navigator roles), education (Mana Ake), A properly resourced Citizens' Advice Bureau, and development and maintenance of a comprehensive online and hard copy local service directory compiled by local well-networked practitioners. In addition to good information on services and entitlements, other needs identified for this group include the following:

- Ashburton has a lack of places people can go for **support around CV writing and technology support** to assist in online job applications, Work and income access etc. Many NFPs used to do this but no longer do so, because they were never / ceased being resourced to do so.
- Some people will require **low level counselling and a listening ear** to cope with change in circumstances. Increased anxiety and depression has already been noted among some of the newly unemployed, with biggest mental health issues observed in those who pre-Covid-19 were “upper middle class” families with high outgoings (boarding school etc.), who are struggling to adapt to a lower income, and who cannot easily relocate because they own property locally.
- **Older workers need to be a key focus.** Work and Income are seeing people in their 60s who have lost their job or suffered reduced hours and for whom there are no similar jobs available locally, requiring a change of career direction. These people may need extra support to find new employment. Volunteering was identified as a useful pathway to a change in career, often allowing a taster of something different, and an opportunity to gain new skills.
- **Some jobs in the district remain very hard to fill** (eg. SPM meat processing work) **but newly unemployed seem reluctant to take on these roles.** Likewise, vacancies exist in dairying but migrants redundant from tourism and hospitality are in some cases reluctant to switch to these roles, and when they are open to them, some employers are not recognising that applicants could successfully fill the vacancies. Support is needed to promote the employment opportunities that continue to exist locally, and to encourage employers to take a new approach to recruitment in these times of change.

- A number of people who have suffered a reduction in income are **managing by using retirement savings**. This will mean their retirement is in some cases very different from what it might have been, bringing about changes for many years to come.
- Some small businesses are managing reduced income by using part-timers less and trying to manage their service alone. This means that some people are working very long hours while stressed, raising issues of **burnout**.

Needs of Socially Isolated Older Adults

Three issues were most commonly raised regarding needs of more socially isolated and / or frail older adults:

- **Loss of confidence post-Lockdown** – Staying at home for the period of Level 4 and 3 Lockdown, missing out on activities through level 2 and in many cases longer because of anxiety or family directive has meant that many providers of services and supports to older adults have observed a decline in confidence getting out and about and as a result, access to the activities that uphold their wellbeing has been reduced. Not driving for such a long period has also meant that many people have not felt able to recommence driving, and this also impacts on their access to wellbeing supports – getting out and about and connecting with friends and family, attending clubs and groups, doing their shopping and other errands. A need was highlighted for the **Staying Safe Driving confident driving course for older adults** to start up again locally as soon as possible to support older drivers to remain mobile if they can.

While some people could not wait to get back to their regular activities once they recommenced, more isolated people, often more introverted and with few regular sources of social connection were hard to re-engage with, because of the reduction on confidence but also a genuine fear of catching Covid-19.

- **Move to online banking and obsolescence of cheques** - The Lockdown really highlighted the number of older adults who relied on cash and cheques to pay bills and do shopping, a high number not having access to debit or credit cards and not digitally connected, let alone to online banking. Support services worked hard to assist people to meet their basic needs, working with supermarkets, local country stores and pharmacies to arrange credit systems and deliveries for vulnerable older adults and as mentioned, banks also worked hard to connect people to online banking, and ensure bills were paid. The experience has highlighted a **significant need to support older adults to become digitally connected** in a safe way.

- **During Level 4 and 3, health-funded home help (cleaning etc.) stopped for frail older adults, but for many, including people in their late 80s and 90s, this has not recommenced** – they have lost their entitlement to it. Cleaning tasks weighed heavily on some people, and a number of instances occurred and continue to occur where people have suffered falls and/or injuries in the process of trying to perform these tasks themselves, some resulting in ambulance callouts. Age Concern and Rural Women are advocating strongly to CDHB around this issue.

Other feedback regarding needs of more isolated older adults, less commonly mentioned in interviews are as follows:

- There are quite high numbers of **grandparents raising grandchildren** in Ashburton district, often dealing with complex behavioural needs, without any additional financial support. It is not uncommon for the supports around the children which might have been in place to pull back once the child/ren is/are placed with grandparents / older whānau. Lockdown was hard for this group, but even generally, they are a group that would benefit from more connection and support. A support group has just been established, but this groups remains in need of respite access and in many cases, financial support.
- It is always hard to reach the community's most isolated, but services that tried hard to do this during Lockdown were thwarted by Privacy Act concerns.
- Many of Ashburton's older adults are well-off and well-connected locally, but the community also has a number of older adults who moved there after being displaced from Christchurch due to the earthquakes, some of whom are victims of trauma and carry support needs.
- **Rurally isolated** older adults often struggle to reach out for support.
- **Many of the volunteers with Ashburton's older adult services are older themselves**, and could not volunteer in any way other than phone support during level 2-4.
- Some older adults with **alcohol dependency / abuse issues relapsed** during Lockdown, and ACADS have seen an influx of older returning clients.
- **Housing** is an increasing issue for older people.
- The **health shuttle is highly valued locally**. It stopped for a short time during Lockdown but recommenced due to a strong inter-agency response. The shuttle is

often over-subscribed with users, and people cannot always access it, especially when Christchurch hospital make appointments at short notice.

- Concerns were raised that **loss of the copper phone network will isolate some older adults in rural areas**. Between a quarter and a third of some older church congregations were reported as having no digital connectivity. Others may have cellphones but do not charge them, lack a printer, operate with limited data, do not know how to download or use technology in a very limited fashion only.
- A lot of older adults in Ashburton **lack any real sort of family support**.

Needs of Young People

When informants were asked what the issues facing young people were currently, and what needs they saw arising in the near future as a result of Covid, **training and employment were the most commonly raised concerns**, although at that time, youth unemployment levels (ie. Registered job seekers) had yet to change from pre-Covid levels:

- Preparation for work is seen as lacking, with young people for whom university is not a choice / option **not receiving the level of career planning support seen as necessary** to enable them to successfully find employment locally. There is a perceived need for much more effort placed on developing work ethic (seen to have genuinely declined over time, with a sense of entitlement more common), forming realistic expectations of employment, and connecting young people with local industries and their employment opportunities.
- Informants commonly perceive a **reduction in part-time employment opportunities** for young people at school post-Covid, especially in cafes, supermarkets and other retail, yet it is in these jobs that young people begin developing work-ready skills. This observation fits with other feedback regarding small business owners coping with reduced turnover by staffing the business more themselves, and full-time and part-time workers made redundant moving to other part-time roles, often as the second income in the household.
- As mentioned, **lack of local training opportunities** was quite widely highlighted as an issue impacting on all age groups, but especially impacting on young people because of **transport barriers**.

- **Transport was also highlighted as a barrier to employment**, both full and part-time, with no public transport in Ashburton itself, and some businesses which would employ young people located out of town.
- Many young people from the district typically go on an OE, either before or after tertiary education. **Loss of this opportunity for OE in 2020** has led to employment uncertainties – some young people do not know what they want to do as an alternative to that plan.
- Apprenticeships which often start with a lot of book work front-end were identified as a turn-off, but apprenticeships were a good option for many young people, and the Government Apprenticeship Boost launched in August make this more attractive for employers.
- Young people in Ashburton commonly find employment via family networks – some young people are in a much better position to be given opportunities than others.
- Online learning is challenging for many young people.

Another strong theme in feedback regarding needs of young people in Ashburton district was around a **lack of positive opportunities for social connection and support for the Five Ways to Wellbeing**:

- **A lack of things for young people to do** was widely identified as an issue locally, with Ashburton seen as poorly catered for in terms of community events and community development to support recreation for young people outside sport, cultural activities like kapa haka, or church activities for those engaged with churches. While the community was identified as having good skate fixtures, the pool was widely identified as not youth-friendly (no jumping, young people forbidden from using sauna and spa etc.), and the community was seen to **lack indoor recreation opportunities** for young people and indeed children who want to connect with friends and play board games, play pool, bowl etc. While this is an issue for young people, it was also highlighted as an issue for people with disabilities. Many of the recreation activities outside of sport in Ashburton centre around alcohol, so if you do not want to be part of that, it is hard to connect with others in person, in a world where this was seen as increasingly important in the context of cyber bullying. **Cyber bullying was highlighted as an on-going issue but one that strengthened in Lockdown**, with ongoing repercussions. The perceived lack of positive recreational opportunities for young people was seen as a driver for alcohol and drug use and petty offending.
- While BASE was identified as great for younger teens and tweens but under-resourced, it does not cater for older teens and young adults. There was strong

demand identified for a **safe, alcohol-free space for young people to connect**. Again, the same is true for people with disabilities.

- **The Ashburton Domain has exercise equipment for adults but young people may not know this is there or know how to use it** – this would be a great focus of a youth event or series of events, showing young people how to make use of this community asset.

As mentioned earlier in this report, **a lack of affordable, accessible mental health support and sexual health services are significant needs for young people** in Ashburton district.

- While referrals for mental health support reduced in Lockdown, with young people not accessing alcohol as commonly during this time and parents spending positive time with their young people, **referrals for support around anxiety** are coming through to support services once more.
- Young people want **counselling services that are accessible**, ideally delivered in youth-friendly environments.
- A rise in teen pregnancy has been observed locally since Lockdown.
- Some positive things are happening in the suicide prevention and response space, but **suicide among young people remains an issue locally**.
- **Rural isolation is a significant barrier to support service access** for young people.

Other less commonly identified needs included the following:

- Need for more **low level youth work** and greater connectivity between 24/7 youth workers and the wider youth sector.
- Need to **strengthen networking across the youth sector** – while there are pockets of strong collaboration, there is significant room for enhanced connection between services. A networking group used to meet regularly across the training sector but this has fallen away.
- Some contracts in the youth mental health space are held by Christchurch-based providers and could be more effectively delivered locally.
- There is a **lack of one on one mentoring** – this would be especially useful for Māori and Pasifika young people.
- **Lack of learning support for teens** – while Advance Ashburton fund learning disability assessments for children, service providers working with young people 16-18

commonly see young people with undiagnosed learning disabilities who appear to have slipped through the cracks.

Needs of Māori

Ashburton falls within the rōhe of Te Rūnaka o Arowhenua and its Arowhenua Marae is located in Timaru District, just south of Temuka. It does not have a locally based Ngāi Tahu marae but it is fortunate to have Hakatere Marae, which provides all Māori in Ashburton district a tūrangawaewae. The marae has growth in strength over time, and some exciting activities are being delivered there many through partnerships with other agencies / service providers, such as the kaumatua group delivered in association with PSUSI. Some feedback suggested that the marae is limited to an extent by its location outside of town. Nonetheless, its utilisation is growing.

Māori in Ashburton are better served by community supports now than in the recent past, through the strong presence of He Waka Tapu, PSUSI and its strategic focus on building cultural competency within the organisation, the development of Mana Ake (a service now stretched in capacity), Whānau Ora and of course the mahi Hakatere marae personnel are putting into facilitating outreach support through the marae and engaging with local Māori, among other initiatives. A number of individual workers across many NFPs were identified as doing great mahi and working effectively to support Māori tamariki, rangatahi and whānau. Many of these services are being accessed effectively by Māori whānau, having built a positive reputation locally. There is still a need for **well-trained professionals within the Kaupapa Māori service delivery space**. Issues around **lack of Iwi representation and a need for much stronger cultural competency and cultural awareness** were raised earlier in this report.

Historically, Māori in Ashburton District have worked predominantly in shearing gangs, and as sheep farms converted to dairying, many of these workers became redundant and moved into work in the freezing works. More rounds of redundancy followed. Some Māori have experienced long-term unemployment, often because they are not skilled in work outside those roles that are very physical in nature. There are limited employment opportunities locally for some of these older job seekers.

The following service needs were also highlighted:

- A need for **much more whānau support** around prevention and equipping whānau to manage and respond to childhood anger and anxiety, often in the context of separation.
- Issues of **poor GP access** impact heavily on Māori.

- There is a **growing gang presence** in Ashburton.
- A need for kaupapa Māori service providers such as He Waka Tapu to be much better **resourced to build their professional capacity** through professional development and recruitment of well-qualified staff.
- Many Māori in Ashburton district have moved there for work, and **do not have their wider whānau support network** on hand to assist when challenges arise.
- As in other communities, Māori are **over-represented in deficit health indices** – cardiovascular disease, diabetes, bowel cancer, COPD. Accessible preventative health and wellbeing services are delivered via Hakatere but sometimes these are accessed by Pakeha and not enough by Māori.

Needs of Pasifika

The ethnic composition of Ashburton's population has changed rapidly in the last few years, with the proportion of population identifying as Pasifika increasing by a third from the 2013 to 2018 Census. However as mentioned, lack of acceptance of cultural change in Ashburton was highlighted as an issue, especially for older, long-term residents. Pasifika were one of the groups most commonly identified as difficult for services to reach and most likely to not have their social, community and welfare needs met locally, with key barriers to service access as follows:

- **Shyness, shame and pride are significant barriers to service access for this group.** **Even when services are accessed,** the true extent of the issues being experienced are often not acknowledged. Some feedback suggested that services which operated via phone consultation during Lockdown often achieved better engagement than a face to face meeting might have achieved, taking away the pressure of looking at each other face to face. Some services are continuing to explore using phone services more for this group, as a means of reducing barriers of shame / shyness. Pride is a significant barrier to reaching out for help within their own community – people do not want to be seen as not coping.
- **Immigration status** is a historic barrier to reaching out and asking for help, and some Pasifika people are either reluctant to ask for help or give false information when they do reach out. A reluctance to access mental health or other wellbeing support via GPs was noted, especially for Tongans because of fear of this being reported back or considered in Visa decision making – this issue is further explored in the next section

of this report. Often, these issues arise because people **struggle to deal with the paperwork and processes** of Visa renewal etc., and in many cases, are perceived as leaving this too late. When they do reach out for assistance around immigration matters, the issues are often quite simple to deal with, but compound over time. It was reported that because of the barriers that shame / pride present, people often turn to others within their family for advice around immigration, but this advice is not well-informed, sometimes leading to costly decision making.

- The Pasifika community of Ashburton is heavily comprised of people quite new to New Zealand, with many of the workers recruited direct from the Islands. As a consequence, **Pasifika tend to stick to their individual Island communities rather than connecting across nationalities as Pasifika**. This manifests in a reluctance to utilise some Pacific service providers, already very thin on the ground in Ashburton, with Fale Pasifika services delivered remotely from Timaru (the extent to which it does this was questioned), and E Tu Pasifika not having an office locally. Pasifika workers in PSUSI and He Waka Tapu work very hard to support this population, but it was reported that Pasifika tend to want to access services from a worker of shared cultural heritage. He Waka Tapu are reaching some Pasifika effectively, and PSUSI others, but while the population size could almost justify a Pasifika-specific social service provider based locally, the tendency to stick in individual Island communities and not come together as “Pasifika” hampers such a development, which was identified by a number of informants as needing to be community-led to be successful.
- **Language barriers** also inhibit service access.

The **primary source of support for Pasifika currently in Ashburton is the church**, with most families connected with a church. Some strong mainstream churches locally have large Samoan and Cook Island congregations, while many small Pasifika churches also function, but without a physical home – they meet in school and community halls and in people’s homes. Lack of a permanent base hampers their ability to effectively deliver or facilitate access to social supports. When support needs arise, some churches do reach out to support agencies to help, but often it seems that the issue is dealt with internally, with the church community helping people financially or with food, and church leaders dealing with alcohol and drug issues without engaging with outside supports. Just prior to Lockdown, 20 families had reportedly just arrived to work at ANZCO, with no understanding of the support systems available to get them through that period. Church leaders got them through that period, but many families also struggled. A number of families had people from the Islands visiting them when Lockdown began, leaving their households with extra members to feed for months at a time when many had their work hours significantly reduced, and not all were getting the wage subsidy they were in many cases entitled to. With no church services at that time, their access to support was extremely limited. It was reported that around 20 Matai - Pasifika healers

operate throughout the district. Without physical addresses, the churches are hard for social support services to identify, connect and collaborate with.

The following needs were highlighted for this group - it should be noted that some informants commented that these issues have been talked about for several years but nothing has happened to address them:

- Services are not strong enough in their response to the level of need facing this group, and the level of need is far too high to be effectively addressed within churches without external support and expertise.
- Alcohol and drug services and mental health services struggle to engage with Pasifika in need of such support.
- There remains a high tolerance for family violence.
- Overcrowding issues exist in housing.
- Some workers are only on 12 month visas, and as such, are ineligible for subsidised health care.
- Many Pasifika on working visas traditionally return to the Islands during layoff or quiet times of the working year, but with Covid-19, they have not been able to do so, often cutting them off from their families.
- The health issues over-represented in the Māori population are also present in Pasifika.
- Pasifika young people cannot access alternative education at YMCA unless they have residency.
- Significant need was highlighted for a Pacific Youth Worker. A Pacific Trust Canterbury youth worker used to operate in Ashburton with good results but this ended when the service folded, leaving a significant gap.
- Some Pasifika do want to access mainstream support services outside their own cultural community, but it is hard for them to find out about the supports that are available.

- Some strong women within Ashburton's Pasifika community make a significant difference in guiding others to supports that meet their needs. Administrators on Pasifika social media groups in Ashburton were one example.

Needs of Other Migrant Communities

Where the proportion of the population who are Pasifika grew by a third from 2013 to 2018, the Asian population almost doubled, with Filipinos comprising the largest Asian population locally. As with Pasifika, churches were identified as the most significant source of support for Filipinos, along with sports clubs. The Filipino community in Ashburton district is very well-networked via the Filipino Dairy Workers' Group, social media groups, the Catholic Church and its own sports clubs, and people do look after each other, and there are a lot of social and family gatherings. Migrants often face additional pressures because of their situation, often supporting families back home, struggling to understand and fit into a different culture, learning a new language or functioning in a second language, adapting to rural life, dealing with housing overcrowding etc. However many of their needs were identified as similar to anyone living in the district at this time.

Migrants to Ashburton District come from many parts of the world, and where issues were highlighted by informants regarding migrants, they tended to relate to migrants from Asia and the Pacific, and far less commonly from migrant from other parts of the world. It should be noted that as at 2018, the proportion of the district's population who were Middle Eastern, Latin American or African comprised only 1.3 percent, compared to 7.4 percent Asian and 5.1 percent Pasifika. A small number of informants commented that the migrant support space was relatively well-resourced compared with service provision for some other populations. The following issues emerged most strongly:

- For some cultures, and especially Asian and Pacific cultures, and to some extent, Eastern Europe there is **stigma in reaching out for help, so support services tend to only see people once needs have become desperate**. That said, often once one person takes the brave step of reaching out for help, friends and neighbours also approach the service for help.
- **Migrants on work visas are especially reluctant to reach out for support** around mental health, anxiety / suicidal thoughts because many such supports need to be requested via a GP, and as such, will be recorded on their medical records which are reviewed when considering applications for visa renewal and residency. This has always been an issue, but with Covid-19, this barrier was reported as heightening considerably. There is a strong preference for mental health supports to which people can self-refer.

- The **current situation with visas through the Lockdown and since has been an evolving one, causing significant stress** for some migrants. At the time of the Lockdown, people whose visas were about to expire were hugely concerned that they might not be renewed, and what would happen to them. A number of extensions to Visas were made since March 2020, and in the latest one, where an additional six months were added from September 25th 2020, this applies only to the primary applicant and not to family members. This has placed considerable stress on families who have started to build their lives in New Zealand and have a goal of gaining residency. In order to have their family here, workers will have been here for three years on a work visa already - the road to residency was identified as a long one. For migrants in employment, they have been able to keep working. Shifting jobs has been harder post Covid-19, with variations on visas harder to get processed (they were not processed at all in Lockdown and are being processed now, but with no additional staffing to deal with the backlog) and change of industry visas more difficult. However some workers are still managing to change employment, but it is harder to challenge poor employer practice in this difficult context. Insecurity of employment is more of an issue for migrant workers in non-agricultural roles. Demand for farm workers remains extremely high.
- **Transport is a significant barrier to service access** for migrants who do not drive and especially women in rural areas. The Salvation Army's driver training scheme is working hard to reach into these communities. Meantime, services such as Shakti in Christchurch cannot be accessed without people in need travelling to the service.
- **Connection and isolation remain challenges for rurally isolated migrants** – women on farms have few opportunities to practice their English.

Other feedback:

- Migrants whose work visas had expired before the start of Lockdown, 25 March 2020, some of whom remained in New Zealand illegally, are not entitled to any government support. Migrants here on tourist Visas and stuck in the country, unable to return home were assisted in high numbers during Lockdown by local foodbanks and social support agencies. Support has been available to them via the Red Cross foreign nationals assistance programme, but this was identified through informant feedback as hard to apply for, with relatively low uptake across the district.
- Fortunately, Lockdown occurred before the arrival of the usual migrant workforce which comes to Methven for the ski season to work at Mt Hutt and associated businesses, lessening the impact of Lockdown to what it might have been.

- Some migrant workers have relocated from Queenstown and Southland looking for work.
- The Government's Covid-19 response was hard to relate to for migrants who have a distrust of Government officials.
- Not as relevant now, but for the future when travel is possible once more, it was suggested that those doing the recruiting of workers from overseas should provide them with information on support networks and providers before they come: They should have a duty of care to make sure people have this information when they most need it, during the first months of settlement. People often do not connect with supports until a few months after they arrive, and this is too late.

Feedback from Migrants Themselves

The following information was gathered from migrant communities by the Migrant Support Social Worker employed by Safer Mid Canterbury, and via a survey promoted to the Pasifika community.

- There is a real issue of migrants not reaching out for support, especially around health and disability issues, for fear of negatively impacting Visa and Residency renewals. While always an issue, this is more prevalent due to Covid 19, and the restrictions in place around travel. There may well be people in the community who have serious health issues who are not known and not seeking assistance. Migrant families are reticent to discuss their problems within their specific migrant community due to worries about gossip and judgment from others. This would suggest that having a service available outside of the community, but co-designed within, that is confidential and accessible for migrants would be beneficial.
- Immigration New Zealand did not put on any extra staffing during Lockdown or since to cope with the extra queries being put through to them.
- Extensions to Visas have been made and have taken the pressure off workers, but these were offered for primary applicants only and not for family members – this has been a source of considerable stress for many migrant worker families.
- The migrant communities are not well connected with each other and as a result, the sharing of information across community boundaries is poor. For example, there was vaccination clinic held in Ashburton for anyone by Etu Pacifica, yet only one cultural community appeared to know about it. Where considerable resource and staffing was put into something that could have been well used, only a limited

number of people attended. Sharing of information and resources between cultural communities could be significantly enhanced with improved representation of all cultural groups on multicultural committees such as Multicultural Advisory council. As it stands, some larger migrant communities dominate support services and access to resources.

Three people (two female, one male) aged 25-44 responded to a Survey Monkey survey promoted via the Samoans of Ashburton Facebook page. All had lived in Ashburton district for a number of years, one 6-10 years and two more than 10 years, moving directly from the Islands. All were parents with children. One was parenting alone with their partner having to leave due to immigration status. Two of the respondents were from working families, and one was receiving a benefit, and doing well thanks to support of a number of social services including Fale Pasifika and He Waka Tapu. Asked what was hard for them at the moment and not supporting their wellbeing, all three selected the response "I sometimes do not have enough food."

The survey asked *If some things are hard for you and your family here in Ashburton at the moment, please tell us about this.* The following responses were provided:

"If schools can provide lunches for the kids just to help us parents budget bring-home-pay to last until the other payday. With just one person works in a family of 5, with support from the Government lacking as well financially, with rent, bills, food, petrol, debts, stationaries, needs of each family members, etc."

"At the moment I'm slowly working towards these difficulties with the help of Fale Pasifika."

Asked where they turn to for help when needed, one responded with Work and Income, one commented that they struggle to ask for help unless it is "URGENT", and one said they borrow from family in other parts of New Zealand but have to pay this back, and also get help from church in the form of grocery vouchers.

Thinking about how services could better support Pasifika in Ashburton, one person wanted to see community projects that taught people to grow food themselves, while two wanted to see more activities that bring the community together and encourage them to share their problems and solutions, supporting each other. They also wanted to see more outreach into the Pasifika community by services, letting them know about the supports available. All three said that if there was a local support service just for Pasifika, they would use it.

"Let the people know and understand of the services that are out there, and how they can have access to it. Put up workshops to teach them, Projects to motivates them to

keep trying. Support Services shouldn't be expensive or hard for anyone to have access to."

"I think some Pacific families struggle to find help due to not knowing or language barriers. I am keen to help be a translator coz we need more Islander workers in the social worker support field."

Farmers and Sharemilkers

A lot of feedback was provided raising concerns about the welfare and wellbeing of farmers in Covid recovery. This is summarised as follows:

"It was nice to be a farmer during Covid, because for the first time, we weren't being attacked."

Mycoplasma Bovis had placed **many farmers and their families under mental health stress** (22 percent of the M Bovis cases were reportedly located within Mid Canterbury), and Covid-19 came along just as things were starting to settle on that front. The last few years were identified as a hugely stressful time for farmers in Ashburton district, with many impacted by the Rangitata River floods in 2019, some emotionally impacted by recent events with a local MP who many had trusted and respected, and experiencing an on-going struggle to staff farms adequately. Some feedback suggested that farmers have felt under negative community pressure for some time in relation to water use and nitrate levels. Being viewed as essential workers was a real positive for the rural community, with improved public perceptions alleviating some of the stresses farmers have felt for some time. However the difficulties of retaining staff and getting visas renewed under Covid have been hard, and farmers are heavily impacted by not being able to recruit new workers from overseas, while still struggling to fill roles through the New Zealand labour market. Living where they work, there is little opportunity for escape from the stress.

As with other sectors of the community, **counselling support is hard to access** for farmers and their families, although one informant noted that access was better now than ever; stigma remains a barrier to seeking support around mental health for some farmers, and this is especially the case in terms of approaching a GP for support. Coupled with difficulties getting GP appointments in a timely manner, and a tendency to wait until things are at crisis point before seeking help, an alternative pathway to BIC was also seen as desirable for rural clients.

People working in jobs classed as unskilled operate on visas for shorter terms than those in skilled jobs. In the rural content, positions with a three year visa need to be paid \$25.50 or

more per hour, with the incumbent needing to hold the relevant or equivalent L4 qualification or achieve NCEA L4 within that period, supported through AgITO in order to be able to renew their visa. Otherwise, they return home for a stand down period before they can return. Good staff need to be paid at that rate or higher, and to achieve their L4 qualification to be retained, and as some farmers cannot afford to do that to the extent needed, some end up working long hours themselves, or do so because they cannot find staff to fill vacancies. **Additional workload is fuelling farmer stress.** In normal times, farm workers on one year visas need to return home at the end of that period for a one year stand-down before they can return. Dairy farmers usually start recruiting for the following year in October.

Farmers are worried that as unemployment rises nationally, even once travel resumes, it may become harder to be able to recruit or even retain migrants for work on farms, even though they anticipate the present reluctance of Kiwis to work on farms to remain an issue. For many, migrant workers and their families feel like part of the family. Another huge source of stress is the heavy reliance on skilled large vehicle drivers from the UK and especially Ireland. Around 150 drivers are usually recruited to work through Spring and Summer across Ashburton district, driving the large tractors, harvesters and heavy machinery used in silage production, haymaking and crop harvest. Drivers usually arrive in August, and work from October – the end of summer, filling a significant skill shortage nationally. Heavy lobbying is taking place nationally to try and address this issue for the 2020-21 season, but for now there is **considerable stress around how harvesting can occur without this workforce** in a safe manner.

Tenancy changes due to Covid-19 mean that where workers and their families traditionally all relocate on gypsy day, this year, in many cases the worker relocated but the family stayed on in the same dwelling. This meant farmers had to access temporary accommodation to house new workers arriving on their farms.

While some rural networks work really well at connecting farmers to each other and facilitating connections of support, **not all organisations in the rural sector are collaborating as they need to be** in these tough times.

Better Reaching Those in Need

Feedback from the broad array of service providers and community stakeholders interviewed suggested that while a number of barriers are at play locally, inhibiting access to help and support where this is needed, these can often be broken down through **service navigation**. In some cases, this can work well through a **formal mechanism** – Citizens Advice Bureau and their resources and websites, including directories tailored to the local area, the health navigator roles in medical practices, via Mana Ake workers in schools or roles like youth

coaches etc. They can also work well at a **much more low key level** – by friends mentioning that they are going to collect a food parcel, and their friend tagging along because they too have nothing to feed their kids that night, or through people posting a query on a cultural group Ashburton Facebook group and others responding, or asking a workmate, team mate, or church friend or minister for advice. For many, service access is seen as much more likely to be successful where it is facilitated by someone with whom the person in need already has a relationship of trust.

Quality service navigation resources are expected to enhance service access in Ashburton district, and some are doing this already, while others are in the pipeline. The suggestion was made that service navigation can be significantly enhanced through a much less costly approach alongside this, **providing training and education to key connectors across lots of different groups in the community about the supports available locally**. They can then use this information to better guide those in need to the supports that best fit and address their needs – training sports coaches, youth leaders, social media group administrators, church ministers and leaders, workplace representatives about key supports that match the needs of the people they mix with on a day to day level. This was especially suggested for targeting those communities identified as most hard to reach – rurally isolated farmers and farm workers and their families (especially migrants), socially isolated older adults, people with disabilities, rurally isolated young people and those disengaged in training and employment, and Pasifika and Asian migrants new to the community, and known to be struggling financially or with other issues. This approach was very much about sitting alongside and complementing more formal service navigation resources, and working well if delivered by such services but in a codesign process involving key champions in the hard-to-reach communities.

Ensuring **multiple pathways to entry** was also highlighted as a way of enhancing service access, and **delivering services in places accessible to the target population**.

Impact of Covid-19 on Not for Profits Themselves

Feedback regarding the impact of Covid-19 on the organisations for which informants represented was mixed. Some small providers that are part of a national organisation do not handle their own funding and did not know if they had been impacted nationally. Others were yet to see a decrease but expected that resourcing may become harder to secure in the coming year, but were unsure of this. Some large national organisations with a presence locally were ineligible for the wage subsidy, because while their local operations were in some cases heavily impacted by not being able to operate their social enterprises and a significant drop in donations at national level, but their national organisations are heavily contract-funded and these government contracts did not change. Donations and social enterprise support the kinds of activities delivered in a community like Ashburton. Some such local

organisations have already had to downsize to cope with reduced revenue in the current financial year. Some NFPs who did not manage to fill vacancies advertised before the Lockdown have left these vacancies since Lockdown, with staff covering these positions or being utilised in other sites. They were concerned that this reduced capacity may be felt downstream.

The informant from one service which was entitled to the wage subsidy identified this as saving their service. In the short-term, some social and community services are better off financially, receiving additional Covid-specific funding.

Organisations most certain of a drop in funding in the coming year or so included those who depend quite strongly on gaming trusts for their funding, and Ngāi Tahu, whose fisheries and tourism-based income streams have been heavily impacted by Covid-19. Some organisations were already planning for a drop in income in 2021.

A couple of informants commented that they expected funders to get more applications for funding than usual, as new projects emerge in Covid response, and they were concerned that funding could be spread much more thinly.

As well as reducing the scale of operation if needed to match their budget, it was suggested that increasingly, providers need to collaborate in a really meaningful way, just as funders are doing locally. For this to work well, services need to trust each other and not use privacy as an excuse or barrier to best practice. Stronger collaboration and coordination was especially seen as needed in the migrant space. It was also suggested that providers could make a stronger impact by connecting much more with sports clubs and churches, building support capacity through these key mechanisms of community connection.

Messaging from Providers to Funders

Interviewees were asked what they would like to see funders do to best support Not for Profits, schools, health and community organisations to aide Ashburton's recovery. The strongest themes which emerged were as follows:

- **Continue to collaborate and take a collective approach** – many informants knew that funders in Ashburton district were working hard to connect with each other and make decisions collaboratively to do the best job they can at sustaining great community initiatives and programmes at a difficult time, and wanted to see this continue, and awahi funders for doing so. They also wanted local funders like Mid and South Canterbury Trust and Ashburton District Council's own community grants system to know how very valuable their grants are to local groups. Some people felt that at this

time, funders should be requiring proof of meaningful collaboration from any applicant.

- A number of informants talked about how some small organisations really struggle for resourcing because they are not as skilled at applications as the big players. For some groups serving migrant populations of high need (eg. Pasifika, rural Indian women etc.), language was identified as a significant barrier to writing a funding application that will be successful, even if it is for a very small project. They wanted to see **support be made available for these groups in applying for funding**. This included not only supporting them in making an application but also simplifying reporting requirements, including **aligning reporting requirements** between funders.
- **Provide support for wellbeing initiatives, which while often small in scale, can be strongly protective in impact.** Applications for on-off wellbeing focused workshops etc. are sometimes unsuccessful because they don't meet funder requirements of having a strategic plan behind them. Activities that uphold the Five Ways to Wellbeing were seen as increasingly needed as mental health impacts of Covid-19 heighten when subsidies pull back, and a way of reducing demands on much more costly mental health interventions such as counselling.
- **Continue to support grassroots services** which empower and support children and families locally, such as SEEDS, Kai for Kids and BOOST and **maintain existing locally based service provision**.

Other priorities highlighted centred around youth support and recreation, service coordination, cultural awareness and competency, development of service directories and resources and enhancing support for Pasifika. It was suggested that at this time of uncertainty, funders should consider moving to two-three year funding for providers with a good track record, a move that would enhance wellbeing of staff, help the service attract new staff where needed, and stabilise these organisations.

6.2 Findings of Survey of Community and Social Service Providers

A survey was distributed in early July to a range of service providers, community organisations and health and wellbeing services, administered via electronic survey link email to a range of local databases as follows:

- the Caring Communities Recovery Group
- Safe Communities Ashburton District Steering Group
- Ashburton Community House Tenants' Group
- Suicide Prevention Network

- Ashburton Service Level Alliance (Canterbury Clinical Network)

Respondent group

In total, 21 organisations responded to the survey, four choosing to respond anonymously. Responses were received from the following organisations:

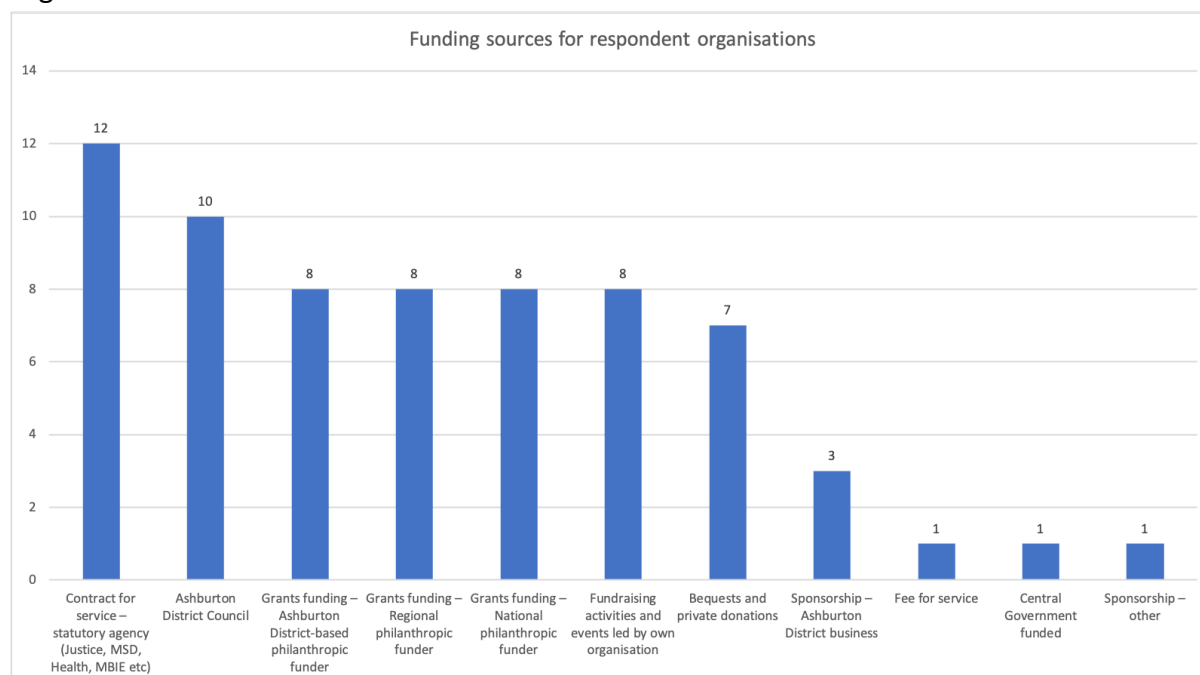
- Safer Mid Canterbury
- Literacy Aotearoa - Aoraki Ashburton Site
- Mid Canterbury Rural Support Trust
- St John
- HYPE Youth Health Centre
- Volunteering Mid & South Canterbury
- Presbyterian Support Upper South Island
- Hakatere Multi Cultural Council
- Safer Mid Canterbury
- Dementia Canterbury
- Hospice Mid Canterbury
- Fire and Emergency New Zealand
- Ashburton District Neighbourhood Support
- Connecting Mid Canterbury Charitable Trust
- Eastfield Health
- Rakaia Healthcare Ltd
- Methven Medical

Two thirds of the respondent organisations deliver services to the whole community, with 23.8 percent delivering services specifically for older adults, and the same proportion to socially isolated people, 19.1 percent delivering services specifically for rurally isolated people and the same proportion to people with specific health needs, 14.3 percent delivering services for Māori and the same proportion to Pasifika, and 14.3 percent delivering to people with a disability and the same proportion to whānau. Across the respondent organisations, services were being delivered to all sectors of society. None of the providers identified working with men or women only.

Resourcing

Respondents were asked to identify their organisation's annual income for 2019, to give an indication of the kinds of organisations we were hearing from. Over two-fifths (n=9) preferred not to provide this information. Of those who did respond, 5 indicated their organisation's income for 2019 as between \$20,000 and \$50,000, one was in the range \$50,001-\$200,000, one \$200,001-\$500,000, two \$500,000-\$1,000,000 and three over \$1,000,000 (some national organisations). Via the survey, we heard from organisations from a range of sizes, from small,

locally based not for profits to businesses and national not for profit and governmental organisations.



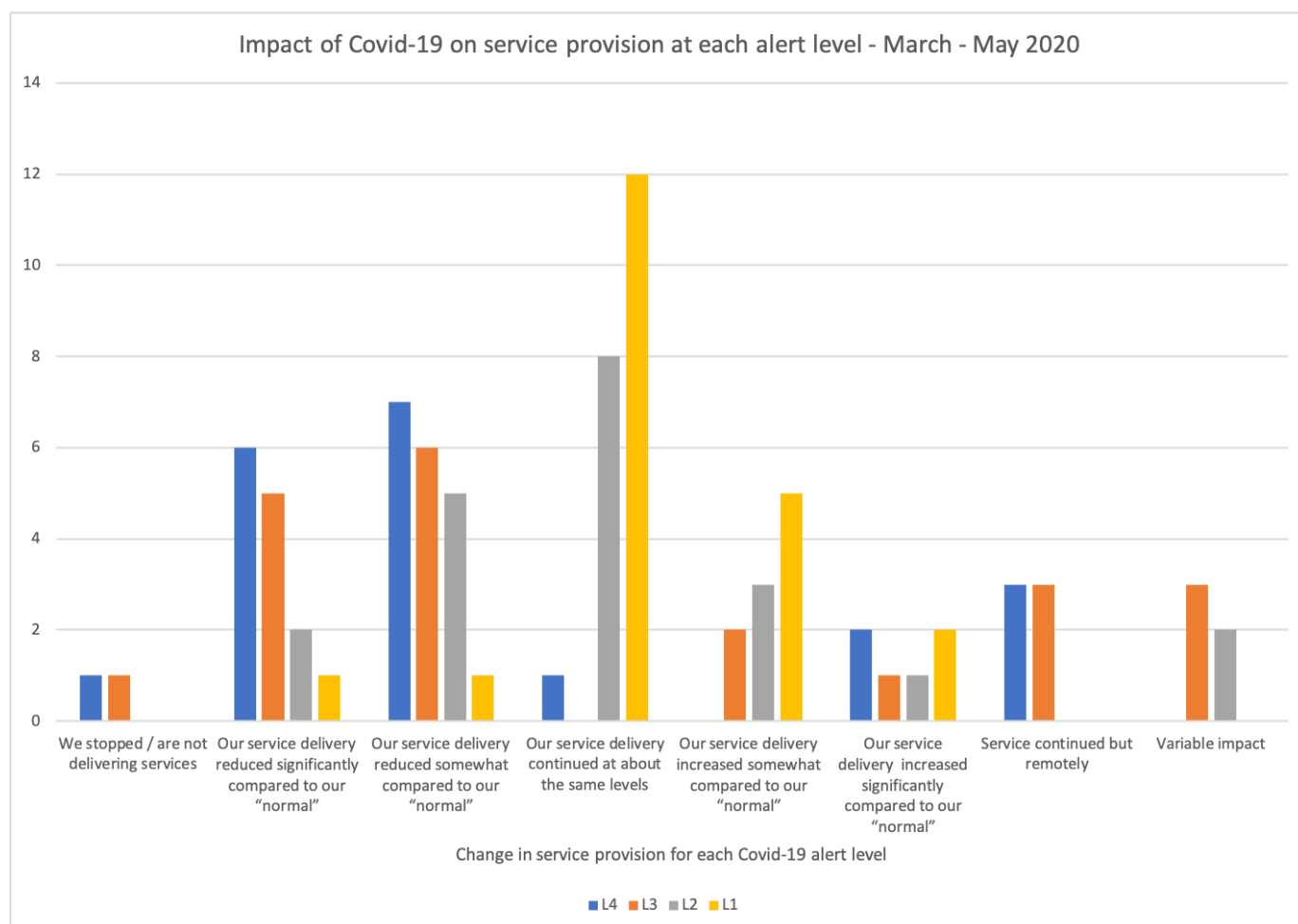
Funding sources identified by respondents for their organisations are illustrated in the graph above.

Over half (n=12) the organisations which responded to the survey had contracts for service in place. The survey asked what proportion of their annual income was generated from gaming trusts. 8 of the 18 respondents to this question indicated that they do not receive funding from gaming trusts, and a further 7 indicated that such funding comprises 15 percent or less of their annual income, indicating that for over four-fifths of the 18 organisations which responded to the survey, gaming trusts are either not a funding source or a relatively insignificant source of income. Two organisations indicated that 16-30 percent of their annual income comes from gaming trusts, and one indicated that such funding accounts for 31-50 percent of their income. The question was included in the survey because it was known that Lockdown significantly impacted on the 2020 incomes of most gaming trusts due to closure of licensed premises.

Impact of Lockdown

Respondents were asked to rate the impact of each level of Lockdown on their level of service provision. The findings, presented in the following graph, show that while many services experienced a reduction in their service provision under level 3 and 4 Lockdown, by level 2, just under two-fifths (n=8 out of 21) were delivering services at around the same levels as “normal”, with just under a fifth (4 out of 21) experiencing increased levels of service provision. At level 1, at the time they were surveyed, a third of organisations surveyed were reporting increased service provision compared to “normal” levels.

Feedback from respondents regarding changes in level of demand for their services at each level indicated that over half the organisations which responded to the survey experienced a decrease in demand for their services in level 4, and just under half also experienced decreased demand in level 3. Around half the organisations had reverted to normal levels of service demand in level 2 and level 1, while 15 percent noted a significant increase in demand for their services in level 1.



A range of other changes in service demand were noted, with 57 percent of respondents identifying a change, as follows:

Older adult services:

- A lot more elderly people are wanting help with using smartphones and computers.
- The Dementia community had been impacted more significantly than any other as a result of Covid-19 with the majority of deaths in NZ due to Covid being people with dementia. The social isolation and lack of social connection during lock down has resulted in deterioration for many living with dementia, and stress for care partners and whanau. Our service is busier than ever as we pick up usual services but also add

in the additional services and groups established during lock down via Zoom which continue to enhance the opportunities for many to stay connected. Overall, clients and families are needing more support.

- Older people missed connection - as there had been a disconnection from social connections.

Health providers/youth supports:

- At level 4 more cough related calls. At approx. level 3 more anxiety-driven illnesses.
- Since returning to face-to-face we are seeing an increased number of Maori Male 14-16 year olds. Seeing an increased number of youth sexual health inquires - they are finding it hard to get into doctors due to the practices preference for phone consults over face-to-face.

Other organisations

- Some volunteers reluctant to return to these roles.
- It has been identified there have been increased breakdowns of parent-child relationships; especially those whose access was disrupted as one or both parents were deemed as essential workers. Stress within relationships has also been evident.
- Seeing more first time users, but also have observed a decline in clients that had been with our service due to them finding strengths and resilience during Lockdown and being able to move forward without our support.
- Had to work differently to meet client needs – this increased workload in some cases.
- More migrants reaching out for support due to COVID-19 (n=2).
- There are also new mental wellbeing issues.
- Lockdown gave those in risk reduction some opportunities to assist other organisations more than usual (e.g. assisting with food parcel distribution in Timaru).

Just over half the respondent organisations (n=11) reported changing the services they deliver now compared to when the Covid-19 response began.

The following changes to the way services are being delivered in response to the Covid-19 pandemic were reported:

- More phone / text / online support for clients (n=6)

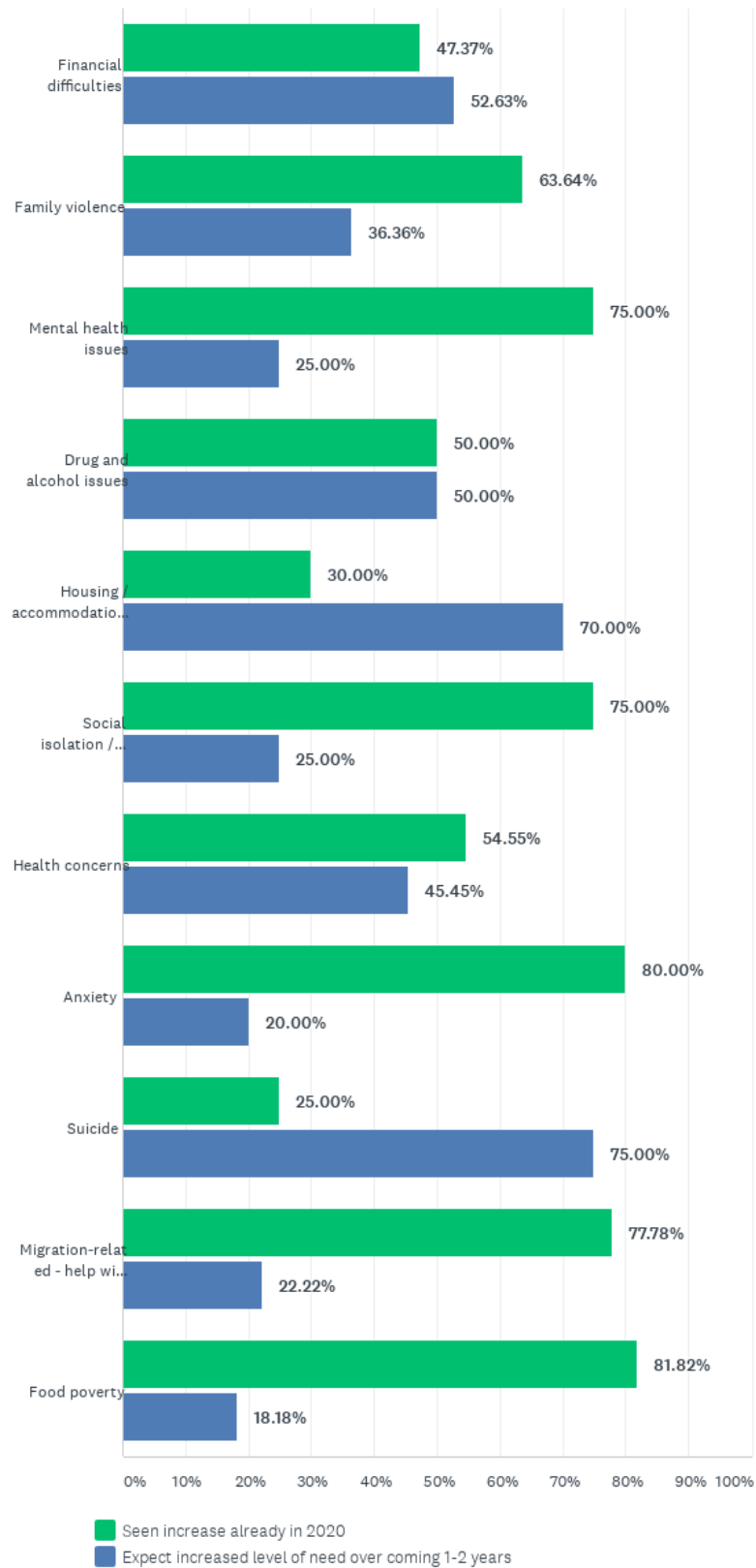
- More pathways for clients to access services (n=2)
- Stronger online presence (n=1)
- Better protection of staff from infection (n=1)
- More youth advocacy (n=1)
- More client screening (n=1)
- Seeing clients in different locations (n=1)
- Delivering financial support to some migrants (n=1)

The following changes are anticipated in service delivery over the next 1-2 years:

- Expansion of service to meet a greater range of needs for client group – services working with young people, families, older adults, migrants (n=5)
- Maintaining Covid protocols (n=4)
- Need for more events and activities that bring people together to connect (n=1)
- Funding may be harder to secure (n=1)
- Will need more funding to deliver services required (n=1)
- Increased volunteer availability (n=1)
- Greater use of technology (n=1)

For a range of social issues, the survey asked respondents if they had seen an increase in need over 2020, and if they expected need to increase in the coming year or two. Findings are presented on the following page. In terms of noted increases in need in 2020, the biggest observed increase is food poverty (increase in need reported by 81.8 percent of respondents), anxiety, 80 percent of respondents perceiving an increase in need, followed by migration-related needs (77.8 percent), and social isolation and mental health issues (75 percent observing an increase). Looking a year or two downstream, suicide and housing needs were most commonly identified likely more prevalent, followed by financial difficulties and drug and alcohol issues.

Q16 For the following community and social needs, please indicate 1) if you have seen an increase in need over 2020, and 2) expect need to increase in the coming year or two



Impact of Covid-19 on resourcing of respondent organisations

Of the 21 organisations which responded to the survey, a third (n=7) reported that their resourcing had already been impacted by Covid-19, just under a quarter (n=5) reported that it had not, and over two-fifths (n=9) were unsure.

Those which had experienced a funding drop or were expecting one most commonly identified government funding and gaming trust funding as most likely to reduce.

Asked about the impact of Covid-19 on other forms of resourcing (ie. Donation of goods and products, volunteering, media interest and support), only one organisation had experienced any change in donated goods / products, experiencing a reduction in donations, 3 had experienced a reduction in volunteering and one an increase, and 4 had experienced increased support and interest from media. Most commonly, in-kind resourcing had so far remained largely unchanged.

At the time of the survey, in July 2020, just over three-fifths of the organisations had accessed government support, via the wage subsidy, and in the case of medical practices, the extra GP payment.

The following were identified as helping organisations to meet community and social needs during the first few months of Covid-19 response:

- Committed staff/service providers / volunteers (n=4)
- Networking and inter-agency collaboration (n=3)
- Increased telecommunications ability (n=2)
- Digital technology (eg. Zoom) (n=2)
- Funding (n=2)
- Strong communication (n=2)
- Wage subsidy (n=2)
- Continued community support (n=1)
- Reduction in alert level (n=1)
- Social media (n=1)

Overwhelmingly, funding was the most identified need for organisations moving forwards.

Confidence in the future

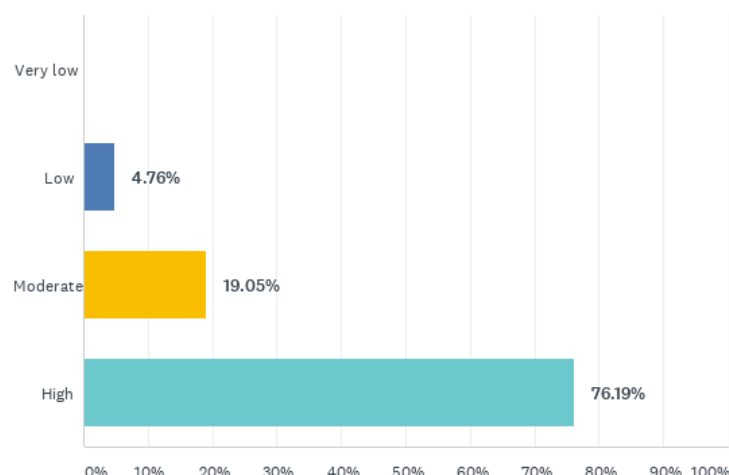
Despite the challenges of working through the March-May 2020 Lockdown, over three-quarters of the organisations in the respondent group reported a high level of confidence in

their capacity to continue to provide their service in 12 months and beyond. Findings are presented in the graph on the following page.

The comments of one of the respondents seemed to sum up the sentiments and outlook of many others:

"We are a crucial part of Ashburton and we will fight tooth and nail to remain so."

Q24 What is your organisation's level of confidence that you will be able to continue to provide your service in 12 months and beyond?



The following word cloud presents responses to a question regarding Ashburton district's strengths / assets / networks / collaborative relationships in recovery, and how these compare with other communities.

working together_{good} rural_{people} organisations_{services}
community_{right} working_{sector} strong_{agencies}
good communications

A sample of comments included the following:

"A willingness to collaborate and a reasonable awareness of what each other are doing in the social / community sector. Helped by regular networking meetings at Community House. More opportunities for working/ coming together to suss out community needs and how best to meet them would be good, as we had under Hauora Ashburton District project (which was excellent but is sadly no longer funded). It would be really great to have this funded and pick up where it left off."

"Collaboration - we are very good at working together and multi-agency interactions are very common, more so than I have seen in any other town."

“Given the size of our community there are good relationships between organisations, business, govt agencies and these were certainly strengthened through the CD Welfare meetings, the Network meetings at Community House are a huge asset in building relationships and connections. The people because this community looks out for each other and just gets on and does things as was seen through the CD emergency and on other occasions, the farming sector which has helped significantly in regards to the economy, the volunteers that do so much for our community helping people, connecting people and making the community great without volunteers the community wouldn't be so wonderful and they will continue as they been helping post Covid 19.”

“The Ashburton community has strong foundations of collaboration, during times of stress services collectively work well. There are opportunities for identifying gaps and which services are providing the right service / right time / right place.”

“Our rural economy puts us in a good place an indeed the size of our district lends itself well to organisations working in close partnership.”

The following were identified as Ashburton' District's biggest challenges in recovering from Covid-19:

- Employment (n=3)
- Mental wellbeing impacts of Covid-19 (n=3)
- Increased need for social and financial supports (n=2)
- Sustaining smaller businesses (n=2)
- Migrant workers stuck overseas / not being able to bring in workers needed for farms and businesses (n=2)
- Migrant needs / needs of employers struggling with visa issues (n=2)
- Finding funding for community services (n=2)
- Keeping farms going, and generating funds spent locally (n=1)
- GP access (n=1)
- Competition between community services for shrinking funding pool (n=1)
- Shrinking pool of volunteers (n=1)
- Increased population stretching services (n=1)
- Managing risk of future outbreaks (n=1)

6.3 Findings of Survey of Schools

A modified version of the service provider survey was sent out electronically to all 23 schools in Ashburton District. The survey was also promoted via an email from a representative of the Primary Principals' Association for the district. In total, 7 schools responded to the survey, representing a 30.4 percent response rate. Schools which responded were from throughout the district; only one of the two high schools responded to the survey, but consultations were held face to face with staff of the other high school in the district. All surveys were completed by the Principal, most completed in late July.

Changes noted in social and economic need, stress and wellbeing in school community post-Lockdown

Five of the 7 schools noted little change in wellbeing needs on their community, two noting that a they had heard of one or two instances where a parent had lost their job, and one noting a few families with financial difficulties. One school noted increase in requests for support to address children's behaviour for the first time, and the high school noted an increase in young people seeking support from the guidance counsellor, especially due to concerns around their parents' employment. This school noted that over 8 percent of their students are from families with a parent on a work visa.

Two of the schools reported a change in their pastoral support delivered to students since Lockdown, and several more reported placing a stronger focus on wellbeing of children, families and teaching staff. A survey had been undertaken of one of the Kāhui Ako (learning communities) and it had found few issues, with most children settled, calm, enthusiastic and enjoying being back at school. Several respondents noted that they were watching out carefully for changes in needs.

Only one of the 7 respondents did not expect to see any change in support needs of children and whānau in the next year or two. Four respondents were expecting increased financial need among families, and stress arising from this. Mana Ake and the school donation replacement scheme that some schools moved to were identified as well-timed to minimise / address this need.

The survey presented respondents with a range of social and wellbeing needs (financial difficulties, family violence, mental health issues, drug and alcohol issues, housing, social isolation and loneliness, health concerns, anxiety, suicide, need for migration-related help, food poverty) and asked them if they had observed an increase in each in 2020, and whether they expected to see an increase in these needs over the next 1-2 years. Only one or two respondents had observed any increase in these issues in 2020. Looking to the next year or

two, financial difficulties, anxiety and food poverty were most-commonly identified as likely more common, identified by 3 respondents.

Impact of Covid-19 on resourcing

Three of the seven schools had already suffered a resourcing drop in 2020, and one further school was unsure. Expected/experienced reductions were most commonly in Government funding and gaming trust grants funding.

One of the schools which responded to the survey reported a reduction in volunteers compared to pre-Covid levels, one an increase, and for 5, volunteering had remained the same.

Most had experienced no change in their levels of donated goods or media support.

When asked what had helped them meet community and social needs over the past few months, two referred to their own resources and those of their school community, two identified good communication as valuable, one referred to funding from local trusts, one identified Mana Ake as very helpful, and two referred to a strategic and networked approach. Mana Ake, Social Workers in Schools and ongoing support from local funders were flagged as important supports for schools over the next couple of years. It was noted that with Mana Ake now full, Social Workers in Schools are very much in need. One respondent identified the arrival of a refugee community in the near future as increasing these needs.

Challenges of Covid-19 recovery

Three of the 7 school respondents noted Ashburton's fortunate position of being largely a primary industry economy, and saw this as a huge strength at this time. Challenges were identified by individual respondents as follows:

- Racism and prejudice against other cultures
- Lack of quality rental housing
- Keeping people in the community to fill the jobs available locally
- Sustaining small business
- Hard for some people to navigate supports that are available
- Lack of employment opportunities for young people
- Can be hard to access services when needed

Strengths that will support Ashburton in recovery

Most commonly, respondents identified Ashburton as having strong networks of support (n=4), and three respondents also noted that Ashburton's strong primary industry representation and rural economy gives it a strength advantage over some other

communities. Two respondents identified Ashburton as having a connected and united community, seeing this as something that will support the community in recovery. One respondent commented that Ashburton was fortunate to have a number of social services based locally, but that its location between Christchurch and Timaru meant that different services come to Ashburton district from each, often with a lag in service provision.

Service gaps and challenges that could hinder Ashburton district's recovery

Eleven respondents identified gaps and challenges for the district, as follows:

- Limited access to specialised support such as mental health, AOD - limited appointments, long waiting lists for services available locally (n=3)
- Isolation and a spread-out population - equity issues around rural vs. urban service access (n=2)
- Impending environmental regulation changes (n=1)
- Resistance to change – aged Councillors, small town syndrome (n=1)
- Lack of affordable, liveable rental accommodation (n=1)
- Fragmented mental health services (n=1)
- If large businesses close, the district would have high unemployment (n=1)
- Many small organisations depend on the support of the Lion gaming trust in order to operate, and with reduced funding from Lion announced, expect some small services may not survive (n=1)
- Lack of public transport (n=1)

Economic recovery

The majority of respondents were unsure how welfare and economic recovery initiatives could complement each other, unsure what the economic recovery initiatives were in the district. A number of respondents highlighted a need for more communication between those working towards economic and social recovery, publicising support services to businesses and employers to convey to staff, and utilising support service as a means of promoting employment opportunities that are available.

Silver linings

17 of the 21 organisations which responded to the survey identified positive outcomes or trends noted as a result of Covid-19, 47 percent identifying an increase in digital knowledge, nearly 30 percent an increase in connection to their community, 17.7 percent increased connections and/or partnerships with other organisations, and 6 percent access to new revenue streams.

6.4 Findings of Survey of Funders

A survey was sent out electronically to 30 members of the Mid Canterbury Funders' Forum. The survey, in August 2020, had a low response rate, with only 6 funders completing the survey, a response rate of 20 percent. Two responses were received for one of the organisations, and some data (eg. level of funding provided) is reported to ensure that funding is not double-counted.

The Respondent Group

Of the respondents, four represented local funders (one with two responses) and two national. Between the funders which responded to the survey, they funders all areas of operation on a multi-choice list provided to them (see table).

Type of services funded

ANSWER CHOICES	RESPONSES	
Alcohol & Drug issues	33.33%	2
Community development	33.33%	2
Disability/health support	50.00%	3
Education	50.00%	3
Employment and training	16.67%	1
Financial concerns/ budgeting	50.00%	3
Family violence / Sexual Violence	33.33%	2
Family support / parenting	33.33%	2
Housing / emergency accommodation	50.00%	3
Kaupapa Māori services	33.33%	2
Mental health	33.33%	2
Multicultural / New migrant support	33.33%	2
Older adult services	33.33%	2
Services for children	50.00%	3
Life skills / self development	33.33%	2
Creativity / the Arts	33.33%	2
Physical wellbeing / sport	50.00%	3
Provision of food/kai	50.00%	3
Other (please specify)	50.00%	3
Total Respondents: 6		

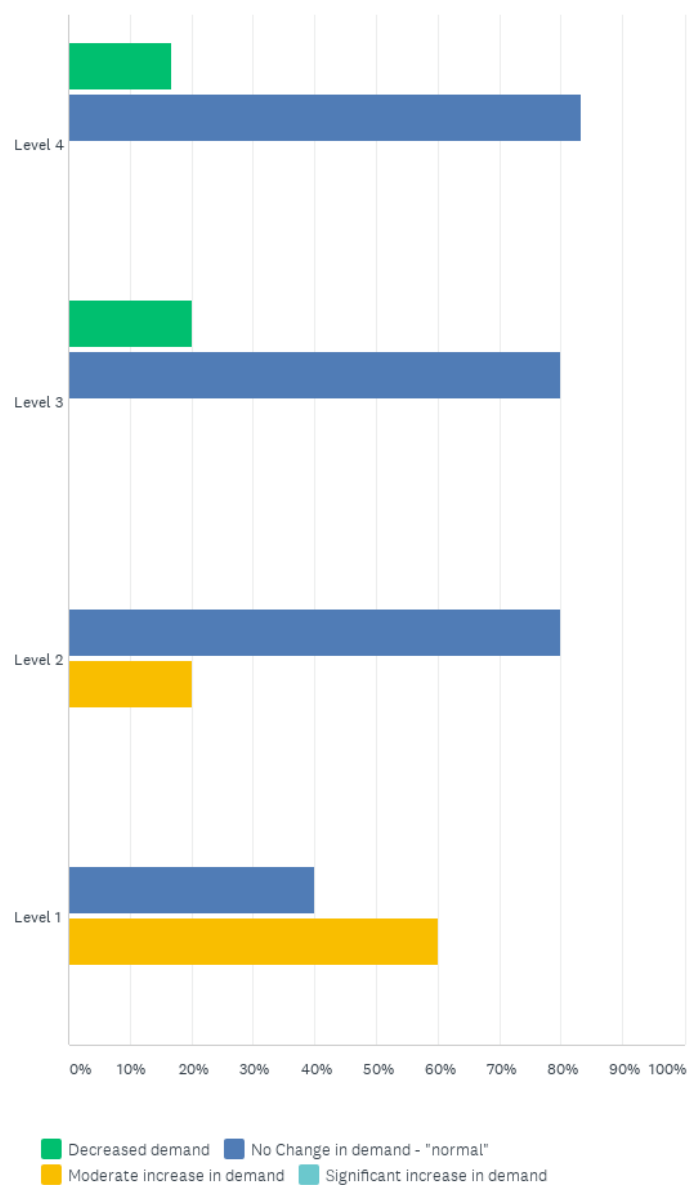
Of the funders which responded, two had provided \$25,000. - \$50,000 in funding in Ashburton District in 2019, one \$50,001 - \$200,000, one \$200,001-\$500,000 and one \$500,000 - \$1,000,000. Two were Ashburton-based philanthropic funders (non-gaming and

non-licensing), one a family-based philanthropist, one a service club, one a community trust and one a trust funded by a larger family-based philanthropic foundation.

Impact of Covid-19 Alert Levels on Demand on Funding

The survey was sent out before New Zealand returned to Level Two in the latter part of August. During the first Lockdown, applications understandably decreased for some funders and were unchanged for others. None of the small sample of funders identified a significant increase in demand for their support at any level.

Q5 What level of demand have you seen for your funding support at each Covid-19 alert level?



At the time the survey was completed, only one of the funders had changed the way they operate in response to Covid-19, making emergency response funding available to support community organisations provide direct support to the community via foodbanks etc. One respondent commented that as many groups affected by Covid received government funding, they were “waiting and seeing” what future demand might be.

Impact of Covid-19 on Funding Distribution

Only one funder anticipated distributing slightly less funding than normal between July-December 2020, three anticipated a slight increase, and one anticipated a significant increase of 20 percent or more for this period. For 2021, one funder anticipated distributing at least 20 percent more funding than in 2019, two anticipated a slight increase in their funding distribution, one no change and none anticipated a drop in their funding distribution. Three acknowledged in comments that there were unknowns around this, one commenting that the amount of funding distributed reflects income earned on investments, and this was an unknown at this stage.

What Supports Funders at this Time?

Three of the six funders which responded to the survey identified the regular funders forum Zoom and in-person meetings as a useful support, one also acknowledging the value of Philanthropy New Zealand connections and feedback from fund recipients. Three highlighted the generosity of donors/members as a support currently, and one had been supported by their strong networking and collaborative approach.

7. DISCUSSION

Ashburton district is a community of relative affluence, with historically low unemployment and an economy with a strong agricultural base, which in the current environment means a high proportion of workers and businesses are classed as essential. While Covid-19 has impacted some businesses in the community, and especially hospitality and tourism businesses centred in Methven, and retail in Ashburton, the impact has been, and is expected to continue to be less strong than in many other parts of the country.

Ashburton and the wider district is caring and historically responsive to local need. The community has a good range of social supports and services in place, both via a presence of larger national organisations and smaller homegrown solutions to local need, and the community is strongly supportive of its own services. Ashburton district is fortunate to have a sizeable number of local philanthropic trusts and strong service clubs and groups, which work hard to operate in a collaborative manner. Philanthropy is backed up with generosity at community level – people and businesses support not for profit community and social services strongly both financially and through volunteer effort.

The community service sector is much more networked and coordinated than it was a few years ago, and some excellent examples of collaboration are occurring between agencies and organisations, and between funders themselves. Coordination and collaboration have been enhanced through the Covid-19 welfare response.

While Ashburton's social and community sector is relatively strong, there are service gaps or areas of weakness. At a general community level, the most significant gaps/weakness are as follows:

- Coordination and collaboration in social services is not as strong as it could be - room for improvement remains, and networking needs to be an ongoing priority for development, going beyond a superficial level, with planned inter-agency responses. High priority for enhancing networking between services should be placed in the youth and migrant sectors
- Service navigation – finding the right service to meet a person or family's needs, and promoting who does what locally
- Counselling – especially 1) low / no cost counselling for younger children, families, parents/couples, men and 2) available outside the GP/medical system
- Mental health services in general – issues around capacity and waitlists, lack of local acute response outside normal working hours
- Access to GPs is improving but still limited
- Lack of youth-friendly health and wellbeing service access
- Shortage of social housing and lack of emergency housing

- Limited access to stopping violence services, especially for men
- Room for improvement in cultural awareness and competency
- Limited sexual health service access outside GPs
- Need for parenting guidance and reassurance, especially around supporting the mental health of children

Through the present research, the following social, wellbeing and community needs emerged most strongly at a general population level:

- Stress and burnout among many professionals and community workers in the NFP sector and across government agencies and providers
- Hidden hardship - While the number of job losses in Ashburton as a result of Covid-19 have not been large, a number of workers have had their hours reduced, and a number of part-time roles that comprised the second income in a family household have been cut: official statistics do not tell the full story - some families are under considerable financial stress, experiencing food poverty, and for some, for the first time
- Lack of cultural acceptance - Ashburton's ethnic population composition has been changing for some time, but the community is still struggling to adapt this change - much more effort is needed to build understanding of Te Tiriti o Waitangi, to celebrate Māori culture and heritage as Tangatawhenua, and within a context of manaakitanga, to foster and encourage an acceptance of newcomers, and stand up against racism - need was highlighted both within NFPs and across the community
- Anxiety and mental health needs relating to Covid-19
- Mobility - Ashburton is hard to get around for some people with disabilities, and for frail older adults, but Total Mobility is seen as too expensive for a lot of people with disabilities – lack of public transport is a big issue for others too, and there is a clear need for a community van to be trialled in Ashburton District
- Need for more opportunities for positive prosocial and fun activities for young people
- Still a sizeable proportion of the population without adequate digital connectivity
- Need to retain the government department presence that Ashburton has locally
- Significant need for initiatives that build and strengthen wellbeing at individual, family and neighbourhood level, across generations, and focused strongly on the Five Ways to Wellbeing

Looking to the near future, research findings raise concerns that family harm, alcohol and drug needs and budgeting needs may increase once wage subsidies come to an end, that mental health supports would come under much more pressure as the realities of the post-Covid-19 economy sink in. Housing may come under increased pressure as people move back to Ashburton district from overseas and from other parts of the country more impacted economically, and as other newcomers move to the area from elsewhere in New Zealand looking for work.

The present research also highlighted needs for some particular groups, with Pasifika, young people and people needing to access support services for the first time emerging as the groups least catered for currently in terms of level of need.

- **Pasifika** – He Waka Tapu are reaching some Pasifika effectively, and PSUSI others, but while the population size could almost justify a Pasifika-specific social service provider based locally, the tendency to stick in individual Island communities and not come together as “Pasifika” hampers such a development, which was identified by a number of informants as needing to be community-led to be successful. With the primary source of support for Pasifika currently in Ashburton being their churches, these are a key source of support, and one that could be significantly built on and further supported by assisting Pacific churches in their efforts to establish permanent bases and building their internal capacity to deal with the myriad of social issues presenting – alcohol and drug issues, family harm, access to health services, wellbeing and healthy lifestyle initiatives, positive youth development and access to quality immigration information and support. Developing service navigators within Pasifika communities and fostering stronger relationships of outreach between support services and Pasifika churches and sports clubs appear to be effective potential responses to the current and likely future needs.
- **Young People** – need for a greater level of choice in training opportunities locally, stronger career planning and preparation for work, encouragement of employers to continue to offer part-time work opportunities for young people, strengthened provision of positive opportunities for social connection and support for the Five Ways to Wellbeing, including development of indoor recreation opportunities and a safe, alcohol-free space for young people to connect, and improved access to affordable, accessible mental health support and sexual health services, ideally through development of BASE and Hype into a Youth One Stop Shop (YOSS), drawing in other service providers delivering youth-friendly services and combining this with the much-needed drop-in and hang-out space.
- **People who have Lost Jobs / Income due to Covid-19** - Service navigation has been highlighted as a significant need for this community, who urgently need good information on services and entitlements, along with support around CV writing and technology, computer skills and engagement with digital technology, low level counselling and guidance around adjustment to changing circumstances, and promotion of the employment opportunities that continue to exist locally.
- **Other Migrant Communities** – Whereas the proportion of the population who are Pasifika grew by a third from 2013 to 2018, the Asian population almost doubled, with Filipinos comprising the largest Asian population locally. As with Pasifika, churches

were identified as the most significant source of support for Filipinos, along with sports clubs. The Filipino community in Ashburton district is very well-networked and people do look after each other. Migrants are just people, with the same strengths and struggles as any collection of people, but often face additional pressures because of their situation, especially in the current Covid context. As with Pasifika, not all Filipino with needs want to reach out in their own community for fear of gossip or stigma, and while some are accessing mainstream supports in the community, concerns around visas and residency applications are a significant barrier to accessing any supports via GPs or government agencies, and there is a need for greater service access via self-referral. Other smaller Asian communities are likely to have more limited access to supports, and especially those in rural locations. Transport is a significant barrier to service access for migrants who do not drive and especially women in rural areas, and isolation is a key issue to be addressed.

The research sought to explore the likely central government, social and philanthropic funding landscape for the next 1-2 years and beyond, and the implications for the community and social sector of Ashburton District. It was difficult getting a comprehensive picture of the funding landscape from funders themselves, although insights which were obtained at local level suggested that negative impacts of Covid-19 on resourcing of services in Ashburton district may be less severe than has been anticipated. Data from Philanthropy New Zealand at national level indicated that funding is likely to reduce by around 5 percent for the coming year nationally on average, and feedback gathered via consultations and survey in the present research indicate that many service providers are working hard to rationalise their services where they can. Ashburton's funders are very much following best practice guidelines set out by Philanthropy New Zealand, and providers should follow their example of strong collaboration at this difficult time. Service coordination and collaboration, and effective service navigation and connection has probably never been as important as it is in the current climate.

8. RECOMMENDATIONS

On the basis of the research findings, the following recommendations are put forward as the basis of a welfare recovery plan for Ashburton District, and as priority areas that funders could strive to address:

Networking, Coordination and Collaboration

- I. Continue to resource coordination roles in the Ashburton District community, and maintain functional existing networks – Safe Communities Ashburton District Steering Group, the Caring Communities Recovery Group (at least for the next 12 months), Ashburton Community House Tenants’ Group, Suicide Prevention Network, Youth Offending Team, Ashburton Service Level Alliance (Canterbury Clinical Network) the Kahui Āko, Falls Prevention Network etc., supported with strategic inter-agency planning.
- II. Prioritise development of stronger networking and collaborative relationships within the 1) youth (bringing together Hakatere and Arowhenua Marae representatives, youth workers, youth wellbeing workers and mental health workers, youth group leadership, alternative education and youth training providers, youth coaches, youth transition workers school pastoral care staff, Police Youth Aid and youth justice, community development and recreation staff from ADC 2) migrant support sectors and 3) training sectors (YMCA, Ashburton Learning Centre, Ara, AgITO, Work and Income – Apprentice Boost Scheme etc.).
- III. Where resourcing tightens, funders could consider the suggestion of requiring evidence of meaningful collaborative relationships in any new funding application.
- IV. Extend an invitation to join the Caring for Communities Welfare Recovery Group to include key training providers locally, including Ashburton Learning Centre and YMCA.
- V. Caring for Communities, working alongside the Ashburton Economic Recovery Group, should advocate strongly for development of a business network for the district, especially focused on retail and hospitality businesses.

Service Navigation and Information

- VI. The development of a Citizens Advice Bureau for Ashburton District is well-aligned to local need. This service should be adequately resourced to develop a comprehensive and regularly updated social services directory (hard copy and online) for the Mid Canterbury area, with strong input from service providers themselves via existing networks. Along with social and community support services, this directory should include as complete a list as possible of Pasifika churches, mainstream churches, the

Ashburton mosque and other places of worship, as much as a resource for the community as for service providers themselves. It would also be useful to identify key sports clubs with high Māori, Pasifika, Filipino and other migrant participation within the district.

- VII. Full consideration should be given to the piloting of an initiative focused on the development of volunteer service navigators within migrant communities – social media cultural group administrators, church leaders of the Pasifika churches and churches such as Ashburton New Life and Ashburton Catholic Church with large migrant congregations / church communities, and people within those sports clubs with large numbers of migrant participants, trained and resourced with information about local services to help guide people in need to supports that are tailored to their needs, and provide reassurance around know service access barriers.
- VIII. Actively encourage existing services to undertake outreach through churches, sports clubs and workplaces with high engagement with migrants (and especially Pasifika and Asian communities, and more the rurally isolated), promoting their services directly.
- IX. The present research strongly evidences the value of Mana Ake in the local community and navigator roles based within medical centres.

Cultural Awareness, Acceptance and Cultural Competency

- X. Full consideration should be placed on enhancing the cultural competency of Mid Canterbury's community and social service providers, through Tikanga and Te Reo Māori training and professional development opportunities (delivered collaboratively where possible to make this cost-accessible for all providers), use of simple meeting protocols such as karakia, use of greetings in Te Reo and purposeful Iwi involvement.
- XI. Priority should be given to supporting community activities and events which celebrate Māori culture and heritage as Tangatawhenua, and within a context of manaakitanga, foster and encourage an acceptance of newcomers.
- XII. The research strongly endorses efforts of Welcoming Communities and other providers to build cultural understanding and acceptance towards refugee and migrant groups.

Service Gaps

- XIII. Advocate for and actively support efforts to enhance the access and availability of counselling services in the Mid Canterbury area, and especially low / no cost counselling for younger children, families, parents/couples and men and counselling which is accessible outside the GP/medical system.

- XIV. Advocate strongly for enhanced local access to mental health services in general.
- XV. The present research strongly endorses the value of development of the existing premises of BASE into a Youth One Stop Shop (YOSS), collaborating with Hype and drawing in other service providers to deliver youth-friendly services including counselling, wellbeing support, sexual health clinics and young parent support and combining this with the much-needed drop-in and hang-out space.
- XVI. Development of appropriate social housing which meets local needs and addressing the lack of emergency housing in Mid Canterbury should be prioritised, with housing expected to come under increased pressure in the short – medium term locally.
- XVII. Strong advocacy is needed to address the limited access to 1) stopping violence services locally, especially for men; 2) sexual health clinics outside GP practices; and 3) parenting supports accessible to single parents and families where a parent(s) works shift work and childcare is a barrier to participation
- XVIII. The research endorses the value of the trial of a community van in Mid Canterbury, and other measures which aim to increase the capacity for socially / rurally isolated people / people with disabilities who are unable to drive to engage in activities in their community which facilitate social connection and fun.
- XIX. Priority should be placed on initiatives which seek to enhance digital connectivity and technological capacity of older adults, people who are rurally isolated, and people with disabilities.
- XX. There is an increased and on-going need for initiatives that build and strengthen wellbeing at individual, family and neighbourhood level, focused strongly on the Five Ways to Wellbeing, and especially those that have inter-generational appeal.
- XXI. Findings support development of a dedicated Pasifika social service based in Mid Canterbury, but this would need strong codesign from Ashburton's Pasifika communities, and would be more cost effective as a branch of E Tu Pasifika or Fale Pasifika than as a standalone organisation.
- XXII. Findings highlight a need for much more provision of fun and appealing alcohol-free recreation opportunities for young people and for people with disabilities across the district, including both outdoor and indoor activities.
- XXIII. Findings highlight a need for stronger advocacy towards development of training opportunities locally, and for active promotion of employment opportunities that do exist for young people, both part-time and full-time.

Support for those who Support Others

- XXIV. Findings of the present research affirm the hard work put in through 2020 across the community, health, education and social service and support sectors, and the additional stress on this workforce which resulted from Covid, and continues. Professionals, community workers and volunteers in the NFP sector and across government agencies and providers should be acknowledged, but also given opportunity to support their own wellbeing.

- XXV. Funders can ease the pressure on those providers with which they have high trust relationships through a move to longer term funding arrangements, and these should be considered where possible.

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