

# Buller Community Profile

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**A Community Profile prepared for  
the Buller Interagency Forum  
by the Information Team,  
Community and Public Health, Canterbury DHB.  
July 2016**

**Canterbury**  
District Health Board  
Te Poari Hauora o Waitaha

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# Introduction

The idea of a Buller Community Profile developed following a series of discussions at the Buller InterAgency Forum meetings during 2014 and 2015. Members of the Forum<sup>1</sup> were concerned at the large number of job losses being experienced in the Buller and the potential impacts of these losses on community wellbeing.

The purpose of this document is to record an in-depth profile of the Buller District - the demographic data on its people, as well as comments from a number of key agencies that make decisions that affect the lives of the people in the Buller, about what they see happening in their community and the likely challenges in the future (a list of contributing agencies is provided in Appendix I). It is acknowledged that changes were occurring in the Buller District and across the wider West Coast at the time this Profile was prepared. The information contained in the Profile represents the views of people at the time they were interviewed and these may change. The information is therefore a snapshot in time. It is hoped that this Profile will assist with future planning and service delivery in the Buller.

In Part A, the profile includes analysis of data from a range of official sources, including the New Zealand Census. In some cases, 'time-series' data show background processes that have taken place in the last decade(s) and in other cases more recent data show current trends and more point-in-time issues.

Part B of the profile presents information from a 'stocktake' of local services. More than 85 interviews were conducted across a wide range of community health and social service providers who were asked to describe the services they offer, their client groups and their observations of community needs and how these may be changing. Those interviewed made comments primarily relating to their sector and to their clients' needs, the type of services they provide, and about future challenges. However, many of the people interviewed also made observations about the wider challenges currently being faced within the Buller district. These general observations have also been captured and reported within the appropriate sections. Part B of the profile provides a summary analysis of the face-to-face (or on-line) interviews undertaken with key service agency/organisation representatives. These interviews and surveys generated over 600 response items (comments and other data) and qualitative methods, including thematic analysis, were used to produce nine category summaries (e.g. health, education, social services).

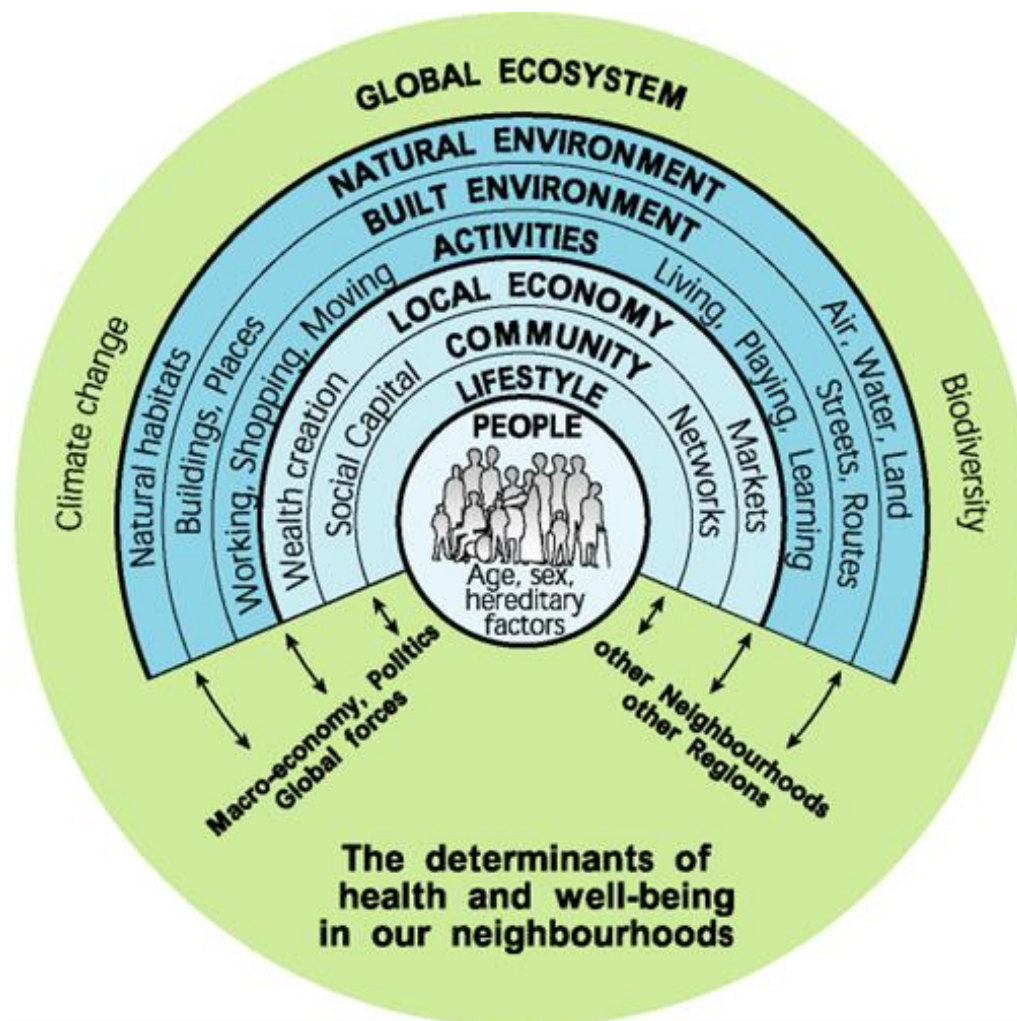
The extent of agreement between respondents about the many contextual factors affecting people in the Buller was marked. Much of the feedback was consistent with the other supporting data presented in Part A of the profile and the written responses add depth and richness and a greater understanding of the dynamics that are operating within the Buller and the wider West Coast.

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<sup>1</sup> The Buller Inter-Agency Forum is made up of organisations and agencies who work in the Buller District. They include government departments and agencies, non-government organisations, schools, the West Coast District Health Board and the Buller District Council. Their focus is health, education and social services.

## A determinants of health approach

Many factors affect people's health<sup>2</sup> and wellbeing. These include age, lifestyle behaviours (such as smoking and nutrition), the availability of affordable transport, the natural and built environment, employment, and the availability, quality and security of housing. Figure 1 shows the main factors that are believed to affect the health of individuals and communities. In this profile the organisation and presentation of information has been guided by this framework, where it has been practical to do so.



**Figure 1: Barton and Grant's (2006) 'map' of the determinants of health within communities**

Source: Barton, H. and Grant, M. (2006). A health map for the local human habitat. *The Journal of the Royal Society for the Promotion of Health*, 126(6), pp252-253.

This profile has attempted to identify and describe a range of determinants of health, community strengths, needs, and the health and health-care of the Buller population. The profile attempts to

<sup>2</sup> The profile acknowledges that there will likely be differences in peoples' use of, and understanding of, the term 'Health'. As a point of reference, the 1986 WHO definition is provided here — 'Health is a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social & personal resources, as well as physical capabilities' (WHO, 1986).

incorporate socioecological and epidemiological perspectives of health and wellbeing, combining a range of information into a composite picture of life in the Buller District.

The profile acknowledges that there will be differences between 'needs' as identified by professionals, and those felt or experienced by individual residents. Further, the Profile acknowledges that need and resources will be differentially distributed within various population sub-groups and issues of equity may not always be apparent within aggregated data. However, where possible, special attention has been given to reporting issues affecting vulnerable groups and the underserved: to help planners and policy analysts understand the complex range of strengths and stressors present in the community, and therefore guide the appropriate levels of action and service delivery.

### *Acknowledgements*

Pete Howard, in his role as Buller Community Development Facilitator employed by Buller Rural Education Activities Programmes (REAP), has assisted with the collection of data as part of the local services stocktake. This assistance and local knowledge has been invaluable and Pete Howard and Buller REAP are thanked for their input. Community and Public Health is very grateful for Buller REAP's assistance with this project.

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# Buller Community Profile Part A

Descriptive information and population data



## Introduction

The Buller is the northern most district of the West Coast. The district has two national parks, a forest park and two heritage areas, and stretches from Punakaiki in the south to Karamea in the north, and inland as far as Springs Junction. With a substantial stretch of Tasman Sea coastline forming its western boundary, the district has three territorial authority neighbours: Tasman District to the north and east, Hurunui District to the east, and Grey District to the south. The district is home to a population of approximately 10,000.

There have been significant economic changes in the district over the last twenty years with the decline of traditional extractive industries such as forestry and mining. While there has been a shift to more service based sources of income such as tourism and hospitality, land-based income generation such as dairy farming and horticulture are still economic mainstays.

## History

The Buller District Council was established on 1 November 1989 from the former Westport Borough Council (established 1873), Buller County Council (established 1876) and the Inangahua County Council (established 1876). Settlements in the district developed on the back of extractive industries, initially gold mining followed by coal. The town of Westport is a river port that was used extensively through its history for the transport of coal. The Denniston Incline was considered one of the engineering wonders of the world with its unique transportation system that used gravity to transport coal from the plateau to the railway at Conns Creek. Agriculture has also been a hugely important factor in the development of the region, with the district being well suited to dairy farming (Buller District Council, 2015).

## Geography

The district comprises 8574 square kilometres from Kahurangi Point in the North to the Punakaiki River in the south and east to the summit of the Lewis Pass. There are two national parks Kahurangi and Paparoa as well as the Victoria Forest Park. The rateable area of the district is only 18% with the balance being conservation estate.

## Assumptions

It had been predicted that Buller was set for growth, with growth having been forecast in mining activities. However, the growth in mining that was anticipated has not eventuated. Falling demand in China for imported coal, combined with plentiful supply (globally) and a weak global economy, has dramatically depressed coal prices and production. The fall in the coal price is likely to depress economic development and population in Buller. The state owned enterprise, Solid Energy, is the largest coal mining company in New Zealand with several mines on the West Coast<sup>3</sup>. However, in the face of dramatic declines in the price of hard coking coal, creditors of the Solid Energy Group approved a Deed of Company Arrangement (DOCA) with the Group in September 2015. This agreement cleared the path for the Group to move on with the process of realising its assets. The voluntary administration process enables a progressive sell-down of Solid Energy's assets over the next two and a half years<sup>4</sup>.

The March 2013 census recorded a total of 10,473 persons as being normally resident in the Buller. The district's population climbed above 11,000 persons during the peaks of economic activity experienced prior to the census date, however since the coal mining activity in the district has contracted (with a consequent loss of jobs) the resident population of the district has decreased. For

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<sup>3</sup> Including Stockton, Spring Creek (mothballed), Terrace (nil production), Strongman (closed) and Reddale

<sup>4</sup> [http://www.solidenergy.co.nz/wp-content/uploads/2015/09/20150917\\_MR\\_SolidEnergy\\_Watershed\\_F2.pdf](http://www.solidenergy.co.nz/wp-content/uploads/2015/09/20150917_MR_SolidEnergy_Watershed_F2.pdf)

the purposes of the Buller District Council's Long Term Plan, it has been assumed by the Council that the normally resident population will decline further to a base level of about 9,500 persons including the impact of planned Holcim and Globe Hill (Oceania Gold) closures and some job losses from Kiwi Rail have also been indicated (Buller District Council, 2015). Other barriers to economic growth have been identified including the poor quality and slow broadband internet service and poor mobile phone coverage.

### Land uses

Despite the current downturn, mining and dairying are expected to continue to be important land uses in Buller due to the natural resources present in the district. Outside of the main townships, much of the district is zoned for rural use. Within the main townships, residential and commercial activities are expected to continue to be the dominant land uses. Tourism is also recognised as an important industry and is expected to grow. Areas of particular scenic or natural value are recognised in the Buller District Plan, with controls to protect these values while still allowing appropriate land use activities to take place (Buller District Council, 2015).

### Buller district economy

At district level, the Buller economy (where most of the Coast's mining activities occur) was weaker than the West Coast economy during the year to March 2014, but it has out-performed the regional economy over the past ten years. The primary sector in the district was hit hard during the last twelve months, but the same sector has been largely responsible for much of the district's economic growth over the past ten years. Mining, manufacturing of non-metallic mineral products, and tourism have all been key sectors in the Buller economy. Both manufacturing of non-metallic mineral products and tourism have shed employment during the last year, but both have grown significantly over the longer term (Wilson, 2015).



## Major Towns

### *Westport*

Westport is the West Coast's second biggest town and Buller's commercial and administration centre. Situated on the mouth of the Buller (Kawatiri) River, it is home to around 5,000 residents. Westport has a commercial port and airport, with daily flights to and from the capital city, Wellington. Westport has several major employers including Holcim Cement, Solid Energy and Stockton Alliance (all set to close). Mining, farming, horticulture and tourism are all major industries. Westport is the base for tourists to experience the many attractions of the nearby coal plateau, historic gold workings and the beauty of the rainforest.

### *Karamea*

An hour and a half drive north from Westport is Karamea. A popular tourist destination, Karamea boasts the spectacular Oparara basin with its limestone arches and caves and the Kahurangi National Park along with the famous Heaphy Track. The close community of around 591 people supports a growing horticulture, dairy farming and tourism industry. The area is packed with opportunity to experience the wonder of the environment. Walking, tramping, mountain biking, caving, and fishing are some of the activities that are available in this region.

### *Reefton*

Reefton is the gateway to both the West Coast and Buller from the east coast using the Lewis Pass. It is located an hour's drive from Westport, at the heart of the Victoria Forest Park. Founded in the 1860's with the discovery of the nearby goldfields, Reefton became the first town in the southern hemisphere to have a public supply of electricity in 1888. The stable population of around 1,100 cherish the town's historic past and the township features many heritage buildings. The main employment opportunities have changed over time but now the area has extensive dairying, coal mining, gold mining and tourism. On the outskirts of Reefton is the Globe Hill Gold Mine which is operated by Oceana Gold (set to close in 2016). Reefton is a service town to the extensive dairy farming. Reefton, at the centre of the Victoria Forest Park, has a wide range of historic tracks and sites that provide extensive mountain biking, tramping and walking options. The rivers provide some of the best brown trout fishing in New Zealand.

### *Punakaiki*

Nestled at the foot of the Paparoa National Park, the small coast town of Punakaiki is home to around 70 full time residents. The town is midway between Westport and Greymouth on the Coast Road which regularly is cited in tourism publications as one of the spectacular coastal highways. Punakaiki is one of the most visited conservation areas in New Zealand, with the Pancake Rocks being the iconic attraction. Punakaiki offers the opportunity to enjoy craft shops, cafes and beachside accommodation. One of the most popular attractions is the Punakaiki pancake rocks and blowholes walk.

## Population

The 2013 Population Census recorded a resident population of 10,473. This is an increase of 771 people, or 7.9 percent, since the 2006 Census. While that change was small compared with national growth of  $\approx 8\%$ , it followed an 8.5% drop in the district's population between 1996 and 2001. The district's population climbed above 11,000 during the peaks of economic activity experienced prior to the census date, however, since the coal mining (and other) activity in the district has contracted the district has again experienced population loss. For the purposes of the Buller District Council's Long Term Plan, it has been assumed by the Council that the normally resident population will decline further to a base level of about 9,500 persons (Buller District Council, 2015). The Buller district population ranks 54th in size out of the 67 districts in New Zealand, with less than one percent of New Zealand's population.

### Māori population

963 Māori are resident in Buller District. This is an increase of 159 people, or 19.8 percent, since the 2006 Census. Its Māori population ranks 61st in size out of the 67 districts in New Zealand. Less than one percent of New Zealand's Māori population live in Buller District.

### Population area distribution

The area units making up the Buller District are listed below (Figure 2 and Table 1), along with their 1996, 2001, 2006, and 2013 usually-resident population totals. The Westport Urban area unit has maintained its status as by far the district's most populous area unit. With 4,032 residents in 2013, it was home to 38.4% of the district's population. The Westport Rural area unit had the second highest population of 1,551 or 14% of the district's total. Reefton is next with 1,026 (9.7%).

**Special note:** The data in this profile may have been rounded to protect confidentiality. Individual figures may not add up to totals, and values for the same data may vary in different text, tables, and graphs. Also, some time series are irregular, because the 2011 Census was cancelled and the resulting gap between the latest (2013) census and the previous 2006 Census is seven years. The change in the data between 2006 and 2013 may be greater than in the usual five-year time periods.

**Table 1: Usually-resident population of Buller District by area unit, 1996, 2001, 2006, and 2013**

|                    | 1996          | 2001         | 2006         | 2013          |
|--------------------|---------------|--------------|--------------|---------------|
| Westport Urban     | 4,239         | 3,783        | 3,900        | 4032          |
| Westport Rural     | 1,062         | 1,062        | 1,218        | 1551          |
| Reefton            | 1,044         | 987          | 948          | 1026          |
| Orowaiti           | 645           | 636          | 612          | 720           |
| Buller Coalfields  | 564           | 498          | 489          | 534           |
| Karamea            | 450           | 444          | 423          | 387           |
| Mawheraiti         | 393           | 378          | 360          | 375           |
| Inangahua Valley   | 351           | 309          | 321          | 342           |
| Charleston         | 282           | 306          | 276          | 327           |
| Hector-Ngakawau    | 357           | 300          | 234          | 237           |
| Granity            | 315           | 243          | 219          | 222           |
| Little Wanganui    | 231           | 204          | 204          | 204           |
| Mokihinui          | 234           | 162          | 174          | 186           |
| Maruia             | 168           | 162          | 171          | 186           |
| Inangahua Junction | 177           | 147          | 159          | 144           |
| Inlet-Buller River | 0             | 0            | 3            | 3             |
| <b>Total</b>       | <b>10,515</b> | <b>9,624</b> | <b>9,702</b> | <b>10,473</b> |

Source: Census of Population and Dwellings, 2013



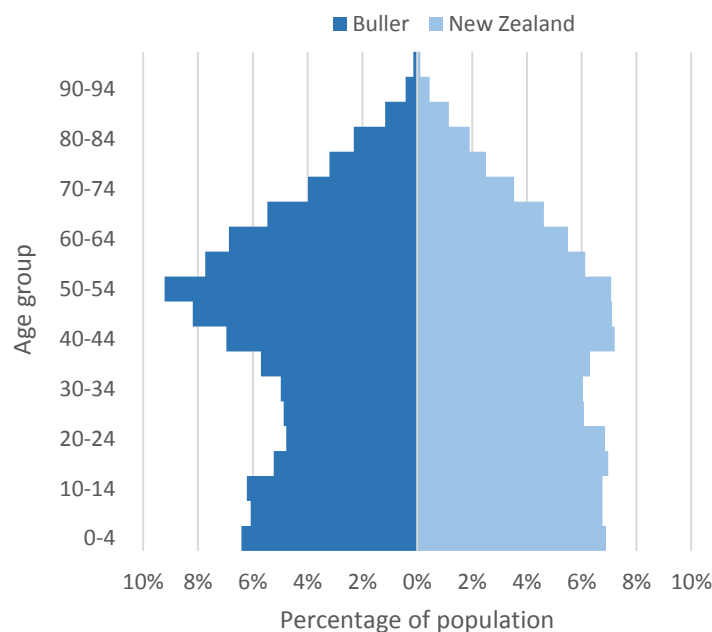
**Figure 2: Buller District map**

Source: [www.google.co.nz/maps/place/Buller+District,+West+Coast](http://www.google.co.nz/maps/place/Buller+District,+West+Coast)

## Age profile

Buller District's population is considerably older than the New Zealand average, with a median age of 42.4 years in 2013 compared with 35.9 across New Zealand. In 2013, 15.6 percent of people in Buller District were aged 65 years and over, compared with 12.3 percent of the total New Zealand population. People under the age of 45, especially young adults, are under-represented: 19.8 percent of people were aged under 15 years in Buller District in 2013 compared with 21.5 percent for all of New Zealand. The main demographic trend forecast is that of an ageing population<sup>5</sup>. The proportion of the population over 65 years of age is predicted to increase to approximately 28% of the district over the next thirty years.

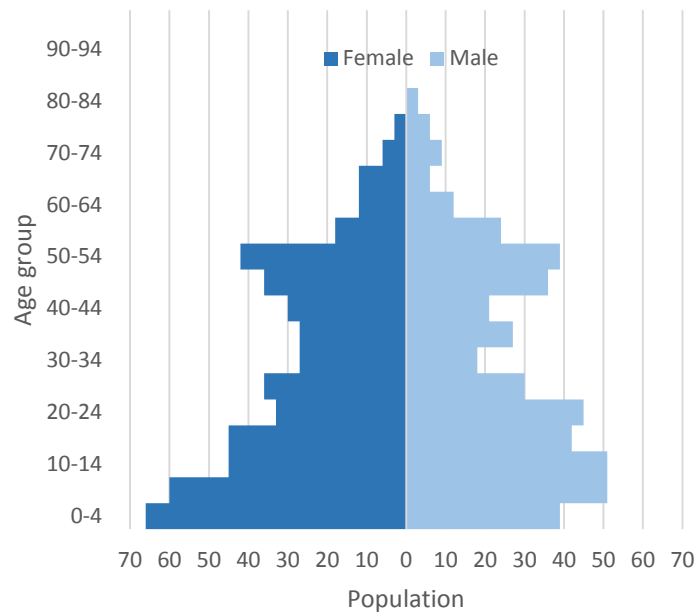
Figure 3 shows the total population (male and female) in the Buller District, compared to New Zealand, 2013. The figure clearly shows the relatively high proportion of the population in the 44-54yrs age groups. Figure 4, however, shows a relative reversal of this pattern for Māori. The Māori population is a young population, with a notably high proportion of Māori girls.



**Figure 3: Population in Buller District and New Zealand, 2013**

Source: Statistics NZ, New Zealand Census of Population and Dwellings, 2013

<sup>5</sup> At 30 June 2013, half of New Zealand's population was aged over 37.1 years. New Zealand's population is ageing, due to sustained low fertility and increasing life expectancy. Latest national population projections (median projection) indicate that by 2031 the median age of the New Zealand population could reach 39.9 years.

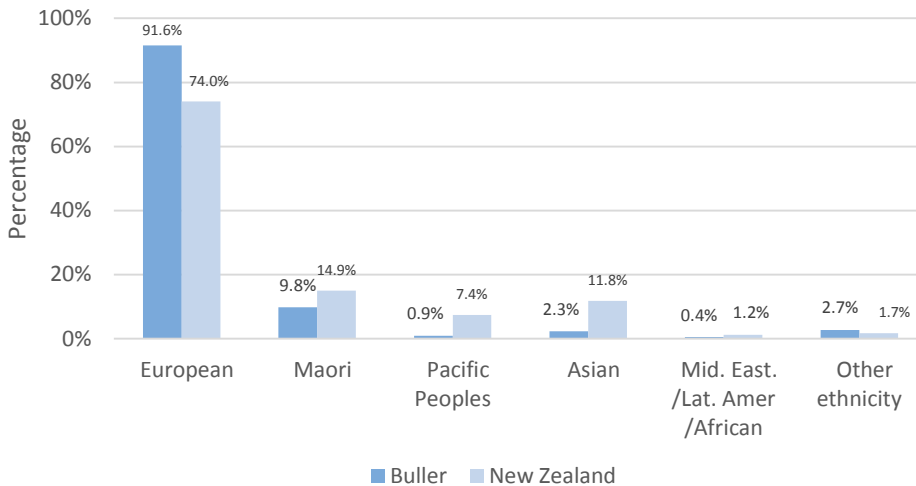


**Figure 4: Māori population in Buller District, 2013**

Source: Statistics NZ, New Zealand Census of Population and Dwellings, 2013.

### Ethnic diversity

Buller District has far less ethnic diversity than the country as a whole (Figure 5). At the 2013 Census, 91.6% of residents identified as European (74% nationally). All other ethnic groups were under-represented compared with their national presence. A little under 10% of the district’s residents identified as Māori (15% nationwide), and less than 1% of residents affiliated with Pacific Island ethnic groups (vs 7.4% nationwide) or Asian (2.3% vs 11.8 nationwide).



**Figure 5: Population by ethnic group, Buller and New Zealand, 2013.**

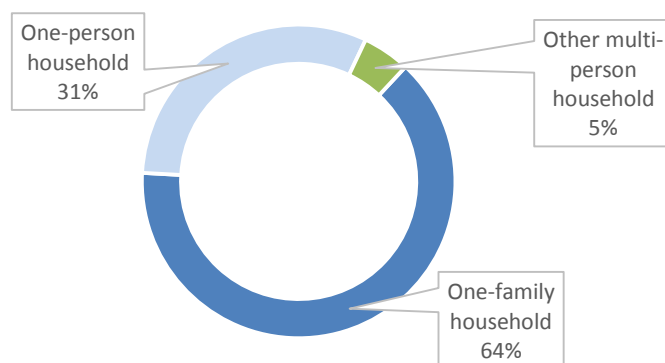
Source: Statistics NZ, New Zealand Census of Population and Dwellings, 2013.

## Gender

Buller is one of just a few districts in the country where males outnumber females. In 2013, the Census recorded a difference of 231 (5,352 males and 5,121 females).

## Household composition

In 2013, there were around 4,440 private households in the Buller District. Of these, 2,763 were one-family households, 1,347 were one-person households and 113 were other multi-person households (including 45 two-family households), see Figure 6.



**Figure 6: Household composition by number of dependent children in household, for households in occupied private dwellings, 2013 Census.**

*Source: Statistics NZ, New Zealand Census of Population and Dwellings, 2013.*

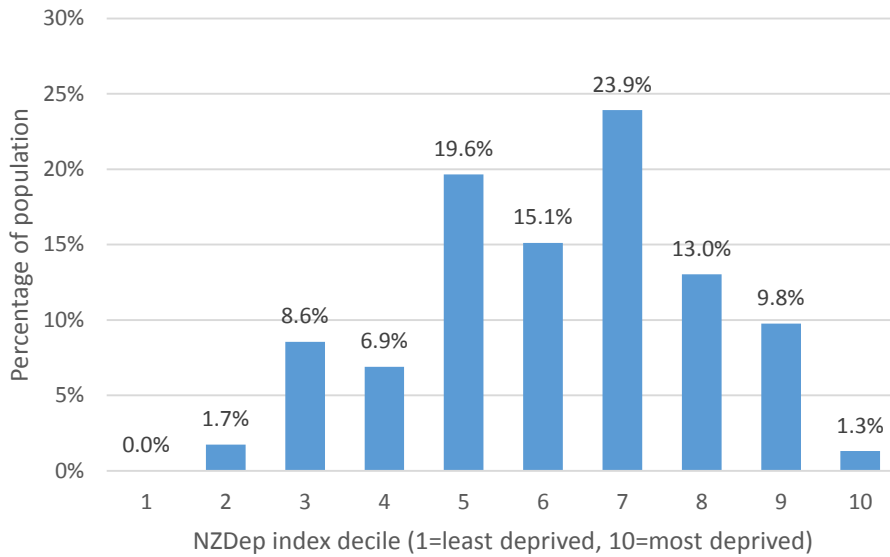
## Area deprivation

The NZDep2013<sup>6</sup> index of deprivation shows that overall, the residents of Buller District are markedly more deprived than the country's population as a whole. Across New Zealand, equal numbers of people live in areas at each of the 10 levels of deprivation (i.e. approximately 450,000 people per levels 1-10). This means that, at the time of the 2013 Census, 50% of the resident population of New Zealand lived in decile 1 to 5 areas (i.e. the less deprived areas of the country). In Buller District, however, just 36.8% of residents lived in areas in the less deprived deciles.

Figure 7 below shows the distribution of the district's population across the deciles in 2013, and clearly shows the clustering of the population in deciles 5 to 7. In particular, areas described as decile 7 were home to a disproportionately large 24% of the district's residents ( $\approx 1:4$ ). Nearly half (48%) of Buller's population lived in areas described as deciles 7 to 10 (the more socio-economically deprived areas in the country).

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<sup>6</sup>From Atkinson, Salmond, and Crampton (2014), NZDep2013 Index of Deprivation. The NZDep2013 index of deprivation was created from data from the 2013 Census of Population and Dwellings. The index describes the deprivation experienced by groups of people in small areas. Nine deprivation variables were used in the construction of the index, reflecting eight dimensions of deprivation. The variables used were the proportions of people: aged 18-64 receiving a means-tested benefit; living in households with income below an income threshold adjusted for household size; not living in own home; aged less than 65 living in a single-parent family; aged 18-64 unemployed; aged 18-64 without any qualifications; living in households below a bedroom occupancy threshold adjusted for household size; with no access to a telephone; and with no access to a car.

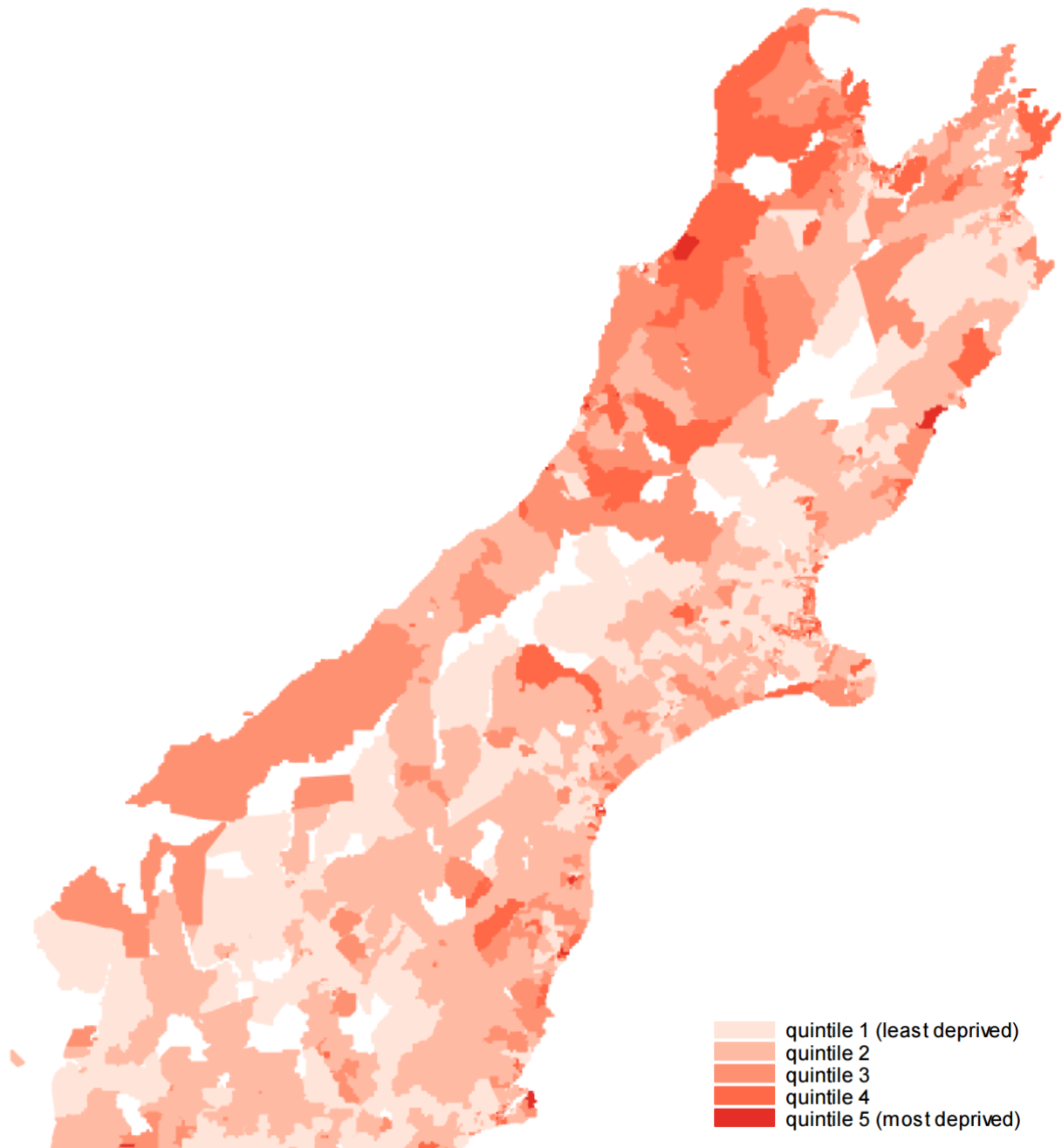


**Figure 7: Population by NZDep2013 Deprivation Index, Buller District**  
 Source: NZDep2013 Index of Deprivation (Atkinson, Salmond, & Crampton, 2014)

Although the process of averaging can mask some substantial variation in deprivation within small areas, it can be useful to look at average deprivation scores for census area units. In Buller District, in 2013<sup>7</sup>, two area units (Hector-Ngakawau and Granity) had average deprivation scores of 10, putting them among the 10% most deprived in New Zealand. Three more area units (Westport Urban, Reefton and Mokihinui) had average deprivation scores of 9, and four more averaged as decile 8. Westport Rural was the highest-ranking area unit in the district, with an average deprivation score of 4.

Figure 8 shows the NZDep2013 quintiles applied to the South Island. The figure clearly shows a deprivation gradient in the East→West direction with generally higher levels of deprivation west of the Southern Alps.

<sup>7</sup> Unchanged from 2006



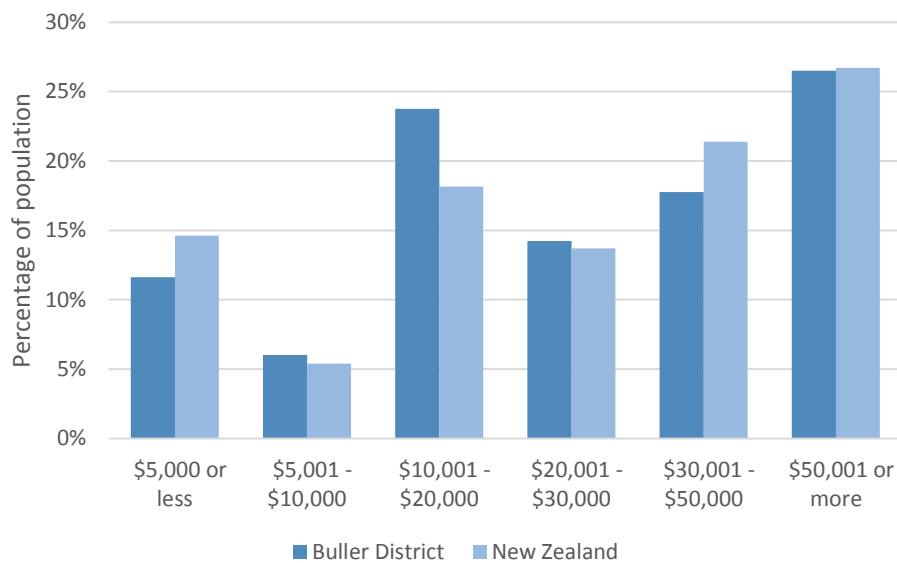
**Figure 8: NZDep2013 Quintiles applied to the South Island clearly show a deprivation gradient in the East-West direction with generally higher levels of deprivation West of The Divide (The Southern Alps of New Zealand).**

Source: Statistics NZ/NZDep2013



## Personal and household income

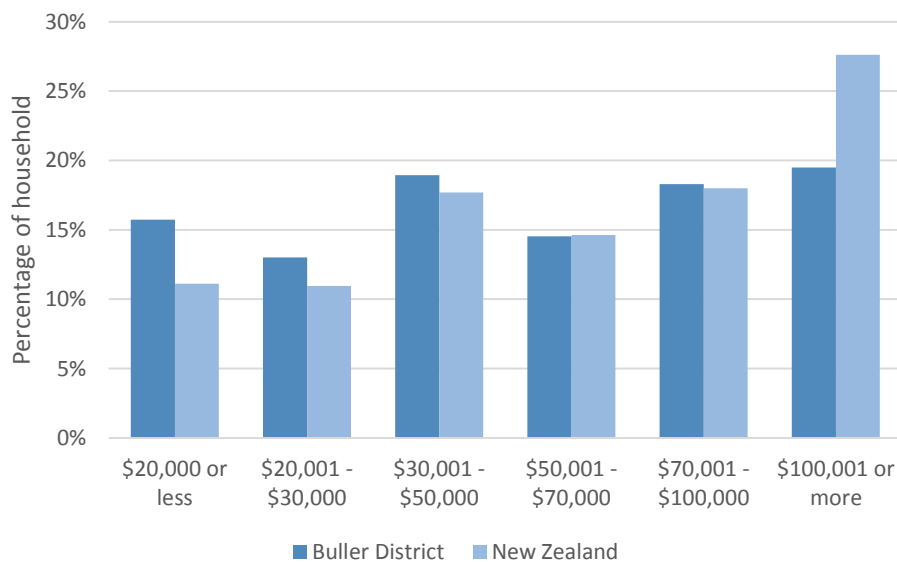
Personal income data for the population aged 15 years and over in the Buller District, 2013, are shown in Figure 9.



**Figure 9: Personal income for population aged 15 years and over, Buller and New Zealand, 2013**

Source: Statistics NZ

Overall, the median income of families living in Buller District was \$53,200 in 2013 which is considerably less than the national median of \$63,800 (Figure 10).



**Figure 10: Household income, Buller District and New Zealand, 2013**

Source: Statistics NZ

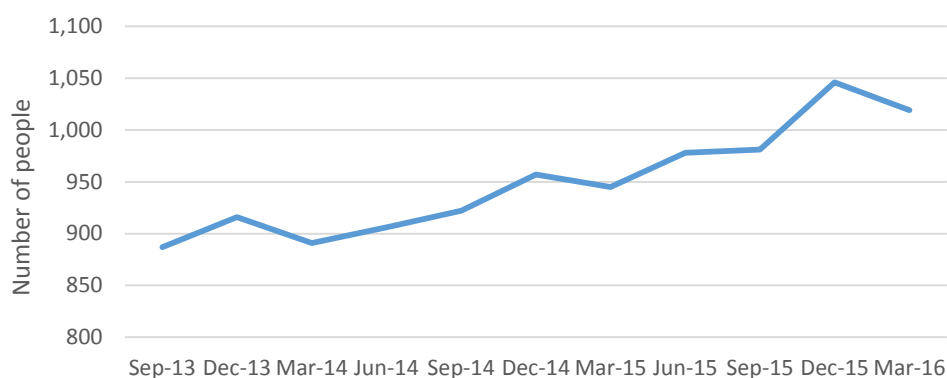
## Income support

At the end of September 2015, 981 Buller District residents aged 20-64 years were receiving some form of income support. The largest groups consisted of:

- Around 374 Supported Living (38% of the total)
- Sole Parent Support (s%) – “s” = small number/suppressed data
- 437 Jobseeker Support (just over 44%)

*Source: Ministry of Social Development*

Figure 11 shows that the number of people aged 20 to 64 years receiving benefits has been steadily rising since 2013 (and possibly earlier). In September 2013, there were a total of 887 people aged 20 to 64 years receiving a benefit and by 2016 this number had increased to over 1000, an increase of approximately 15%. The biggest increases were in Jobseeker Support and the Supported Living Payment. The increase in Jobseeker Support is expected in the current labour market. Table 2 shows the characteristics of working-age recipients of main benefits (to March 2016).



**Figure 11: All benefits, Buller District from Sept 2013 - March 2016**

*Source: Ministry of Social Development*

**Table 2: Characteristics of working-age recipients of main benefits, Buller District, March 2016**

| Characteristics     |                       | Number of people |                              |
|---------------------|-----------------------|------------------|------------------------------|
| Gender              | Male                  | 550              | Total @ March 2016<br>= 1019 |
|                     | Female                | 469              |                              |
| Ethnic Group        | NZ European           | 759              |                              |
|                     | Māori                 | 159              |                              |
|                     | Pacific peoples       | S                |                              |
|                     | All other ethnicities | 78               |                              |
|                     | Unspecified           | S                |                              |
| Age Group           | 18-24 years           | 120              |                              |
|                     | 25-39 years           | 236              |                              |
|                     | 40-54 years           | 342              |                              |
|                     | 55-64 years           | 324              |                              |
| Continuous Duration | One year or less      | 248              |                              |
|                     | More than one year    | 735              |                              |

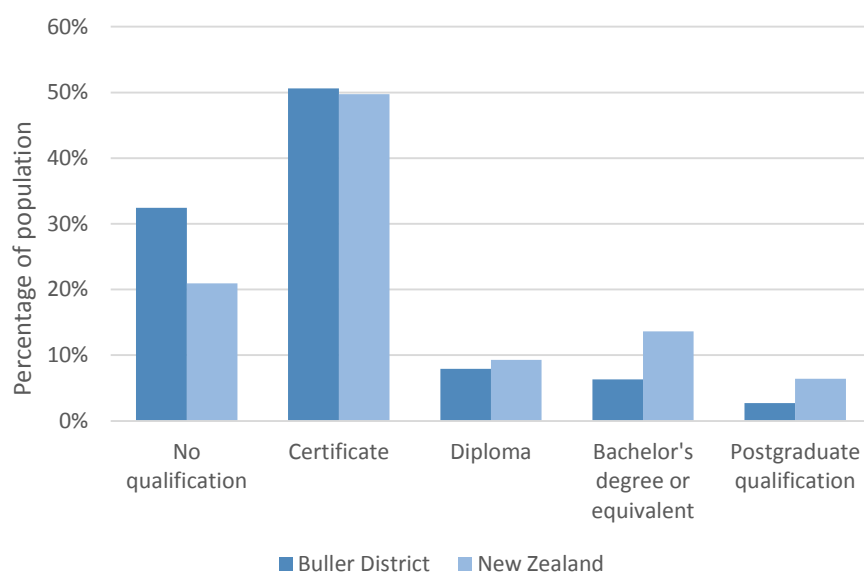
*S = suppressed due to small numbers*

*Source: Ministry of Social Development*

## Educational qualifications

Buller residents aged 15 years and over hold fewer qualifications than New Zealanders as a whole. In 2013, 32.5% of the district's adults had no educational qualifications and this is a far larger proportion than the 20.9% nationally. As a result, the proportion of residents with each type of qualification as their highest level of attainment was smaller than across the rest of New Zealand (Figure 12).

- 50.6% held certificates at levels 1-4 or diplomas (similar to the 49.8% nationally)
- 7.9% held level 5-6 diplomas (less than the 9.3% nationally)
- just 6.3% had Bachelor's degrees or the equivalent (13.6% across New Zealand), and
- 2.7% had post-graduate qualifications (6.4% nationwide).



**Figure 12: Highest qualification for population aged 15 years and over, Buller District and New Zealand, 2013**

Source: Census of Population and Dwellings, 2013

## Employment

At the time of the 2013 Census, 5,052 Buller District residents were employed (3,801 full-time and 1,251 part-time)<sup>8</sup>. This was 71.6% of the population aged 15 and over (71.5% nationwide). The 2013 Census recorded 4.9% of the Buller labour force as unemployed, significantly lower than the 7.1% national rate at the time<sup>9</sup>. In March 2013, this equated to around 255 people unemployed in the district. The unemployment rate of Māori<sup>10</sup> aged 15 years and over in Buller District is 7.9 percent (36 people), compared with 15.6 percent for New Zealand's Māori population.

<sup>8</sup>A person's work and labour force status in the seven days ending 3 March 2013.

<sup>9</sup>The New Zealand unemployment rate fell to 5.3 percent in the three months to December of 2015.

<sup>10</sup>The Māori population is the Māori ethnic group census usually resident population count aged 15 years and over. It includes those people who stated Māori as being either their only ethnic group or one of several ethnic groups.

## Occupation

In 2013, the distribution of occupations (Figure 13) in Buller District differed from the country as a whole. Manual workers (labourers), machinery operators and drivers were over-represented in the district's population, while professionals and some other urban-based occupations were under-represented. The figure shows that the occupation profile for the employed population in the Buller District clearly differs from New Zealand as a whole.



**Figure 13: Occupation for employed population aged 15 years and over Buller District and New Zealand, 2013**

Source: Census of Population and Dwellings, 2013

## Full-time and part-time work

The balance between full-time and part-time work in the Buller District is similar to New Zealand overall. At the time of the 2013 Census, hours worked in employment per week (usually resident population aged 15 years and over) were approximately one-quarter part time and three-quarters full-time (Buller 24.8%/75.3% vs New Zealand 23.0%/77.0%).

## Industry

The 2013 Census showed the importance of primary industry to Buller District (Figure 14), with the extractive industries together employing 16.4% of the district's working residents (more than 50 times the national proportion of 0.3%) and agriculture, forestry and fishing together employed 13.4% of the district's working residents (double the national proportion of 6.7%). Construction was the next largest employer (9.5% compared with 8% nationally). Accommodation and food services also accounted for a higher proportion of workers than nationally (8.5% versus 5.8%). Manufacturing employed a smaller proportion of the district's workers than nationally (6.3% versus 9.8%) as did health care/social assistance (7.1% versus 10%) and education and training (5.8% versus 8.4%) – all slightly under their national proportions.

## Industry case study: Tourism

### Introduction

Tourism is one industry that has been recognised for its potential for growth and many places within the Buller District have reputable tourist attractions. For example: Westport for backpacking, rafting, surfing, camping and mining attractions; Punakaiki for the rocks/caves, backpacking and caving; Karamea for backpacking, camping, caves, and tramping; Reefton for mountain biking, tramping and mining/history.

### Background

As an example, one area where significant work has been undertaken to develop tourism is in cycling and tramping infrastructure on the West Coast generally, (e.g. the West Coast Wilderness Trail, Greymouth-Ross) and, in the Buller, the Old Ghost Road. The Old Ghost Road is now New Zealand's longest continuous mountain biking and tramping single track, stretching from Lyell in the Upper Buller Gorge to Seddonville/Mokihinui River in the north. The 85km-long Old Ghost Road traverses native forest, open tussock tops, river flats and pristine valleys. The volunteer-driven Mokihinui-Lyell Backcountry Trust developed the track over an approximately eight year period. Now part of the New Zealand Cycle Trail group, the Trust has partnered with a range of other entities to make The Old Ghost Road viable. The Old Ghost Road is in its infancy as an operating tourism asset (officially opened December 2015) and much is still unknown about long term demand, visitor spend and other economic benefits. However, initial indications are extremely positive (on target for 8,000 to 9,000 visitors in the first year) with overwhelmingly positive feedback and very high user satisfaction. Economic data and assumptions indicate The Old Ghost Road may generate in the vicinity of \$2-3M annually in economic activity. It is becoming apparent that The Old Ghost Road has the potential to exert significant 'pulling power' as an iconic tourism asset in the region and indeed New Zealand, albeit for a specific and relatively small market. This is validated by survey data (n=150) indicating 97% of visitors to The Old Ghost Road have come to the region solely for the purpose of experiencing the trail. It appears then, that an opportunity exists to leverage off this tourist attraction to entice visitors to stay longer and spend more.

### Challenges

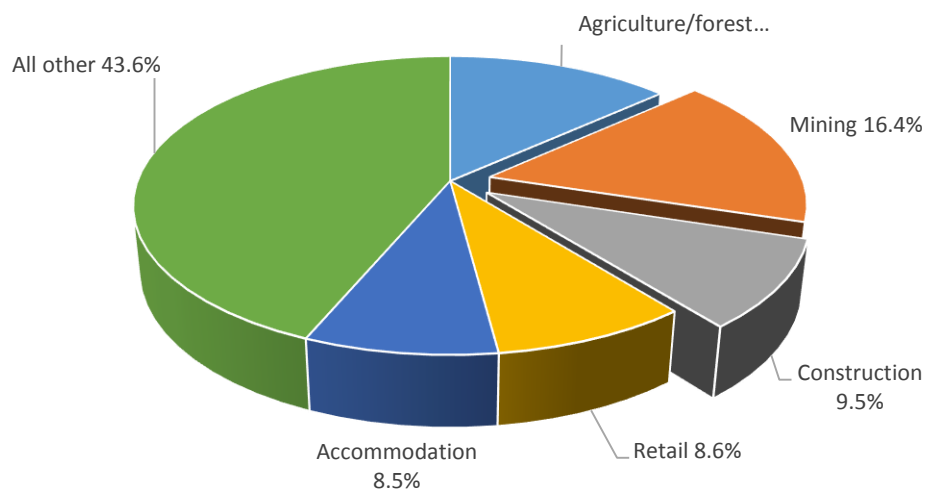
Recreational opportunities on public conservation land throughout New Zealand are generally provided by the Department of Conservation (DOC) as a public/merit good, with a small proportion of the cost recovered via user-pays (approximately 5-6% in 2012). However, one of the main challenges for new ventures of this type is the implementation of a funding model that can sustain the ongoing maintenance and operational costs. The Old Ghost Road is located on public conservation land. It was conceived, constructed and is managed by a community group (Mokihinui-Lyell Backcountry Trust - a Charitable Trust). However, the projected annual cost to maintain and operate The Old Ghost Road is considered to be approximately \$350,000 and available revenue currently falls well short of this figure. The current funding model is flawed and solutions available elsewhere throughout New Zealand (i.e. central government funding via DOC or District Council support) are not available (a low rating base in the Buller district constrains this latter option). Financial sustainability of The Old Ghost Road is the most significant current threat to the opportunities it presents (Phil Rossiter, Chairman, Mokihinui-Lyell Backcountry Trust, personal communication, June, 2016).



View of Ghost Lake hut, upper right corner of picture

See <http://www.oldghostroad.org.nz/>

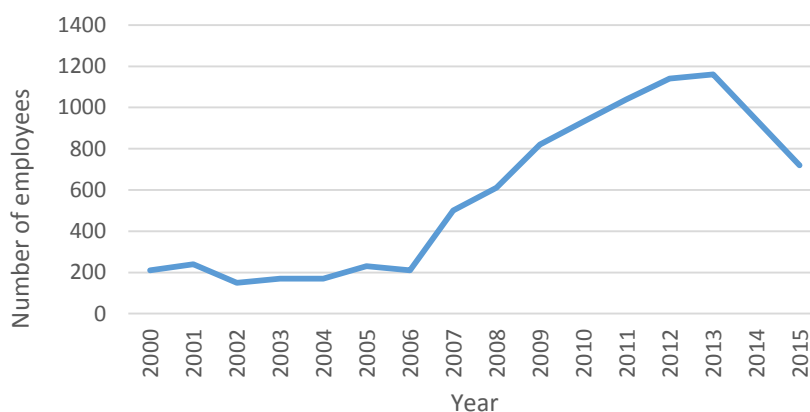
Figure 14 shows the proportion of Buller District’s working residents employed across the five largest industries in 2013. The figure shows that in 2013, one-quarter of the Buller District’s working residents were employed in either the extractive or construction industries.



**Figure 14: Proportion of Buller District’s working residents employed across the five largest industries in 2013**

Source: Census of Population and Dwellings, 2013

The primary sector was hit hard during in the last twelve months, but the same sector has been largely responsible for much of the district’s economic growth over the past ten years<sup>11</sup>. While employment in mining increased slightly in the year to March 2014, this trend has now undergone a dramatic reversal with the closure of several metallic and non-metallic mineral mining operations (although the absolute number of job losses is not exactly known at this time) (Figure 15). Both manufacturing and tourism also shed employment during the latest year, but both have grown significantly over the longer term (Wilson, 2015).



**Figure 15: Trends in employee count in the mining sector, Buller, between 2000 and 2015**

Source: Statistics New Zealand

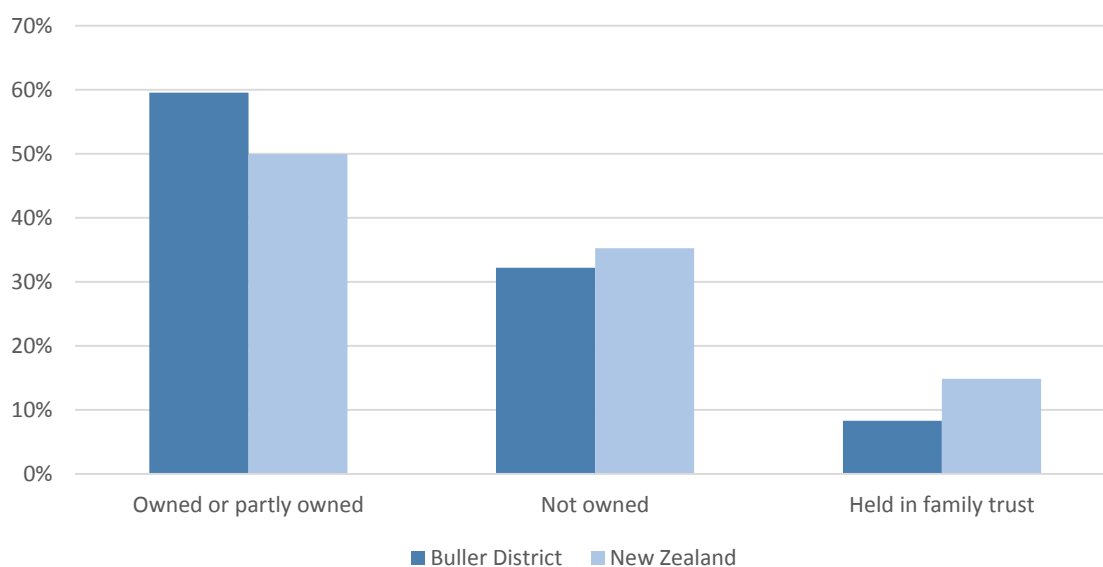
<sup>11</sup> A conservative summary of job losses in the district 2014-2016 includes: June 2014, Solid energy and contractors = 185; June 2015, Solid energy and contractors = 133; August 2015, Solid Energy = 8; 2015 Oceana Gold = 178; September 2015, KiwiRail = 10; September 2015, Downers NZ = 8; June 2016, Holcim Cement = 120; Total = 642 (Estimate provided by the Buller District Council).

## Housing

The 2013 Census showed that there were a total of 4,611 occupied dwellings in the Buller District. In addition, there were 60 dwellings under construction and 954 unoccupied dwellings (total 5,625 dwellings).

### Tenure

The rate of home ownership in Buller District is higher than for the country as a whole (Figure 16). In 2013, 59.5% of the district's private households owned their dwellings (vs 49.9% nationally) and another 8.3% had their homes held in family trusts (vs 14.8% across the country). However, the rate of home ownership has declined since 2006, both in Buller and nationally (down from 62% for Buller and 55% nationally). In 2013, 32% of Buller households reported that they did not own their home compared to 35% nationally. Taking family trusts into consideration as a proxy for household ownership, home ownership in Buller District is still higher overall than the country as a whole.



**Figure 16: Tenure of household, for households in occupied private dwellings, Buller District and New Zealand, 2013**

Source: Statistics New Zealand

### Social housing

Social housing is part of housing provision in New Zealand, and as such, pressures on social housing reflect problems in the wider housing market. Housing that is safe, warm, and dry is a basic human need. Social housing is a core part of New Zealand's welfare system and the safety net that supports vulnerable New Zealanders when they are not able to support themselves<sup>12</sup>.

Housing New Zealand Corporation manages a portfolio of 123 properties in Buller District including Westport Urban, Reefton and Hector-Ngakawau and Orowaiti. Housing New Zealand uses social allocation system criteria for assessing housing need (assessed by Work and Income New Zealand), based on the household composition, housing circumstances and housing history. Eligibility for the Buller District Council's 46 housing units is also based on need, as assessed by the committee, on the

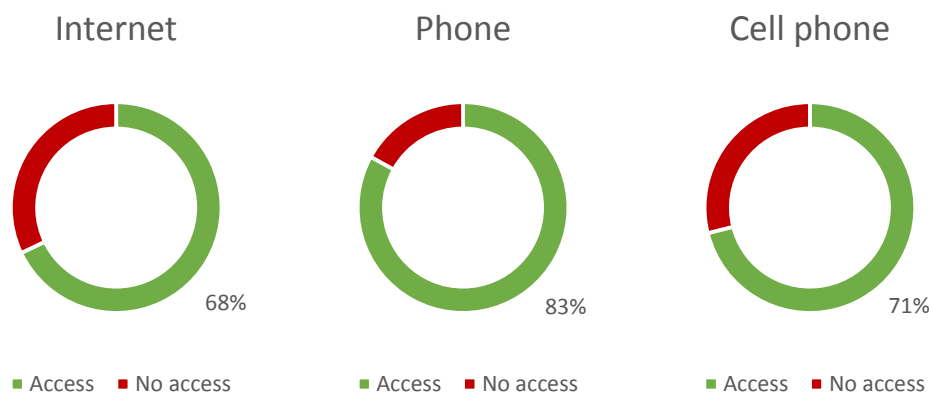
<sup>12</sup> <https://www.msd.govt.nz/about-msd-and-our-work/work-programmes/housing/purchasing-intentions/future-market-directions/emerging-social-housing-market.html>

basis of the following factors: elderly 60+; affordability/sustainability; suitability and/or special needs; quality of existing accommodation; access to services; ability to cope; overcrowding; and safety.

### Household access to telecommunications

In 2013, the percentages of Buller households with access to the Internet, a telephone, or a cell phone were all lower than nationally (Figure 17):

- 68% had Internet access (vs 76.8% nationally),
- 83% of the district's households had a telephone compared with 85% nationwide, and
- 71% had access to a cell phone or mobile phone (vs 83.7% nationally).



**Figure 17: Access to telecommunication systems, for households in occupied private dwellings, 2013 Census**

*Source: Census of Population and Dwellings, 2013*

Note: 4.2% of Buller households have no access to any telecommunications systems vs 1.6% nationally.

Internet access involves more than just the technical aspects of connection, as functional access requires users to be proficient at navigating websites and conducting business/banking and other activities including accessing and interacting with health and social services 'on-line'. Given the large number of older people in the District, this is seen as a challenge by some agencies.



## Education

### Early Childhood Education

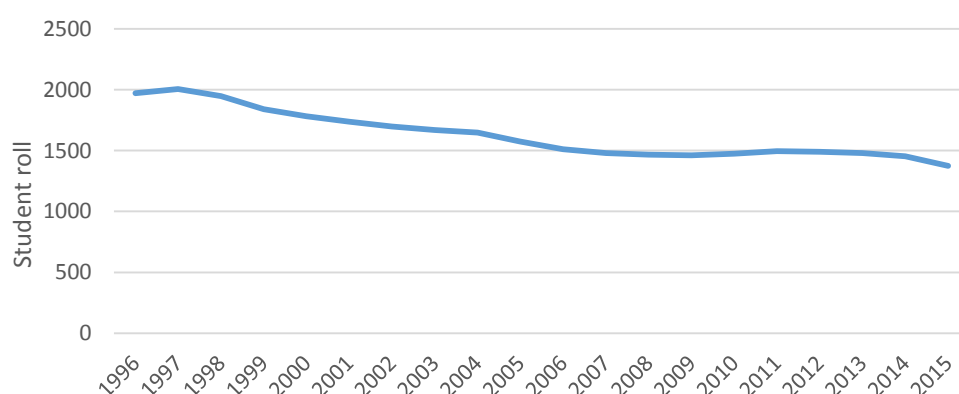
Early Childhood Education (ECE) participation is measured as the proportion of Year-1 school entrants who had prior participation in ECE. ECE participation in the Buller has been consistently lower than the national average (Buller 94.2% vs NZ 96.3%, 2015). Over the last 15 years, the number of children on the regular rolls of licensed early childhood education service providers in Buller District has been stable at approximately 300 (average 297 between 2000-2014) and over this time, ECE participation has tended to be approximately two percentage points below New Zealand as a whole. Latest data for 2014 shows that there were 362 enrolments in licensed ECE services in Buller District<sup>13</sup>. Generally, enrolment of Buller District children in early childhood education is lower than nationally.

### Buller District schools

The Buller District has seven full primary schools catering for children from the age of five (new entrants) to the end of their 8th year of schooling, one contributing school (offering education up to intermediate school), two composite schools (offering education through primary, intermediate and secondary), and one secondary school offering education up to year 13. In mid-2015, the roll totals of these schools were as per Table 3. The 2015 roll was over 600 students lower than the peak of the 1990s (2,006 students in 1997). Figure 18 shows the student roll in the Buller District (as at 1 July) for the years 1996-2015. The figure clearly illustrates that the total student roll in the Buller District has been in decline for the past 20 years.

**Table 3: Schools in Buller District by type and student roll, as at 1st July 2015**

| School type  | Number of schools | Years  | Rolls      |
|--------------|-------------------|--------|------------|
| Full primary | 6                 | 1 – 8  | <b>760</b> |
| Contributing | 1                 | 1 – 6  | <b>7</b>   |
| Composite    | 2                 | 1 – 15 | <b>264</b> |
| Secondary    | 1                 | 9 – 15 | <b>345</b> |
|              |                   |        | 1,374      |



**Figure 18: Student roll in Buller District, as at 1 July 1996-2015**

<sup>13</sup> In 2014, the method for data collection changed and around 40% of services completed the Annual Census using the Ministry's new electronic collection tool for ECE: ELI. For these services, the data shown in this profile relates to attendances in ECE licensed services, not enrolments. This is a change to the definition of the data and means that the data should not be compared to previous years.

## School decile ratings

For funding purposes the Ministry of Education (MOE) attaches a decile rating to each school<sup>14</sup> (Table 4). This indicates the extent to which a school draws its students from low socio-economic communities. Decile 1 schools are the 10% of schools with the highest proportion of students from low socio-economic communities, whereas decile 10 schools are the 10% of schools with the lowest proportion of these students. In July 2008, no Buller school was ranked decile 1.

**Table 4: Schools in the Buller District by type and decile**

| School                    | Area               | Type         | Decile |
|---------------------------|--------------------|--------------|--------|
| Buller High School        | Westport           | Secondary    | 5      |
| Granity School            | Granity            | Full Primary | 3      |
| Inangahua Junction School | Inangahua Junction | Contributing | 6      |
| Karamea Area School       | Karamea            | Composite    | 4      |
| Maruia School             | Maruia             | Full Primary | 5      |
| Reefton Area School       | Reefton            | Composite    | 6      |
| Sacred Heart School       | Reefton            | Full Primary | 6      |
| St Canice's School        | Westport           | Full Primary | 5      |
| Westport North School     | Westport           | Full Primary | 5      |
| Westport South School     | Westport           | Full Primary | 5      |

*Source: Ministry of Education, 2016 (as at 1 February 2016)*

[http://www.educationcounts.govt.nz/statistics/schooling/july\\_school\\_roll\\_returns](http://www.educationcounts.govt.nz/statistics/schooling/july_school_roll_returns)

## Truancy

Unjustified absences are absences that cannot be explained or that are not explained to the satisfaction of the school. Unjustified absences can be classified by length as either intermittent absences (up to half a day) or non-intermittent absences (more than half a day). In August 2006, the Ministry of Education surveyed all state and state integrated schools to capture student attendance and absence over one week. The survey showed that, overall, Buller District had a lower truancy rate than New Zealand as a whole. However, based on 2014 data, this trend has reversed and the year level standardised unjustified non-intermittent absence rate per 100 students ('truancy') for the Buller District was reported to be 2.6 compared with a rate of 2.3 per 100 students for New Zealand overall. Findings published by the Ministry of Education (Biddulph et al., 2003) demonstrate a clear correlation between the socio-economic makeup of a school and its unjustified absence rate. Schools in the lower deciles draw their students from communities with the highest degree of socio-economic disadvantage (Biddulph et al., 2003).

## Educational achievement

A formal school qualification, such as the National Certificate of Educational Achievement (NCEA), is a measure of the extent to which young adults have completed a basic prerequisite for higher education and training and many entry-level jobs. NCEA Level-2 is considered the minimum qualification needed to continue with further education or join the workforce. One of the Government's priorities<sup>15</sup> is to increase the proportion of 18-year-olds with NCEA Level 2 or an equivalent qualification to 85 per cent (by 2017) so that they can contribute fully to the economy. In all but two years from 1993 to 2007, the proportion of students leaving Buller High School with little

<sup>14</sup> In May of 2015, 'top-up' funding was provided via Hon Steven Joyce's office for the funding deficit due to the change in decile rating for four of Westport's schools (Buller High School, St Canice's, Westport North School and Westport South School). However the Ministry did not change the school decile ratings back from 5M to 3I, and the schools again face funding deficits.

<sup>15</sup> Better Public Services [www.ssc.govt.nz/better-public-services](http://www.ssc.govt.nz/better-public-services)

or no formal attainment was higher than nationally. In most of those years, the gap between the two proportions was considerable (10 percentage points or more).

Table 5 shows that in 2014, the percentage of school leavers with NCEA Level 2 or above in the Buller District was lower than for New Zealand overall.

**Table 5: Percentage of school leavers with NCEA Level 2 or above, Buller District and New Zealand, 2014**

|                     |                  | <b>Buller District</b> | <b>NZ Total</b> |
|---------------------|------------------|------------------------|-----------------|
| <b>All Leavers</b>  |                  | <b>70.9</b>            | <b>77.1</b>     |
| <b>Gender</b>       | Female           | 76.5                   | 79.9            |
|                     | Male             | 66.1                   | 74.5            |
| <b>Ethnic Group</b> | Māori            | 52.6                   | 58.6            |
|                     | Pasifika         | —                      | 71.9            |
|                     | Asian            | —                      | 89.7            |
|                     | MELAA            | —                      | 81.2            |
|                     | Other            | —                      | 75.6            |
|                     | European/ Pākehā | 76.1                   | 81              |

*Source:* Ministry of Education, 2016

MELAA = Middle Eastern/Latin American/African

## Health and Health Care

### Life expectancy

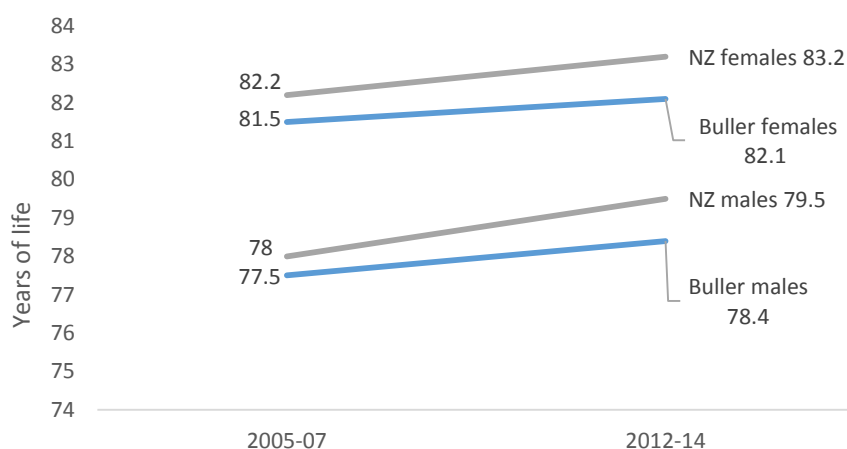
Life expectancy at birth indicates the total number of years a person could expect to live, based on the mortality rates of the population at each age in a given year or period. Historically, people living in the West Coast region have, on average, lived shorter lives compared to the general population of New Zealand (Table 6). During the period 1995 to the early 2000s, there was a relatively stable two-year gap in life expectancy between people living in the West Coast region compared to New Zealand as a whole. However, since the early 2000s this gap appears to have narrowed. In 2012-14 there was an approximately one-year difference in life expectancy at birth for females and males in the Buller district compared to New Zealand (Figure 19).

**Table 6: Life expectancy at birth by territorial authority, West Coast and New Zealand overall, 2005-2014**

| Territorial authority | Life expectancy at birth (median) |         |
|-----------------------|-----------------------------------|---------|
|                       | 2005-07                           | 2012-14 |
|                       | <b>Male (years of life)</b>       |         |
| New Zealand           | 78.0                              | 79.5    |
| Buller District       | 77.5                              | 78.4    |
| Grey District         | 77.4                              | 78.6    |
| West Coast*           | 77.7                              | 79.0    |
|                       | <b>Female (years of life)</b>     |         |
| New Zealand           | 82.2                              | 83.2    |
| Buller District       | 81.5                              | 82.1    |
| Grey District         | 81.5                              | 82.0    |
| West Coast*           | 81.8                              | 82.8    |

\* In 2012–14, median life expectancy at birth for West Coast ranked third to bottom by district (14th of 16 Regional Council areas in New Zealand).

Source: Statistics New Zealand, subnational period life tables: 2012–14



**Figure 19: Life expectancy at birth, Buller vs New Zealand, 2005-2014**

Source: Statistics New Zealand

Life expectancy at birth varies by region. In the 2012–14 period, the New Zealand average life expectancy at birth was 83.2 years for females and 79.5 years for males. Life expectancy at birth was lower in the Buller region (82.1 years for females and 78.4 years for males). Life expectancy estimates for smaller regions such as the West Coast have greater uncertainty than larger regions like Canterbury due to the relatively small population. Statistics New Zealand data demonstrates that life expectancy at birth for both males and females was lowest in the most deprived areas of New Zealand in the 2012–14 period (74.8 years and 79.4 years respectively), and highest in the least deprived areas (82.3 years for males and 85.5 years for females).

### Road crashes

The New Zealand Transport Agency provides information on road safety to its stakeholders and the public, including numbers and trends in reported crashes and casualties (Table 7). Crash data for Buller District indicate that the number of crashes and casualties occurring per 100 million vehicle-kilometres travelled on rural state highways is higher than for New Zealand overall but for urban state highways the rates are lower. For Council owned roads, the crashes and casualty rates are similar to New Zealand rates but poorer than other comparable provincial towns (provincial towns with low traffic volumes and population less than 20,000 and/or rural crashes greater than 55 percent).

**Table 7: Number of motor vehicle crashes, Buller, Grey and Westland, 2010-2014**

| District        | Number of crashes* (events) |      |      |      |      | 2014 casualties† (people) |                  |                |                  |
|-----------------|-----------------------------|------|------|------|------|---------------------------|------------------|----------------|------------------|
|                 | Year crash happened         |      |      |      |      | Fatal injuries            | Serious injuries | Minor injuries | Total casualties |
|                 | 2010                        | 2011 | 2012 | 2013 | 2014 |                           |                  |                |                  |
| <b>Buller</b>   | 36                          | 25   | 40   | 29   | 41   | 5                         | 7                | 42             | 54               |
| <b>Grey</b>     | 61                          | 37   | 46   | 38   | 40   | 1                         | 12               | 35             | 48               |
| <b>Westland</b> | 46                          | 40   | 36   | 32   | 27   | 3                         | 10               | 29             | 42               |

Source: NZTA

\*Variations in reporting rates need to be considered when viewing the trends in crashes and casualties shown in Table 7.

†The severity of a crash is determined as the most severely injured casualty in the crash. Injury severity is classified as fatal, serious, or minor as follows: Fatal: Injuries that result in death within 30 days of a crash. Serious: Fractures, concussion, internal injuries, crushing, severe cuts and lacerations, severe general shock necessitating medical treatment, and any injury involving removal to and detention in hospital. Minor: Injuries which are not serious but which require first aid, or cause discomfort or pain to the person injured.

### Alcohol-involved road traffic crashes

The West Coast overall has higher than the New Zealand average rate of alcohol-involved road traffic crashes (11.6 vs 7.8/10,000 population). The rates vary between the districts with the Grey District having the highest rate (13/10,000), followed by Westland and Buller (11.2 and 9.9/10,000 population respectively) (NZTA, 2012).

## Cigarette smoking

The prevalence of regular smoking is higher in the Buller district than for New Zealand overall ( $\approx 21\%$  vs  $15\%$  respectively, Census 2013). Māori continue to experience persistent smoking-related inequities and are over-represented among smokers in the district<sup>16</sup> ( $\approx 40\%$  Māori in the Buller were regular smokers in 2013). General practices offer smoking cessation services in the Buller district and the number of patients offered smoking cessation between 2012 and 2015 is shown in Table 8.

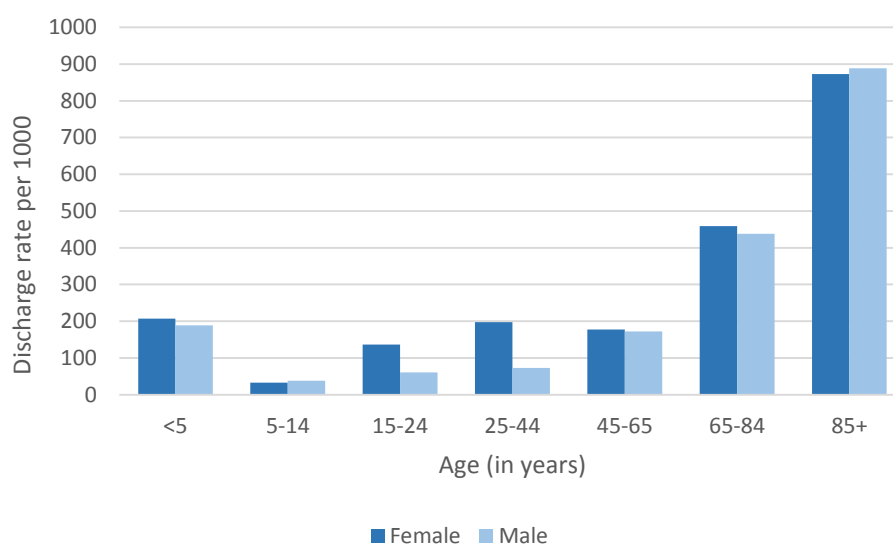
**Table 8: Number of patients offered smoking cessation services in Buller district, by ethnicity, 2012 to 2015.**

| Ethnicity    | 2012        | 2013        | 2014        | 2015        |
|--------------|-------------|-------------|-------------|-------------|
| Māori        | 15 (8.2%)   | 17 (12.1%)  | 35 (15.2%)  | 23 (12.8%)  |
| Other        | 167 (91.8%) | 124 (87.9%) | 196 (84.8%) | 156 (87.2%) |
| <b>Total</b> | <b>182</b>  | <b>141</b>  | <b>231</b>  | <b>179</b>  |

Source: West Coast Primary Health Organisation data

## Public hospital discharges

There were more than 1.1 million publicly funded discharges from New Zealand hospitals in 2012/13. This equates to 225.4 hospitalisations per 1000 people. There were 2054 discharges from Buller hospitals<sup>17</sup> in 2014/15. The hospitalisation rate was 196 discharges per 1,000 people<sup>18</sup>. As expected, the hospital discharge rate is greatest in people older than 65 years (Figure 20).



**Figure 20: Public hospital discharge rate by age and gender in Buller District 2014/2015.**

Source: West Coast Primary Health Organisation data

<sup>16</sup> Statistics New Zealand data shows that, of each of the three major territories of the West Coast regions (Westland, Grey and Buller Districts), the highest prevalence of smokers is in the Buller region by percentage (true for total population and Māori ethnicity).

<sup>17</sup> Admissions of people resident in the Buller District to West Coast DHB operated hospitals (including to Southern Cross, where these cases are under sub-contract) but does not include Buller patients discharged from hospitals outside the West Coast DHB.

<sup>18</sup> All discharges were counted by events, not individuals.

In 2012/13, the main reasons for Buller residents to be discharged from public hospitals are shown in Table 9.

**Table 9: Public hospital discharges by major diagnostic category 2012/13**

| Major Diagnostic Categories   | Frequency | Percentage |
|---|-----------|------------|
| Disease and disorders of the digestive system                             | 366       | 17.8%      |
| Disease and disorders of the musculoskeletal system and connective tissue | 195       | 9.5%       |
| Factors influencing health status and other contacts with health services | 155       | 7.5%       |
| Diseases and disorders of the circulatory system                          | 145       | 7.1%       |
| Disease and disorders of the respiratory systems                          | 140       | 6.8%       |
| Disease and disorders of the nervous system                               | 125       | 6.1%       |
| Pregnancy, childbirth and the puerperium                                  | 88        | 4.3%       |
| Diseases and disorders of the eye   | 78        | 3.8%       |
| Diseases and disorders of the kidney and urinary tract                    | 78        | 3.8%       |
| New-borns and other neonates  | 77        | 3.7%       |

*Source: West Coast Primary Health Organisation data*

## Mental health

In 2015, just over 700 Buller District residents (youth and adults) had mental health treatment within the public health system (Table 10). Of these, 184 were referred to the West Coast Primary Health Organisation (PHO) brief intervention counselling programme (BIC) and 534 were referred to receive a package of care (POC), a comprehensive multidisciplinary aspect of a service and/or an assessment process.

**Table 10: Brief intervention counselling programme and package of care referrals to Mental Health Services, Buller, 2015**

| Referral           | Brief intervention (BIC) | Package of care POC | Total      |
|--------------------|--------------------------|---------------------|------------|
| <b>NZ European</b> | 152                      | 430                 | 582        |
| <b>Māori</b>       | 23                       | 64                  | 87         |
| <b>Other</b>       | 9                        | 40                  | 49         |
| <b>Total</b>       | 184                      | 534                 | <b>718</b> |

*BIC = brief intervention counselling programme.*

*POC = package of care, a comprehensive multidisciplinary aspect of a service and/or an assessment process.*

*Source: West Coast Primary Health Organisation data (note, no time series data were available for Buller only).*

## Suicides

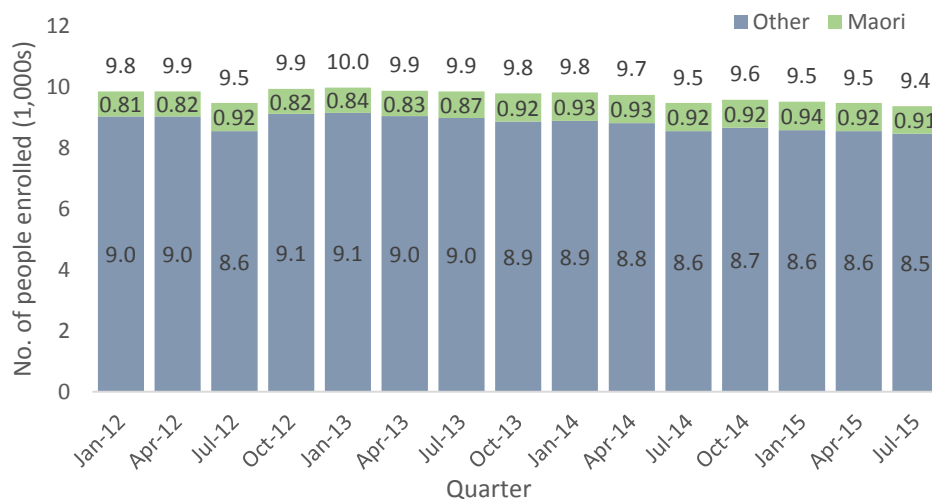
Suicide is a serious health and social issue. Suicide rates are an indicator of the mental health and social well-being of the population. New Zealand's suicide rates do not compare favourably with other OECD countries. The female and overall rates are roughly in the middle of the OECD range but

the male rate is among the highest of the OECD countries. There is significant variation in the rates of suicide between the various regions within New Zealand. Geographic mapping approaches have found considerable variability in suicide patterns within major metropolitan areas. Some studies have found a significant association between 'rurality' and suicide, particularly in remote and economically depressed rural areas (Ferguson, Blakely, Allan, & Collings, 2005). Suicide data for the Buller district are not presented here because, due to small numbers, the information available does not allow meaningful conclusions to be drawn. However, for the West Coast overall, seven suicides were recorded in the 2014/15 year (vs 564 for the total New Zealand population) (Ministry of Justice, 2016).

### PHO enrolled population

The PHO and the West Coast DHB work as partners to integrate and connect the health system to provide a seamless flow of care. The PHO encourages all eligible West Coast residents to enrol with the PHO, (registering with one practice) and this improves service delivery as well as enabling access to lower fees and other patient advantages. Because people are required to enrol with the PHO to receive subsidised primary care, rates of enrolment are generally very high (approximately 94%, March 2016, West Coast<sup>19</sup>). PHO enrolment data provides a responsive indication of population trends and need. PHO enrolment data is regularly updated and it provides quarterly trend data that the Census cannot.

Figure 21 shows PHO enrolment in the Buller for the period January 2012 to July 2015, stratified by ethnicity. In this instance, ethnicity is divided into Māori and non-Māori (Other) only because the populations of other ethnicities are too small to be legible on the graph. The figure shows that the total and non-Māori PHO enrolled populations in Buller peaked during the first quarter of 2013 and then began to slowly decline. The Māori PHO enrolled population, however, appears to have been increasing since 2012, although the relatively small population numbers make it difficult to distinguish true changes from random variability in the data.



**Figure 21: PHO enrolment over time stratified by ethnicity, Buller, January 2012 to July 2015.**

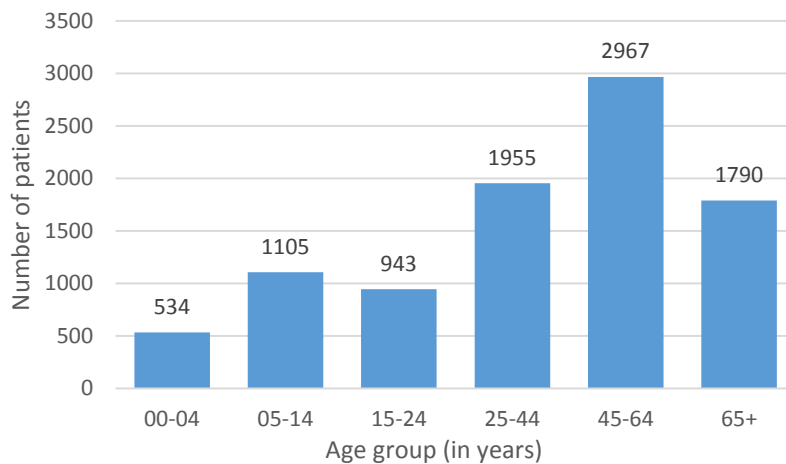
Source: West Coast Primary Health Organisation data

<sup>19</sup> Calculated from the number of people enrolled with the PHO and the estimated resident population (based on Statistics NZ population projections).



### Age structure of the enrolled population

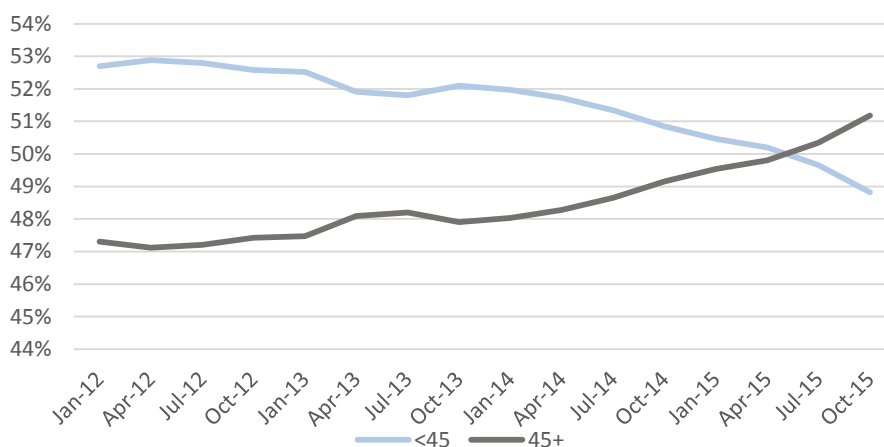
The 2015 final quarter PHO enrolled population showed a disproportionately high number of people in the 45 to 65 years age group, and a disproportionately low number of people in the 15 to 24 years age group (Figure 22). Furthermore, time series data (Figure 23) show that the population shift towards people older than 45 years has been accelerating between 2012 and 2015. Comparison with national data (not shown) indicates that the rate of population shift towards the older age groups in the Buller district is greater than the average background population ageing occurring across New Zealand.



**Figure 22: Age structure in Buller PHO enrolled population December 2015**

Source: West Coast Primary Health Organisation data

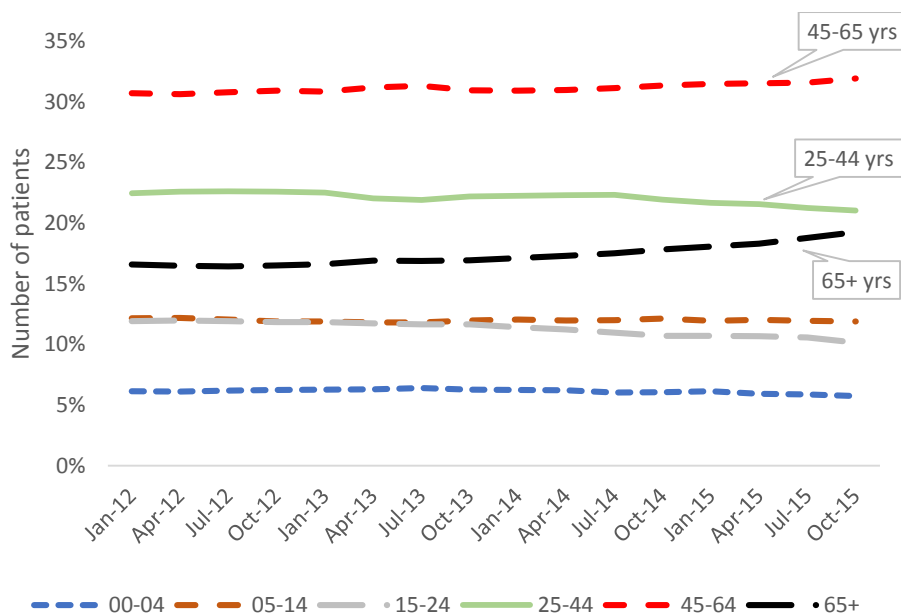
In addition to the slow decline in the total PHO enrolled population in the Buller since 2013 (Figure 21), the age structure is also changing. In particular, there is an increase in the proportion of people older than 45 years and a decrease in the proportion of people younger than 45 years (Figure 23).



**Figure 23: Proportion of PHO enrolled population older and younger than 45 years, 2012 to 2015**

Source: West Coast Primary Health Organisation data

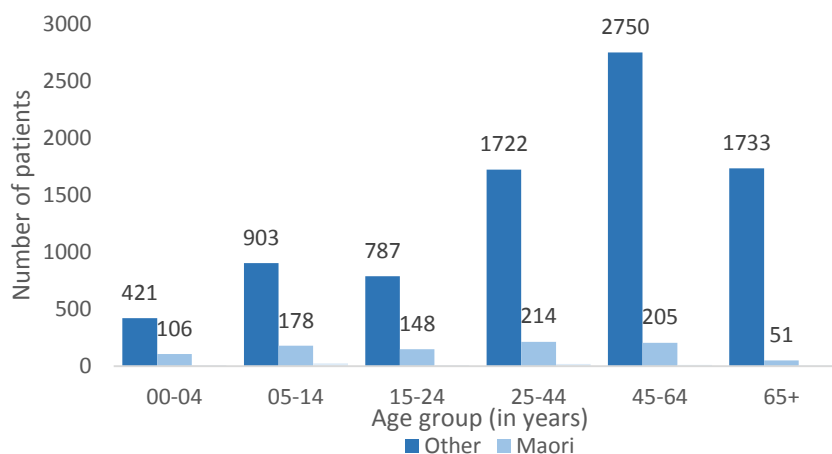
Figure 24 shows the changes in the age structure of the PHO enrolled population in more detail, illustrating the changes for each recorded age group over time (2012 to 2015). The figure shows that enrolments in the 25-44 year age group are in noticeable decline and enrolments in the 65+ year group appear to be increasingly markedly since mid-2014. Enrolments in the 45-65 years group appear to be increasing steadily.



**Figure 24: Proportion of PHO enrolled population in each recorded age group from 2012 to 2015**  
 Source: West Coast Primary Health Organisation data

#### Age structure by ethnicity

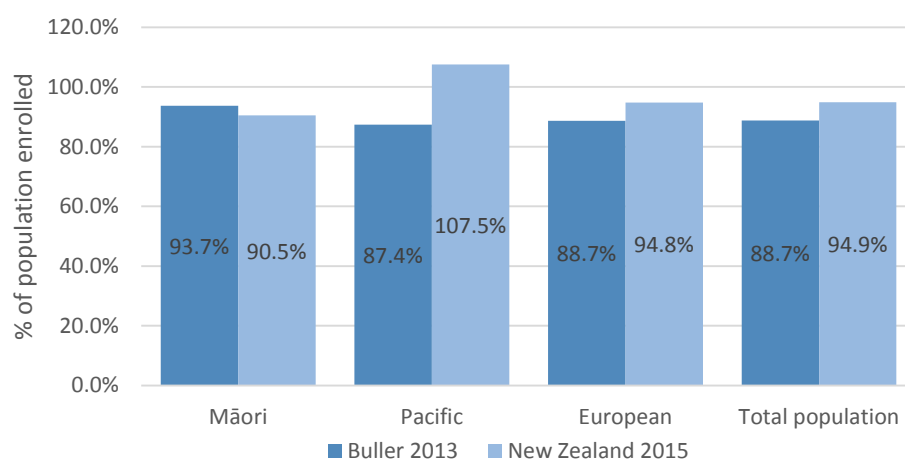
Although the overall (all ethnicities) age structure of the PHO enrolled population has shifted towards people older than 45 years (now 51% over 45yrs vs 49% less than 45 yrs), the age structure for Māori PHO enrolments is more evenly distributed and inclined more towards younger people under (Figure 25). The difference in age structures between ethnic groups suggest that Māori will make up an increasingly large proportion of the Buller population over time.



**Figure 25: PHO enrolled population in Buller District by age and ethnicity, Oct-Dec 2015**  
 Source: West Coast Primary Health Organisation data

### Māori PHO enrolment

Compared to the whole of New Zealand, a slightly greater proportion of Māori in Buller District are enrolled with a PHO (Figure 26)<sup>20</sup>. Furthermore, Māori have the greatest proportion of people enrolled with a PHO of any ethnicity in the Buller District. These observations are consistent with there being relatively good access to primary care for Māori in Buller. However, the proportions of non-Māori ethnicities enrolled with a PHO in Buller District are lower than in the rest of New Zealand, especially for Pacific people.



**Figure 26: Proportion of population enrolled in PHO by ethnicity, Buller 2013 and New Zealand 2015**

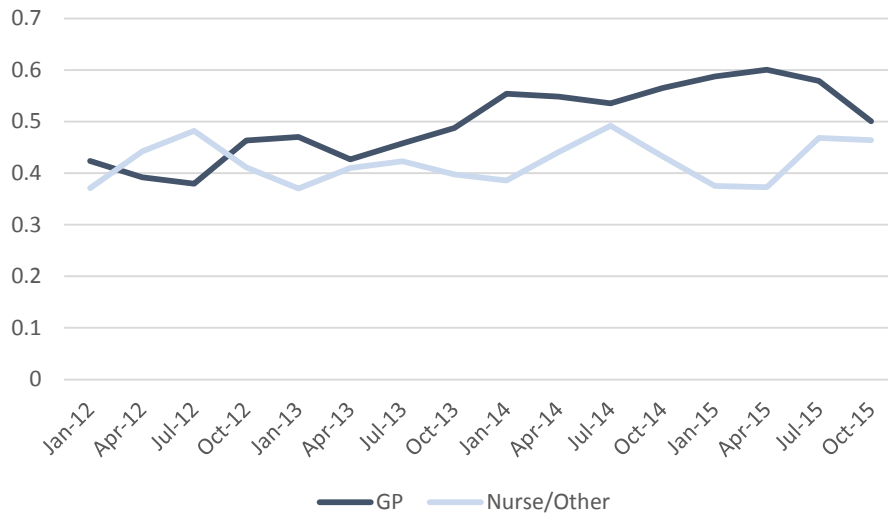
Source: West Coast Primary Health Organisation data and Statistics New Zealand

## Access to healthcare

### Visits to primary care

Primary health care services are provided at a number of different medical facilities across the Buller via a range of GP practices (and satellite clinics) including Karamea Medical Centre, Ngakawau Health Centre, Reefton Medical Centre, Buller Medical Services (Westport) and Coast Medical Ltd (Westport). Visits to primary care in the Buller District are consistent with improvements in access between 2012 and 2015. The proportion of enrolled patients who saw their general practitioner (GP) each quarter increased between 2012 and 2015, while the proportion who saw a practice nurse remained fairly stable (Figure 27). However, it is not possible to determine whether the increase in GP visits is due to improved access or changes in demand.

<sup>20</sup> The estimated percentage of those who are enrolled in a PHO may exceed 100% as data are sourced from two different data-sets (MoH & SNZ).

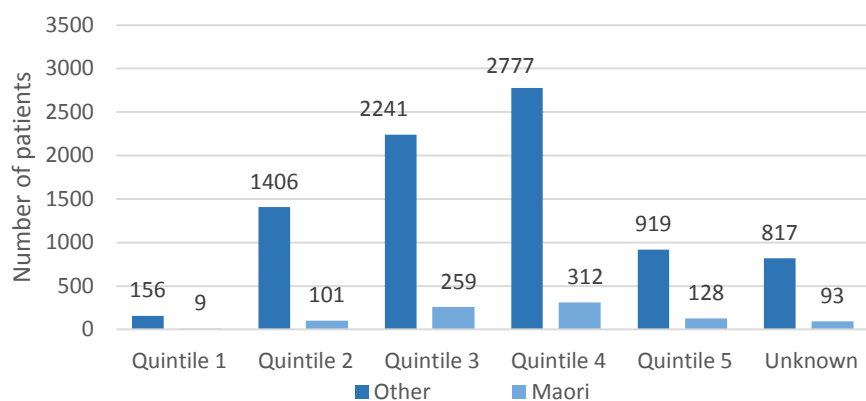


**Figure 27: PHO GP and Practice Nurse utilisation in Buller District, Oct-Dec 2015. Utilisation is calculated as visits in each quarter / enrolled patients**

Source: West Coast Primary Health Organisation

### Deprivation

Most people enrolled with a PHO in the Buller District live in areas of moderate deprivation, (NZDEP quintiles 3 & 4, Figure 28). The proportion of people living in areas of high deprivation (quintile 5) is below the national average, but there are very few people living in areas of low deprivation (quintile 1). There is a tendency for greater deprivation among the Māori PHO enrolled population and among other ethnic groups.

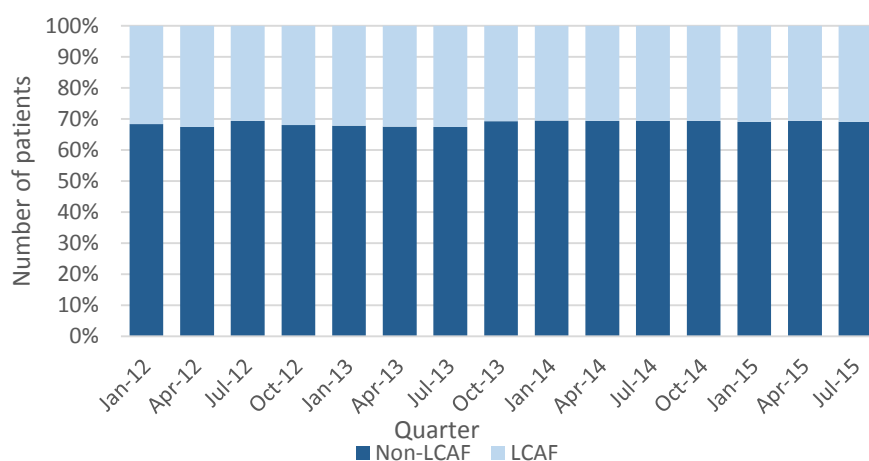


**Figure 28: PHO enrolled population in Buller District by deprivation index and ethnicity, Oct-Dec 2015.**

Source: West Coast Primary Health Organisation

### Low cost access funding (LCAF)

General practices are eligible for very low cost access funding (LCAF) if at least 50% of their enrolled population are classified as high need under the low cost access formula (defined as Māori or Pacific ethnicities or New Zealand Deprivation Index quintile-5). Overall, the proportion of the PHO enrolled population classified as high-need in Buller has remained stable at about 30% between 2012 and 2015 (Figure 29). However, two practices have much greater proportions of high needs patients (greater than the 50% LCAF funding threshold): Buller Medical Services (Westport and Karamea) and Reefton Medical Centre. These practices are eligible for very low cost access funding and are able to charge lower fees.



**Figure 29: Percentage of Buller PHO enrolled population classified as high need under the low cost access formula, Oct-Dec 2015**

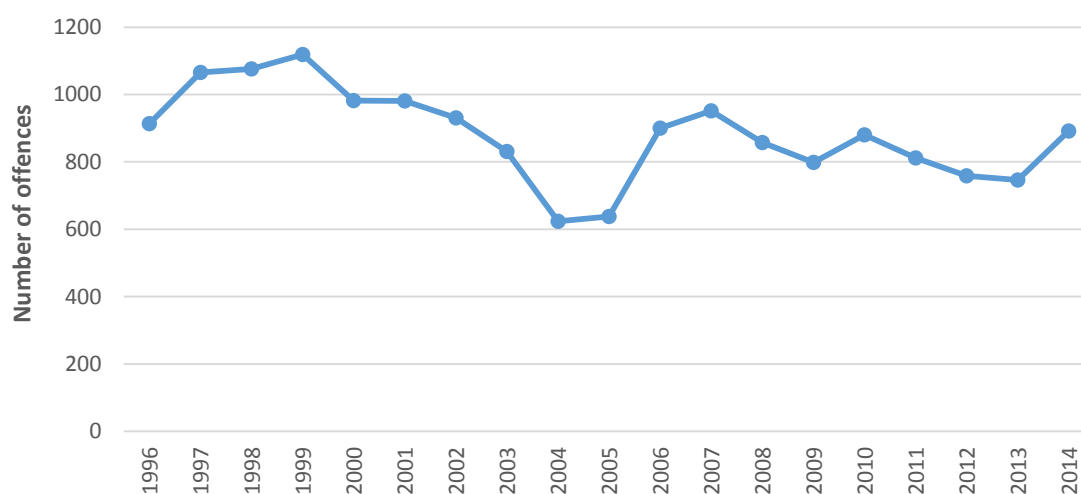
Source: West Coast Primary Health Organisation

## Crime

### Recorded criminal offences

Buller District contains four police stations: Grantly, Karamea, Reefton and Westport. Offence data are recorded by the New Zealand Police for each of these stations. Prior to 2015, the New Zealand police used the offence reports statistic to estimate the crime rate. However, beginning 1<sup>st</sup> January 2015, the police began using the 'proceedings' rather than the 'offence reports' statistic. The new statistic eliminates a major statistical bias that resulted in offences near the end of a calendar year being undercounted. However, it is not directly comparable with the older data. This section primarily uses the proceedings data collected for 2015, but also uses the offences data to examine overall crime rates from 2010 to 2014. The new reporting methodology also introduced new five-year age groups, therefore some time-trend comparisons are only valid up to 2014.

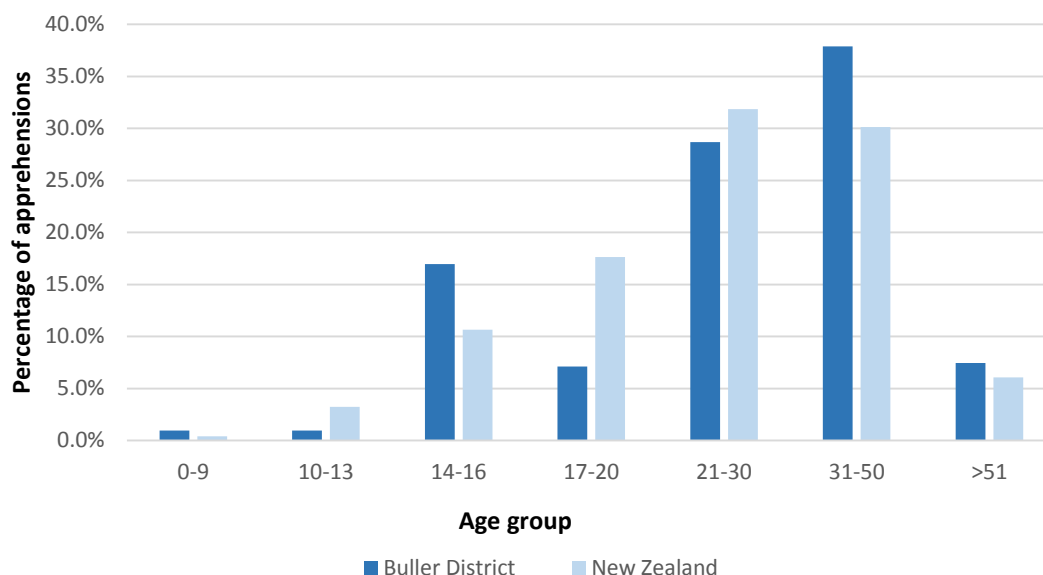
Crime rates in the Buller District are similar to the whole of New Zealand. From 2010 to 2014 inclusive, the four police stations recorded an average of 818 criminal offences each year. This gives an average of 781 offences per 10,000 residents in Buller District (assuming 2013 census population), compared with 870 offences per 10,000 in the same period nationwide. In 2015, police initiated 458 proceedings in Buller District, or 437 proceedings per 10,000 population. This compares with 408 proceedings per 10,000 population nationwide. Crime rates in Buller District have fluctuated since 1996, although there appears to be a general trend to reduced crime rates over time (Figure 30).



**Figure 30: Number of offences recorded each year in the Buller District from 1996 to 2014.**

*Source: New Zealand Police*

Compared to the whole of New Zealand, Buller District has a high proportion of apprehensions of people between 14 and 16 years old, and people older than 31 years (Figure 31). On the other hand, the Buller District had a low proportion of apprehensions of people between 17 and 20. Differences in the age structure of people apprehended in the Buller District and the whole of New Zealand probably reflect differences in the population age structures overall, as well as differences in the levels of various stressors within the community.



**Figure 31: Apprehensions in Buller District and New Zealand by age group. 2014 data are used as the same age groupings are available in national and Buller District data. 2015 national data uses 5 year age groups.**

Source: New Zealand Police

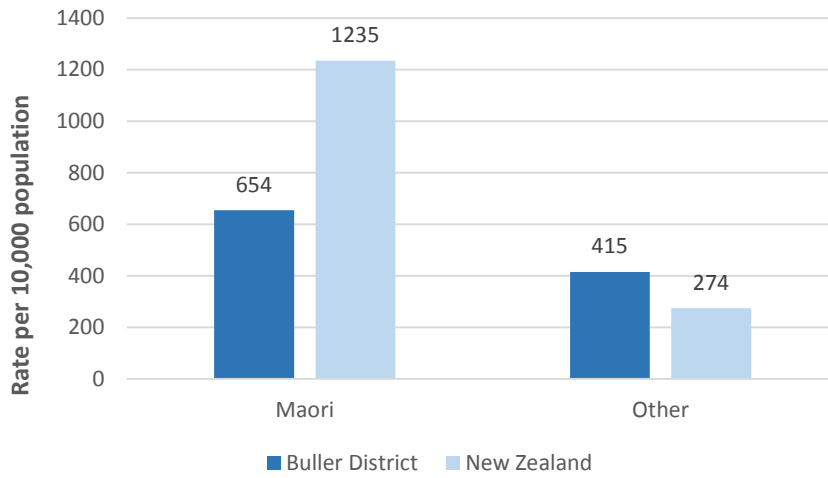
Based on 2015 data, approximately half of all proceedings in the Buller District were against people aged between 17 and 30 years old (Table 11).

**Table 11: Proceedings initiated in Buller District by age group**

| Age group    | Recorded proceedings, Buller | Percentage  |
|--------------|------------------------------|-------------|
| 0-13         | 13                           | 2.8%        |
| 14-16        | 27                           | 5.9%        |
| 17-20        | 64                           | 14.0%       |
| 21-30        | 163                          | 35.6%       |
| 31-50        | 117                          | 25.5%       |
| >51          | 74                           | 16.2%       |
| <b>TOTAL</b> | <b>458</b>                   | <b>100%</b> |

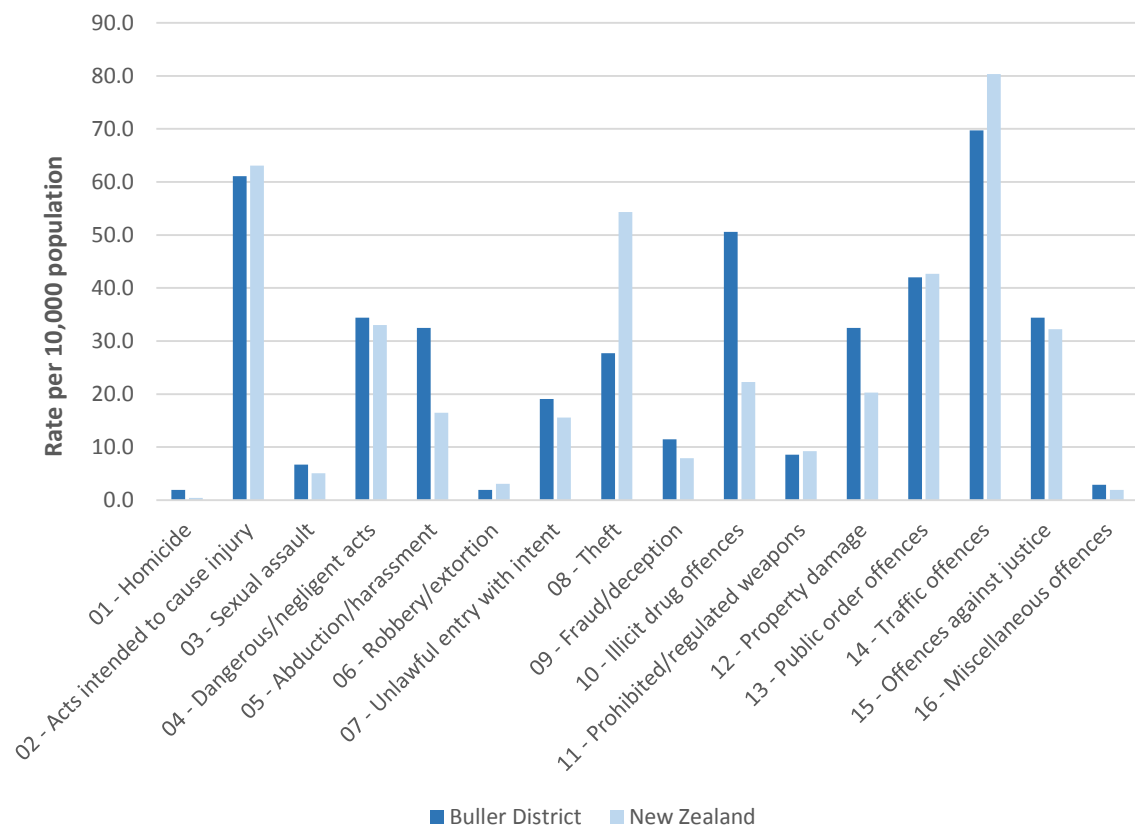
Although overall crime rates in Buller District were similar to the whole of New Zealand in 2015, there were some differences in the kinds of offences committed and the ethnicity of the offenders. Compared to the whole of New Zealand, Buller District had low offending rates among Māori and high offending rates among non-Māori (Figure 32). Furthermore, compared to the whole of New

Zealand, Buller District had low rates of theft and high rates of illicit drug offences and abduction/harassment (Figure 33).



**Figure 32: Crime rates by ethnicity in Buller District and all New Zealand 2015**

Source: New Zealand Police



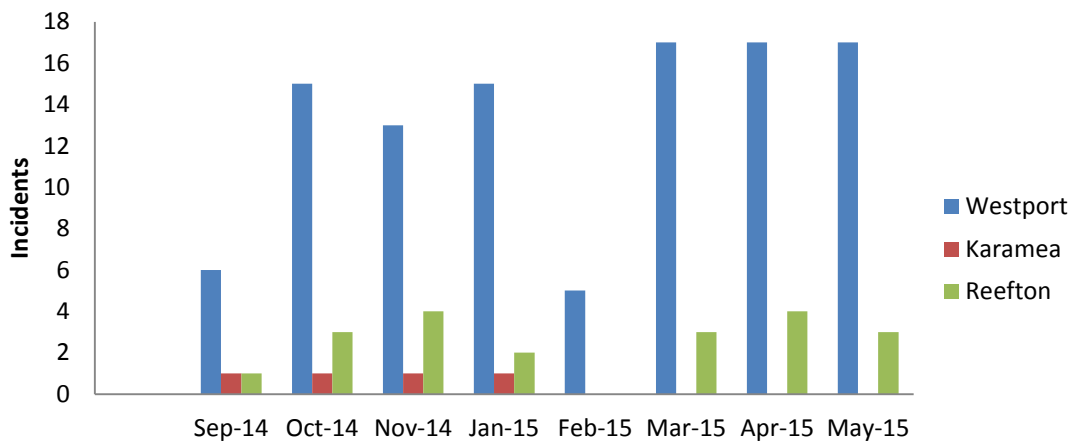
**Figure 33: Crime rates by class of offence in Buller District and all New Zealand 2015**

Source: New Zealand Police



## Family violence

Figure 34 shows family violence offences and incidents in the Buller district between September 2014 and May 2015. It should be noted that any change in reported family violence over time may reflect factors other than an actual rise or fall in incidence: other possible factors include a changed likelihood that the public will report an incident or incidents, or an altered propensity by police to classify and record an offence as family violence. In 2014/15, Buller District's recorded family violence offence rate was markedly lower than the national rate (Nationally, there were 101,981 family violence investigations by NZ Police 2014).



**Figure 34: Buller Family Violence Offences and Incidents, Sep. 2014-May 2015**

Source: New Zealand Police



# Buller Community Profile Part B

## Community Stocktake



## Introduction

Part-A of this profile presents statistical, population level data from a range of official sources. Part-B of the profile uses a completely different approach and is based on a high level of participatory facilitation/key informant interviewing, and the application of social analytical skills/methodology. Interviews were conducted with a large number of community health and social service providers who were asked to provide details about the services they offer, their client groups and their observations of community needs and how these may be changing.

The following section provides a summary analysis of the 85+ face-to-face (or on-line) interviews undertaken with key service agency/organisation representatives (a structured interview schedule was used to guide the interviews, see Appendix II). These interviews and surveys generated over 600 response items (comments and other data) and qualitative methods including thematic analysis were used to produce nine 'service category' summaries.

The nine Part B service categories are as follows:

- Health and healthcare
- Government agencies
- Social services (non-Government organisations)
- Church-based organisations
- Community development organisations
- Housing/real estate agencies
- Education providers
- Police and Corrections
- Information services

A determinants of health perspective can be helpful in exploring certain patterns, relationships and 'interactions' between the findings. Mapping people, lifestyle, community, local economy, social capital, networks, living, playing and learning (and their inter-relationships) is a useful framework for considering the implications of many of the topics covered in the following section.

Within this part of the profile, information is reported using a blend of summary themes, by service category, and quotes are inserted to illustrate certain perspectives and to add depth to the topic presentations<sup>21</sup>. Part-B of the profile attempts to incorporate the socioecological perspectives with the epidemiological perspectives presented in Part A — blending the 'quantifiable' and the 'descriptive' into a picture of life in the Buller. Much of the stakeholder feedback was consistent with the other supporting data presented in this profile — and the written responses add depth and richness and a greater understanding of the dynamics that are operating within the community and the wider area.

The views expressed in this part of the profile are those of the respondents and represent their perceptions of the needs and challenges within communities of the Buller District.

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<sup>21</sup> In addition, a collection of relevant newspaper articles are provided in Appendix III

## Health and healthcare

Health care services are provided at a number of different medical facilities across the district via a range of GP practices, satellite clinics, an integrated health centre (Reefton) and Buller Health Services (Westport). In total, 19 representatives from the different health services provided input into this section of the profile, and these selected facilities collectively represent 62 FTE staff and 164 volunteers<sup>22</sup>. The largest and most comprehensive medical facility is Buller Health Services (although this is less comprehensive than Grey Base Hospital). A sample of providers and services are summarised in Table 12. The Buller District is geographically distant from higher level tertiary hospital care, however, the Grey Base Hospital does provide secondary care and is equipped to cater for most of the local population's health needs including 24-hour acute secondary services (albeit 100km away from Westport via State Highway 6). The secondary-care hospital contains an intensive care unit, but when patients need prolonged ventilation or tertiary surgical management, they are transferred to a tertiary hospital service (most commonly in Christchurch). The Buller District is highly dependent on inter-hospital transfer services, via road, as well as via aero-medical transfers by the New Zealand Flying Doctor Service. The Flying Doctor service provides critical-care patient transfer services 24 hours a day, 7-days a week between Christchurch Hospital and Greymouth, Hokitika and Westport. The services cater for critical care, burns victims, spinal injury patients, neonatal transfers, transfers of accident trauma victims, routine elective surgery transfers, as well as organ delivery and transfer of blood or equipment.

**Table 12: A sample of health providers and the services provided in the Buller district**

| Provider   | Services provided   |
|--|---|
| West Coast DHB / Buller Health Services - Mental Health                    | Buller Health uses a multidisciplinary approach to patient care and the services provided include (but are not limited to): primary practice of 6,900+ enrolled patients; eight bed acute medical ward; accident and emergency department; outpatients department serviced by visiting specialists; a 17 bed long stay ward; palliative care unit; four bed birthing unit; 20 bed residential care unit; one bed carer support facility; X-ray department; occupational therapy unit; physiotherapy department; district nurses; public health nurse; social worker and field workers; dietician; health promoters - sexual health, cervical screening, diabetes educator, cardiac and respiratory nurse specialists; Telehealth; mobile surgical bus; visiting mental health, CYF's liaison person, Child & Adolescent, family violence co-ordinator; inter-disciplinary team geriatrician; oncology and palliative care; Māori Health focus of breastfeeding, smoking cessation and healthy lifestyles; mental health services, including assessment and treatment of moderate to severe mental health conditions, including alcohol and/or drug addiction and Well Child/adolescent Mental Health and dementia care. |
| Karamea Medical Centre<br>Ngakawau Health Centre<br>Reefton Medical Centre | Primary health care, first point of entry for all health issues, including: community nursing, immunisation, palliative care, emergency primary care, mental health, physiotherapy services, prescriptions, pap smears, minor surgery.  |
| Poutini Waiora Registered Nurses   | Poutini Waiora is a Māori health not for profit, non-government organisation and social service provider who deliver whānau ora services across Te Tai O Poutini (Karamea to Haast). The delivery of services to whānau is primarily mobile or at a mutually agreed appropriate venue. Poutini Waiora are a kaupapa Māori organisation and therefore the way in which services are delivered to whānau are based on tikanga <sup>23</sup> . The services provided include (but are not limited to): Whanau Ora Plans; Primary Care-two days per week - within GP practices; comprehensive community health and nursing care with a focus on chronic conditions; assisting the Māori Mental Health Team; Kaiarataki- health promotion; community support, advocacy-  |

<sup>22</sup> Note that these totals (number of facilities, staff and volunteers) are only those described by respondents who completed interviews/surveys for this report and the information is not necessarily fully representative of all health/medical services in the Buller District.

<sup>23</sup> <http://www.health.govt.nz/your-health/services-and-support/health-care-services/maori-health-provider-directory/south-island-maori-health-providers/west-coast-maori-health-providers/poutini-waiora>

Whanau and children; transport to services; alcohol and drug services - assessment, residential care; MSD counselling-families with children.

|                                |   |
|--------------------------------|---|
| Emerge Aotearoa                | Mental health and addiction community based service   |
| O'Connor Home                  | Respite care, hospital-level care, residential care, dementia/dementia hospital, and young person's health, close in age and condition, chronic health, palliative care.  |
| Plunket - Westport             | 7 Core child checks – wellbeing, breastfeeding support, screening for family violence, growth & development, maternal & mental health, smoking cessation, and referrals-to appropriate services.  |
| St. John's - Westport / Buller | Emergency service-ambulance patient transfers; youth programme- cadets; first aid training; medical alarms; the fellowship- retired St John officers governance committee – fundraising; St. John in schools; Health Shuttle-Hokitika and Greymouth (but not in Buller). [Nationally- Caring Callers -Friends of the emergency department and the Order of St John - honours scheme]. |
| Buller Red Cross               | Meals on Wheels -co-ordination of drivers -hospital prepared meals - red cross delivery service - referral service, wheelchair van - Transport service for wheelchair mobility inhibited. Care and Craft / Shopping transport Greymouth Medical Transport -transport for medical appointments (40 clients per month average).   |

*Source: Responses to questionnaires and <http://www.westcoastdhb.org.nz/services/>*

## Clients

Most of the health care agencies in the Buller District provide services to the general population (and tourists), with some agencies focusing services towards specific sub-groups such as the elderly, rural farming families and Māori.

## Needs

Many of the healthcare providers described their clients as generally 'high needs individuals and families', and these needs were often described as complex (i.e. agencies described these needs as requiring coordination across agencies). Almost all of the respondents from the health care facilities tended to describe broad non-medical determinants of health (e.g. typically mentioning income and housing) ahead of clinical needs. Health care providers regarded changing population demographics, and other social and economic determinants as negatively influencing the health of clients to a clinically significant degree, and thus influencing the necessary health-care response (typically reactive).

There appears to be consensus across providers that there is a net migration of 'high-needs people' into the Buller District (i.e. despite overall population decline, the net level of need is increasing due to the inward migration of 'high needs' people [mainly] from Christchurch). These needs have also been described elsewhere in this report and they were strongly and clearly identified by the respondents from health service providers, including: the need for employment, suitable housing, support and activities for young people, support for the isolated and lonely elderly, access to affordable food, financial support, support for people who have drug and/or alcohol misuse and, importantly, transport to services.

Many of the obstacles that people in the Buller face are likely to be common to other relatively isolated communities in rural New Zealand, however, providers identified the economic downturn coupled with a net inward migration<sup>24</sup> of people with complex socioeconomic and health needs as adversely affecting the wellbeing of the Buller community.

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<sup>24</sup> Reports indicate that this net change is the result of a loss of 'healthy' people to the main centres and a movement into the Buller district of older and 'less healthy' people from Christchurch.

In terms of health system capacity or supply side, there was some consensus that the level of service and capacity has generally improved in the district in recent years. However, other providers reported that some services had declined over time and falling enrolment (but not necessarily reduced demand). This concern over economic viability tended to be reported by the smaller medical centres. For example, Reefton Medical Centre reported that its enrolled population had fallen to under 1600 people for the first time ever, and this threatened their viability. Paradoxically, this was after finally establishing a more consistent level of staffing and securing a GP on site 90% of time. While the enrolled population may have decreased, theoretically reducing demand, this appears to have been offset by the increasingly complex needs of their clients. Although some of these needs fall outside the capacity of the health system, they nonetheless have a significant impact.

*“There is an increase in families moving into Reefton for lower rent, who present with higher needs. They think the services will be available but they aren't. Then the community has to pick up the pieces”* (Reefton Medical Centre).

*“The population has decreased (50 patients down) but not demand. The social capital of the community has moved away due to mine closure, however there has been an increase in lower socio-economic population moving into [the] district and elderly”* (Ngakawau Health Centre).

*“More families dumped, moved here due to cheap housing with high needs”*  
(Buller Health Services).

*“We have had referrals for people new to [the] area and when assessing them have found out that they have had assistance from other DHB or probation to move here for cheap rentals. The numbers would not be great but enough for us to notice”* (West Coast DHB, healthcare provider)

Further, it was suggested that some local Māori families may be being displaced by [new] arrivals:

*“Local families with need missing out on Housing New Zealand [social housing] behind families moving in”* (Poutini Waiora).

It was also reported that there are a “reasonable number” of families with at least one parent away for work, resulting in increased pressure on families and a negative impact on volunteerism and the provision of essential community services.

*“... hard to man the ambulance”* (Reefton Medical Centre).

Providers reported that “stress” was causing an increase in the number of people with mild to moderate mental health issues, and that treatment options/capacity is limited with only severe depression meeting the high clinical thresholds set for the specialist services available in the main centres. Several of these issues around community mental health are described below by staff from the Karamea, Reefton and Westport medical centres:



*“No counselling support - mild to moderate mental health”*  
(Medical Centre).

*“No relationship services/counselling - high stress at present with mine closing”*  
(Health Centre).

*“Social Isolation, particularly elderly without family or community support - need for community shuttle”* (St. John's - Westport).

*“Disjointed nature of at home aged care, [need] more cohesive, holistic services”*  
(St. John's - Westport).

*“Lack of support services / groups for mental health sufferers - particularly men”*  
(Buller Health Services).

*“There seems to be an ongoing need for anger management and relationship counselling but this is not generally available in Westport”*  
(Buller Health Services).

*“Family Violence - not one person to go to for support .... Need to support earlier to stop escalation”* (NGO, Westport).

All of the respondents reported concerns relating to the Buller’s elderly population: they cited a rapid shift towards an aging population<sup>25</sup> and a trend towards increasing complexity of need (i.e. multiple physical health conditions compounded by compromised mental health, deprivation, isolation and restricted transport options). It was also reported that there are an increasing number of older people who are “just at their limit” of being at home alone, and who are not necessarily aware of and/or able to access the services that they need.

*“Complex problems without family support, socially isolated. Results in long-term admission due to the time it takes to find at home carers”*  
(Buller Health Services).

## Challenges

As already discussed, one of the main and future challenges reported by health service providers was how best to support older people to stay well in their own homes and communities. While the objective of keeping people well and in their own homes was recognised as important, logistical, geographic, socioeconomic and service delivery factors were seen to be threatening this ideal. One respondent described an “elderly social isolation trap” whereby elderly people are remaining in their own homes, but as a consequence they are socially isolated and/or they are not aware of (and not accessing) the services that they need to stay well.

Service providers reported that older people and other people in need don’t necessarily know what they are entitled to and/or how to navigate the health system to access the preventive services that they need. They therefore tend to present with more advanced illness and/or for emergency care via

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<sup>25</sup> Statistics NZ data suggests a population shift [rate of change] in excess of that of the background New Zealand general population.

ED. Geographical isolation was reported to be a significant factor, mainly due to issues around transport (e.g. elderly people who cannot drive and low income families who have no car or can't afford to drive to Greymouth for appointments, or people with disabilities). Delivering services proactively was seen as a major challenge given limited health resources.

*“Logistics are hard .... Transport is an issue especially for accessing services and appointments in Greymouth - not eligible for funding reimbursement by 1 or 2kms” (Reefton Medical Centre).*

Many respondents drew a link between ‘shortfalls’ in service delivery (i.e. unable to keep up with demand) and workforce capability, and the ongoing challenges inherent in the recruitment and retention of the rural medical workforce. While these issues are not unique to the Buller District, and they are common to most remote and rural settings nationally and internationally (Dolea, Stormont, & Braichet, 2010), respondents reported a worsening situation overall<sup>26</sup>. Part of the recruitment and retention problem was seen as the lack of employment opportunities for spouses of rural medical health workers.

Access to services was reported as being a major concern and a barrier to people managing their own health. Ethnicity, older age, and health beliefs (e.g. not feeling ‘comfortable’ seeking treatment) were among the most commonly reported barriers influencing access, according to respondents<sup>27</sup>. Other commonly reported barriers to access included a lack of family support, social/physical isolation, poor health literacy (in particular, understanding how to navigate and engage with the health system), difficulties with transport (service availability and affordability), and prescription costs and co-payments. Multiple and complex needs were reported to be increasing despite a declining population.

Several service gaps were also identified. These service gaps included: incomplete continuity of care in general practice (particularly long-term care), services for youth (15-24yr), residential care for elderly, alcohol and drug early intervention, after-hours care, Māori health, and mental health. With regard to mental health, many respondents cited a service delivery gap for those patients with mild to moderate mental health conditions (e.g. anxiety and /or depression). Specifically, health clinic staff reported that they were increasingly faced with complex situations that were difficult to resolve within the health system because, for example, a patient is under financial, social, relationship and employment stressors, on top of a mental illness. Health care staff reported that these patients need expert counselling and mental health treatment at a level beyond what is readily available in the district, but below the ‘severe’ threshold required for access to specialist psychiatric treatment. In other words, clinic staff, counsellors’ (trained and untrained) and social workers reported that they typically struggle to meet the specialised and complex care needs of many patients.

## Summary

Respondents from the various health service providers all described an increasing illness burden, despite a decreasing enrolled population. Respondents mostly agreed that the increase in the overall burden of illness is being caused by a noticeable influx of high and complex needs people moving

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<sup>26</sup> Note that some respondents reported ‘better’ and more stable staffing levels in clinics, however, the overall balance with regard to capacity vs demand was generally rated as worsening.

<sup>27</sup> Based on health service providers’ observations and impressions, not on a survey of patients.

into the Buller district, as well as the increasingly stressful employment and economic circumstances that are being experienced by many. What might be thought of as routine health needs appear to be interacting with financial, social, relationship and employment stressors, and compromised mental health. Generally, the health centres reported a less healthy enrolled population, including an increase in the proportion of older people with complex medical and mental health needs, not all of which can be readily addressed by local service providers. One of the looming challenges reported by health service providers was how best to support older people to stay well in their own homes; particularly the many who are “just at their limit” of being at home alone.

There was widespread concern expressed about the growing pressures being exerted on clinic staff<sup>28</sup>, counsellors (trained and untrained) and social workers, as they struggle to meet the specialised and complex care needs of many patients, and in particular, those with mild to moderate mental health issues, who fall below the threshold for specialist level services.

It appears that many people do not utilise preventive services early enough, and presentations tend to be late and more severe than might have otherwise been the case<sup>29</sup>. Reported barriers to access included a lack of family support, social/physical isolation, poor health literacy (in particular, understanding how to navigate and engage with the health system), difficulties with transport, and difficulty paying for prescriptions and other co-payments.

While some respondents reported that their enrolled population was well serviced, others were less optimistic.

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<sup>28</sup> In particular, it appears that the mental health workforce is under pressure, and clinic staff, counsellors (trained and untrained) and social workers typically struggle to meet the specialised and complex mental health needs of many patients.

<sup>29</sup> International findings suggest that inpatient hospital care is substituted for ambulatory care normally provided by physicians in areas where the physician-to-population ratio is low (Anderson, 1973).

## Government agencies

Representatives from four main government agencies and the West Coast/ Tasman Electorate MP provided information for this section of the profile. The government agencies included the Department of Internal Affairs, the Inland Revenue Department, the Ministry of Social Development (including Work and Income New Zealand), and the Buller District Council. Collectively these agencies represent a workforce of approximately 80 FTEs. Of these, the Buller District Council is the largest government agency in the district, responsible for a wide range of services under the Local Government Act (i.e. providing facilities and services and creating an appropriate environment for progress and development). The Council's stated goal is "to promote the well-being of our local communities"<sup>30</sup>.

### Needs

The seven respondents who contributed in this government agency category identified a number of current and emerging needs within the Buller District. A number of big picture needs and trends emerged from the government agency representatives' views of service delivery and collective need in the community. Specifically, social services were seen as somewhat "fragmented" and "not necessarily based on client needs (more on organisation funding needs)" and that "people [are therefore] required to fit within the box" (i.e. the narrow scope of services as dictated by an organisations funding). Some respondents also considered that the quality of services provided across the social agencies was inconsistent. They acknowledged significant difficulties in recruitment and capability building of professional service delivery, including support of business development.

The government agency representatives also referred to 'service gaps' specifically in relation to demographic shifts in the community (i.e. current service delivery is not necessarily keeping pace with shifting demographics and needs). These shifts include both an overall decline in the total Buller population as well as a shift in the age structure: an accelerated increase in the proportion of older people living in the district. The respondents also reported a shift in the psychosocial/health profile of the population, described as a noticeable and concerning trend of increasing levels and "complexity" of physical and non-physical health needs, employment needs, and social needs (e.g. sharp changes in family circumstances, family violence, divorces due to redundancies, mental health conditions, physical health conditions, and combinations of these). One agency representative (WINZ) noted an increase in clients who have health issues (both physical and mental) and an increase in the number who report that they have trouble accessing health services for help. These shifts were seen as interacting with increases in social/community and service (and funding) pressures.

*"Community demographic change is not being met by additional funding for social agencies support services i.e. alcohol and drug, crime, non-physical health"*  
(Buller District Council).

Government agency representatives also cited a significant decline in volunteerism, in part driven by increasing compliance costs for voluntary groups such as increasing insurance costs for community halls and other facilities, and increasingly complex regulations, as well as higher consumer

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<sup>30</sup> <http://bullerdc.govt.nz/council-mission-a-vision/>

expectations. Declining volunteerism was seen to be affecting the effectiveness of some social service agencies negatively, as well as resulting in fewer community activities and events being held.

Another observation made by several of the government agency respondents was that social services could be better coordinated in their service delivery. The comments essentially related to access. That is, there is a mismatch between service provision (i.e. type, quality, quantity, focus, delivery) and the specific needs of consumers. This is brought about not by specific failings of the service providers, but rather, by a fairly rapid and significant shift in the nature of the demand that cannot reasonably be mapped and responded to by any single agency.

*“Questioning whether resources are being used in their most effective way. More complex needs - concern there may be overlaps and duplication”*  
(Department of Internal Affairs).

*“Still see large need to have NGOs working together: protecting funding and duplication of services is not efficient”* (Buller District Council).

Respondents suggested various ways of integrating social services in, for example a joint social service facility such as an integrated social service, an “NGO service delivery hub” or one-stop shop(s) modelled perhaps on the Ministry of Social Development’s Heartland Service Centre for visiting government services.<sup>31</sup> Respondents cited that more integration and support from alcohol and drug, mental health, economic development, and employment agencies is necessary, and that duplication of services needed to be minimised so that resources can be efficiently directed towards addressing current and emerging service gaps.

## Challenges

From the Council’s perspective, a number of concerns are at the forefront of their day-to-day business. Council is finding it increasingly difficult to maintain the current levels of service in the face of declining resources and increasing compliance costs and overheads. The task of building, operating and maintaining infrastructure assets in an affordable manner is becoming increasingly difficult in view of:

- Reduced rates revenue/base
- Ageing of infrastructure/ Infrastructure resilience
- Economic change
- Demographic changes
- Continually changing legislative environment (Central & Regional Government)
- Environmental impacts
- Climate change

One compounding issue for the Council is reduced rates revenue with one-in-ten ratepayers currently receiving a rate rebate (i.e. 600 out of 6000 ratepayers). The Council reported that there has been an increase in people struggling to pay rates with an increase in financial management including introducing weekly payments. There has also been an increase in applications for the

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<sup>31</sup> Heartland Service centres are “one-stop shops” from which rural New Zealanders can access a range of Government, and other related services. Heartland Service centres have been established in 34 rural centres around New Zealand. Heartland Services is an interagency initiative led and operated by the Ministry of Social Development (MSD), see <http://www.heartlandservices.govt.nz/>

Mayoral relief fund — designed for short term assistance (some applicants are unable to afford essentials such as rent and electricity, which are not covered by the Mayoral relief fund). Requests to the Mayoral fund are in most cases addressed by collaboration with Church and community organisations.

One Council initiative aimed at off-setting this situation is the Move to Westport Campaign<sup>32</sup> which aims to encourage Canterbury retirees to move to Westport. This campaign has resulted in 23 Sales to date (13 of which were attributed 100% to the campaign). While this strategy is generally seen as beneficial, the influx of significant numbers of older people could potentially place further demands on health and other services. Other government agency respondents noted the challenges inherent in engaging effectively with elderly clients, “... getting the social support they need to keep them living in the community”. Most government agency services are readily accessible as ‘self-service’ using on-line resources/applications and systems, but they may be less accessible to those people without the necessary internet/computer access or skills.

*“As we move to a digital world it [the challenge] will be the ability to get our clients using these services to enable them to do more for themselves and to help them become independent” (WINZ).*

Some respondents commented that high needs people moving to Buller are generally accustomed to more access to support services, which the Buller community can't provide. Further, some felt that high needs people moving into the area are not able to be supported by the community, resulting in crime and social issues. Others were of the view that WINZ appears to be facilitating the moving of high needs, low income clients in to the area, presumably based on access to cheap housing.<sup>33</sup>

### *Climate change*

The impact of climate change is of concern to all parts of the district. Some properties that are near the sea are likely to experience sea level rises which have the potential to require retreat to other areas or protection by sea walls. There is pressure on Council now to support residents as they are challenged by regular storm surges that erode sea frontages and threaten properties. This will continue and with climate change become more regular. With a climate that can be adverse, the added impact of more severe storms places the communities’ wellbeing at risk. The Buller District Council is working with the West Coast Regional Council to examine the potential impacts of climate change, in particular flooding impacts on Westport township. Climate change is also going to have some effect on all parts of the district with the likelihood of increased storm intensity, resulting in higher rainfalls and winds. This will affect stormwater removal and protection of property from rivers (Buller District Council, 2015, General Economic Activity, see p53 of the LTP).

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<sup>32</sup> In June 2015 the Buller District Council initiated a campaign directed at getting Canterbury retirees to move to Westport. The campaign included the installation of a 6m x 3m advertisement on a billboard located on one of the busiest roads in Christchurch, a website [www.movetowestport.co.nz](http://www.movetowestport.co.nz) conveying all of the information needed for those looking to invest in the Buller district as well as a special package that was put together to allow Canterbury residents the opportunity to visit Westport to look at the opportunities first hand.

<sup>33</sup> The observation made is that statements from applicants [engaging with Health providers and other NGOs] claim that WINZ will pay their bond/letting fee/moving costs. These comments are included in this section as they relate to a Government agency, WINZ, however, independent verification of these claims was not able to be undertaken.

## Summary

A number of 'big picture' needs and trends were described by the government agency representatives and these partly related to less than optimal service delivery in light of the increasingly demanding and complex needs of the community. Service coordination and the minimisation of duplication, working to close service gaps, and being creative and 'doing more with less' were seen as significant challenges by all service agencies, now and in the future. Other challenges included the difficulties in retaining/attracting skilled staff, difficulty with delivering increasingly complex services to more people (with static or decreasing resources), and simply "staying afloat" retaining existing level of service to the region.

## Social services (non-Government organisations)

Respondents from the non-government social service organisations (NGOs) described providing a range of public services that broadly aim to support people in need and build stronger communities. Most people in the Buller district are independent and resourceful most of the time, and access universal/routine services as they need them. However, it was reported that, increasingly, there are periods when some people struggle. For those people, in those times, additional social services are provided including benefits and facilities such as education, food subsidies, health care, job training and subsidised or emergency housing, community management, legal advice and advocacy.

Representatives from 21 different social service non-governmental agencies provided information and content for this section of the profile<sup>34</sup>. The agencies included Buller REAP (Rural Education Activities Programme), Homebuilders West Coast Trust Inc., No 37 Community House, Reefton Who Cares Inc., Victim Support, West Coast Women's Refuge, Westport Salvation Army, and several others. Collectively, these 21 agencies represent a workforce of approximately 56 FTEs, and over 225 volunteers (the total volunteer FTEs were not consistently provided so have not been calculated). Of these, the Buller REAP and Homebuilders West Coast Trust Inc were the two largest non-government agencies responding to the survey. All of the not-for-profit agencies are either incorporated societies or charitable trusts and their funding streams included: business activities (supplementary, for-profit activities to raise operational funds), donations, membership fees, co-payments, sponsorship, fundraising, grants and contracts with government departments.

### Clients

Each of the 21 agencies described the characteristics of their client base. There appears to be a substantial amount of overlap between agencies in the types of clients served, but a number of agencies reported specific groups of clients as well, or only delivered services to one particular group (e.g. expectant mothers, victims of crime, etc., or to specific age groups). Responding agencies reported that their clients included (alphabetically):

- Early childhood
- Early school leavers and youth
- Elderly people with an age-related illness such as stroke, dementia
- Expectant mothers and their new born children up to 12-months
- Families victimised by family violence
- Māori
- Parents of children with behavioural issues
- People in need of basic learning services: language, literacy, life-enhancing lessons
- People on invalid's benefit
- People who are living rurally
- People who are socially isolated
- People with disabilities — physical / mental disabilities - ACC clients
- People with fewer opportunities, lack of education
- People with mental health issues
- Search and Rescue cases
- Self-referrals and referrals from Police (for crisis and mental health assistance)
- Victims of crime and trauma
- Women and families who are the victims of rape and sexual abuse

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<sup>34</sup> This section does not include 'health services' per se or government agencies providing social services, but some agencies provide specific services to people with physical and mental health conditions.



## Needs

Respondents listed a wide range of client needs and many agencies listed a similar set of client needs. Typically, the needs are various combinations of social support along with an 'enacted support' (Barrera, 1986), that is, the need for specific supportive actions. The expressed needs covered both psychological and physical necessities, including but not limited to: safety, respite care, support to deal with family violence, food, financial support, a warm house, stability, a holistic approach to wellbeing, fun, engagement with the community, socialisation, companionship, emotional support networks, development of self-worth and confidence, referral knowledge, budgeting advice/education, networking and cross-organisational support, advocacy, information, and training, positive role models, support with treatment of alcohol and drug addictions, support and education on parenting, support to live independently, support with grief and loss, 'day-to-day' practical support, and transport. While this list of needs is probably not unique, based on the responses analysed, it appears that an increasing number of people and families in the Buller District are living with a number of stressors and that they are not having many of their basic needs met. These un-met needs are discussed further in this section.

## Social service provision in the Buller District

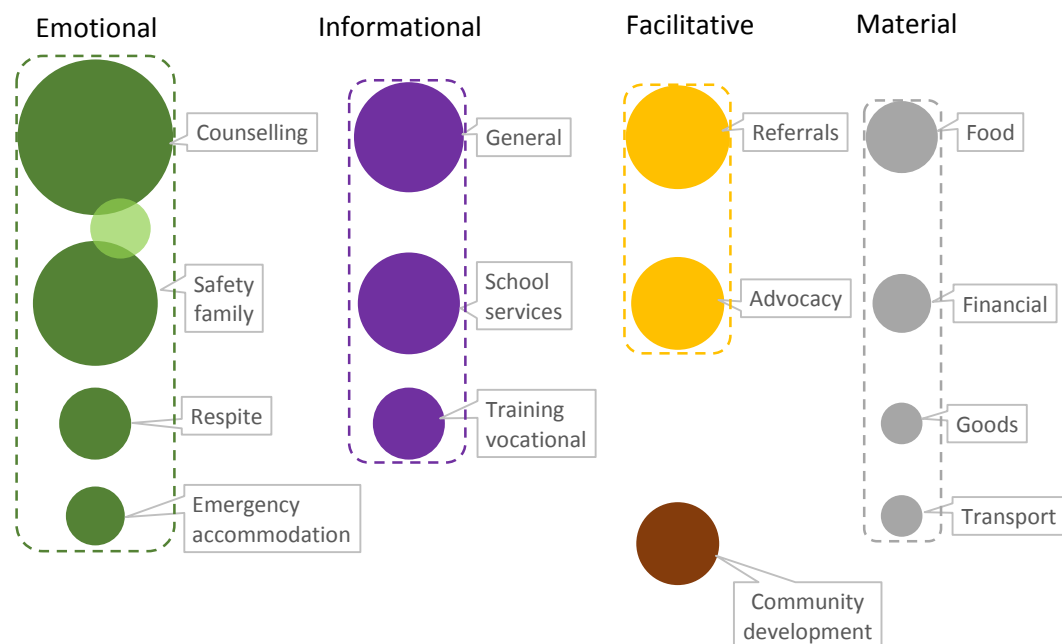
Figure 35 represents service provision in the Buller district based on the responses provided during (non-government) stakeholder interviews<sup>35</sup> (see also government services and health services above, p. 46 and p. 52). The types of services provided by the 21 agencies are grouped by similar categories and defined further in the labels and the 'Key' (below the figure) and the size of the bubbles indicates the number<sup>36</sup> of agencies specifically listing this type of service (although other agencies may also provide such services but did not specifically list them in the information provided for this analysis).

As can be seen in the figure, emotional/appraisal/general support, counselling, guidance and advice are the types of services most provided, with all agencies citing one of more of these services. More than three quarters of the respondents reported providing at least some form of counselling (formal or informal) and/or advice service. However, there was insufficient information provided to assess the level/quality of such counselling/advice overall. Some agencies provide counselling via specifically trained and qualified counsellors, while other agencies depend on volunteers to provide support and guidance.

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<sup>35</sup> Westport Salvation Army is included in this section because of the range wide of social services provided, including: food bank, family store, emergency accommodation, Positive Lifestyle Programme, 12 Step Alcohol and Drug programme etc. However, it is acknowledged that the Salvation Army is fundamentally a religious organisation and the information provided here could also have been placed in the Church-based organisations section of the profile.

<sup>36</sup> The total 'number of agencies' listing a service is used here as a proxy of service capacity, however total FTE/volunteer capacity has not been calculated or included in Figure 35.



**Figure 35: Non-government agency social services mapping by type and relative size within sector**

Figure 35 represents NGO service provision (capacity) in the Buller district, by service type (based on responses to stakeholder interviews). The types of services are grouped by similar categories and defined further in the labels and the size of the bubbles indicates the number of agencies specifically listing this type of service (although other agencies may also provide such services) and the position of the bubbles indicated 'core' services at the left side of the figure and the other services are located towards the right of the figure. The largest bubble represents fourteen agencies and the smallest bubble one. Health services (i.e. medical and clinical/mental health) are not shown in this figure.

### Key

**Emotional/Appraisal/Intervention:** includes counselling, mentoring, advice, support and safety services addressing family violence (including the coordination of emergency housing), abuse and neglect; support services for abused women, anger-management services for men; and support services for youth.

**Informational/Training:** includes addressing educational underachievement; services which support children's long term engagement in schools; services for disaffected teenagers; truancy services; and support/guidance towards vocational training (not actual training institutions) and services supporting participation in sustainable employment.

**Facilitative/Referral/Advocacy:** Services which coordinate referrals to other NGOs and government agencies and services which provide advocacy on behalf of clients.

**Material supports:** Services which provide clients with material supports, specifically, food parcels, goods, financial support, or transport to support access to services (e.g. health services) and programmes.

**Community development:** community members taking collective action to generate solutions to common community issues and challenges — improving individual and collective wellbeing via economic, social, environmental and/or cultural initiatives implemented at the community level.

**Kaupapa Māori:** services provided to whānau that promote and nurture Te Reo me ona Tikanga Māori, and whakapapa. Kaupapa Māori violence prevention Kaupapa Māori youth and parenting Kaupapa Māori Mental Health. Note that other social service agencies in this NGO category (outside of health, e.g. Poutini Waiora, Tamariki Ora provider) may provide Kaupapa Māori services, but they may not have specifically listed them.

## Challenges

All agencies described substantial unmet need and many agencies described unmet need across all of the services that they provide (i.e. generally insufficient capacity to meet the expressed need). Many respondents also provided anecdotal accounts of additional unmet needs and challenges within the wider community (i.e. outside their organisation's usual scope).

Overall, three interrelated themes dominated the agency representatives' responses:

1. that there is considerable need for social services within the community generally, and that this need is intensifying (increasing volume and complexity),
2. that there is simply a lack of secure funding available to social service agencies (unsustainability), and
3. that there are too few trained counsellors and other skilled staff to meet the current [high] needs of the people in the Buller (and some agencies are limited in their ability to adapt to changing needs).

## People and capability

This combination of high and complex need, insufficient funding, and workforce skills shortages is reportedly resulting in a level of sector capability that is struggling/insufficient to meet the needs of the community. Taken together, the responses indicated that service demand and client complexity has risen such that, often, staff with lower-level training/qualifications (including volunteers) increasingly cannot meet the needs of their clients.

This change appears to be a consequence of reportedly heightened levels of stress, anxiety and depression within the community. Many respondents described their clients as having increasingly 'complex' needs, meaning that a client may have a specific set of needs that can be addressed within an agency's available services (for example, providing vocational guidance, budgeting advice, education) but addressing these service-specific needs may be hindered or blocked if the client is also suffering from anxiety and/or depression or alcohol or other drug addictions (or other physical or mental health conditions). One agency representative highlighted the complex and 'circular' relationship between housing-health-employment.

*"Many clients also live in poor quality housing, which causes health problems for them and their family and makes it difficult for them to reliably attend work"*  
(WINZ).

Agencies reported that, increasingly, clients are presenting with 'mental health' needs that are at a level beyond the clinical skills of the agency counsellor or volunteer (or other staff), but seemingly not "severe" enough to access publicly available specialist mental health services. While the treatment of 'mental health disorders' per se is beyond the scope of most social services, nevertheless, agencies reported that their staff and volunteers' day-to-day interactions with clients often require some level of mental health support and/or intervention. Often, this intervention is beyond their training and qualifications, but necessary, because clients are not able to access the help they need elsewhere. A number of respondents cited limited access to specialist mental health

services as a significant problem. Several quotes are provided below as they each succinctly summarise slight variations on these main themes:

*“Lack of professional counsellors, often client problems don't fit into the boxes or need to be severe before support can be provided. Untrained professionals having to fill the gap and trained professionals having to bend the rules to meet the demand”* (Westport church-based organisation).

*“Lack of mental health support, Mental Health services only interested when severe case of depression or potential suicide”* (Buller Citizens Advice Bureau).

*“Lack of specialist services - security of specialists due to insecurity of employment on Coast, criteria so strict so difficult to access”* (Homebuilders).

*“Mental Health services-clients that do not fit into criteria [especially men]. Lack of options”* (Vocational and Community Support provider).

Other agencies reported simply being overloaded and underfunded and unable to deliver the services required at the level of expertise needed to meet the demand (volume and technical/clinical capability):

*“Cannot cater to demand as currently funded for 75 clients for counselling services but in 2015, 156 clients were served”* (Homebuilders).

*“Huge need, beyond resources”* (Homebuilders).

*“Social workers under strain, resulting in social workers leaving and lack of stable continuation of support person”* (Buller Citizens Advice Bureau).

*“While valued, potentially need to transform [from volunteers] to paid workers due to modern capabilities and demands”* (Victim Support).

Representatives from two agencies considered that there is fundamentally a good level of social service agencies in The Buller given the population size, but that there is a growing imbalance on both sides of the equation between need and agency capability:

*“High needs families moving or being moved into the region, while losing local intelligent, skilled workers”* (Buller Rural Education Activities Programmes).

*“Westport-good array of social services, strained by funding issues, attracting professional / trained staff”* (Social services/education provider).

Many other agency representatives also expressed this view of an imbalance between need and agency capability:

*“Huge demand for service which is increasing needs, complexity and variety”*  
(Reefton Who Cares Inc.)

*“Lack of specialist services, access due to high criteria. Migration of skilled people out of community” (Social workers in schools provider).*

*“Increase in demand from Christchurch migrants expected to increase” (Buller Citizens Advice Bureau).*

*“Clients often [have to] travel to Greymouth, Nelson or Christchurch for professional counselling services” (Victim Support).*

Other comments describe the complex and diverse needs of children and young people specifically. Increasing numbers of these vulnerable members of the community are reportedly being subjected to the consequences of family breakdowns, negative social media and bullying, family violence, abuse and neglect. In addition, there appears to be a need for services that “strengthen parent and child relationships” and provide “adequate safety services for abused women (mothers) and anger-management services for men”. A recent survey of local NGOs and Government agencies indicated support for a youth-focused respite care facility to be established for the community (Neill, 2015). Respondents agreed that such a facility could meet the needs for both caregivers and also for the child/children from a stressful/unsafe family situation. The suggested/proposed or ideal facility was seen as providing comprehensive services for a wide age range (0-20yrs) with broad inclusion criteria (i.e. beyond ‘usual’ respite care, such as respite for disabled people and/or residential respite camps or statutory care and social work)<sup>37</sup>.

## Summary

The information provided by the sample of 21 social service providers in the Buller District gives some insight into the breadth and depth of the demands experienced within the social sector and how agencies are increasingly needing to be interconnected. This profile is not able to provide a full picture of the available social sector support in the Buller District, however, this section does reflect some of the current and future challenges that agencies face in meeting the needs of the community and improving the lives of Buller residents. The findings presented here suggest that the problems faced by some Buller residents are increasingly complex, requiring multi-faceted solutions that are not necessarily well implemented by current service providers (due not to inaction or lack of will, but mainly as a result of limitations in available funding and agency capabilities). Service coordination was rated as good by some agency representatives, but less so by others. Difficulties in attracting and retaining suitably trained staff were reported by many agencies, and in large part, these difficulties are due to insufficient and insecure funding streams (and the economic implications of such insecurity for prospective employees). Despite these limitations and challenges, and the fact that services are undoubtedly strained, agencies did report positively about the social services provided in the district and the *potential* that exists within the sector. The indication being that as long as the right agencies are around the table, all the needs of the community can be met.

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<sup>37</sup> ‘Holly House’ in Christchurch (now closed) and a CYFS run respite care facility in Greymouth were cited as examples of this service model.

## Church-based organisations

Representatives from four different religious or church-based organisations provided input into this section of the profile<sup>38</sup>. All of the agencies are predominantly volunteer based, not-for-profit community organisations. Collectively, these four organisations represent a workforce of approximately 4.5 FTEs, and over 60 volunteers. Two of the organisations also included ‘social services’ in the description of their main work in addition to being a religious organisation.

The services listed include: educators working with children, grief support, victim support, aged support visits, youth groups, community support, ‘Op Shop’, food parcels, support and liaison with other churches and agencies, providing a place to worship, faith building and spiritual development, and celebrating the life of the community from baptism to funerals. All of the religious or church-based services are freely available to the general population depending on need, however, all the organisations reported that their ‘clients’ are most often families with young children, and the elderly. While the religious (worshipping) congregation is predominantly older and aging steadily, increasingly, younger people of low(er) socio-economic status (including new arrivals to the area) are seeking material assistance such as financial assistance and food.

### Needs

Overall, the religious and/or church-based organisations reported that the *number* of people seeking assistance has been relatively stable in recent years, perhaps increasing marginally over the last ten years with “natural ebbs and flows”. However, some of the organisations reported that the *burden* has increased noticeably resulting in un-met need. This has occurred as previously self-reliant families (families with employment) have moved away for work and “high needs/low-income families [are] being moved into the area, [with a] lack of support services”.

### Challenges

Respondents reported that ‘financial needs’ are, increasingly, the main needs to be addressed (for example, food parcels and assisting with school fees). There is a will to “err on the side of mercy” in providing financial assistance but this is placing strain on the ability of not-for-profit religious/church-based organisations to continue to support people in this way. Insufficient or relatively fixed funding was cited as the principal limitation to service provision, in the context of rising demand.

*“Increase in demand, more poverty = more financial assistance required”*  
(Church).

*“Strain on ability to provide financial assistance to those in need”*  
(Church).

*“... [the greatest challenge is] ... continuing to meet the increased needs of the community”* (Church).

*“Concerned about stretch of social services ...increase in MSD, mental health clients, and the demands that this places on agencies”* (Church).

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<sup>38</sup> Westport Salvation Army is included in the Social Services section because of the range wide of social services provided, including: food bank, family store, emergency accommodation, Positive Lifestyle Programme, 12 Step Alcohol and Drug programme etc. However, it is acknowledged that the Salvation Army is fundamentally a religious organisation and the information provided here could also have been placed in this section of the profile.

## Summary

Overall, respondents reported an increase in demand for material support (mainly financial support) and a slowly declining demand for spiritual/emotional support (along with shrinking congregations). These factors are threatening the viability of religious and church-based organisations. Respondents commented that better co-ordination of services amongst (other) community organisations (including government agencies and other NGOs) would improve overall community wide service delivery as the “stretch of social services” was forcing people to turn to church-based organisations as a last resort (i.e. trying to get help that ideally should be accessible elsewhere). Respondents highlighted the importance of retaining and enhancing the full range of services in the community, especially around health and care of the elderly. Continuing to meet the increasing needs of the community was commonly seen as the main challenge for the future.

## Community development organisations

Representatives from five different non-governmental agencies provided input into this section of the profile. All of the agencies are volunteer based, not-for-profit community and/or iwi organisations serving iwi/whānau, youth 12 - 24yrs and their parents, all community members, and non-resident ratepayers.

### Services

In all cases, the agency representatives listed 'community development' within their described services or as their organisation's main category of work<sup>39</sup>: specific expansions of the term included youth development, Māori community development, and Māori social enterprise development (such as harakeke/New Zealand flax Industry, community gardens, riparian planting), economic development, and Whānau Ora development. Specific areas of focus included education, justice, health, commercial/business, training, environment, well-being, consultation/advocacy/support, iwi representation and liaison with government agencies.

### Needs

The agency representatives all cited the fundamental need for economic development in response to the recent downturn in the local economy and the net migration of skilled workers out of the district. Overall, guidance, mentorship, support, education, and employment were highlighted as the necessary minimum conditions required to improve community wellbeing. Other basic needs such as affordable food, increased productivity of farm land, environmental protection and cultural integration were also seen as key objectives.

Generally, insufficient capacity and/or capabilities of service/support organisations to meet community need was cited as a key barrier to community wellbeing. Funding was reported to be the major limitation of service capacity and capability. Agency representatives reported 'more complex needs' in the community, including housing, employment, health - physical and mental, social needs, Māori budget and lifestyle/health development and Māori business and social enterprise development.

### Challenges

Responding to the recent downturn in the economy was seen as the main challenge facing these community development organisations and the community as a whole. The respondents also cited related challenges including an increase in family breakdown/separations with resultant mental health and financial instability issues. Job opportunities for girls were also reported to be limited and one respondent cited the need for strategies to enhance employment opportunities for girls by implementing work experience schemes for girls and female mentors (see also the Girls of Concern report, Swift, 2014).

One respondent cited a lack of awareness (externally) as a major barrier to community development and identified the need for stronger advocacy for clients.

*"Awareness of the scale and severity of current situation and level of action required. Need for more support services for families"*  
(Community development organisation).

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<sup>39</sup> See for example, Te Hā O Kawatiri's sustainable community economic development plan (Roadmap) for an example of community development processes (<http://www.seedglobal.org/project/kawatiri>).



*“Services need to communicate and collaborate more”  
(Community development organisation).*

On the positive side, one respondent reported that ‘big’ improvements have been made in telecommunications with improved cell phone coverage and broadband access potentially enhancing business opportunities.

### Summary

All respondents from community development organisations reported ‘huge’ demand for social services, and the lack of overall capability to meet demand, although better collaboration between NGOs and social services was seen to offer potential for improvement.

## Housing/Real estate agencies

Three non-government agencies selected 'real estate/housing', 'business' as the category that best defined the services they provide. In addition, the Buller District Council provides 46 housing units for the elderly, and the Council representative's comments have also been included within this section.<sup>40</sup> Housing New Zealand Corporation (HNZ) provides 123 social housing properties for low income families, elderly, single people and couples with an assessed need for housing assistance. Applicants for HNZ accommodation are drawn from the Ministry of Social Development social housing register. Three quarters of people (74.8%) living in HNZ properties in the Buller District are aged over 45yrs, 82% are New Zealand European and 11.2% are Māori. Overall, the services provided include social housing, property/real estate sales in commercial, residential, lifestyle, and farming, as well as property management, rental management, emergency accommodation, support, art and creative space, and 'pseudo social services'.

### Clients

Collectively, the five agencies provide services for a range of clients including property buyers/owners, property investors, residents of the Buller region, low income individuals and families, homeless people, beneficiaries, mental health clients, and people who are being assisted by or referred by WINZ, the Department of Corrections, the District Health Board (DHB), and the NZ Police.

### Needs

The agency representatives' described peoples' typical housing needs (supply side and demand side) as 'financial', 'stability of environment', 'security', and 'safety'. Respondents described a fundamental reorientation or transition of the real estate/housing market in the Buller since approximately 2013: from 'investment landlords driven' to 'needs oriented clients' (i.e. needs oriented owner occupiers, needs oriented landlords and needs oriented tenants/prospective tenants). The construction industry has also been affected; with the Buller District Council reporting a decrease in the value of building permits. All the respondents reported a significant change in the dynamics of the Buller housing market, characterised by 'high needs' tenancy applicants, falling property values, a non-existent investment market, significant vacancies, high stress, significantly falling rents, deterioration of the housing stock due to reduced/no maintenance, and a dramatic reduction in sales volume since 2013.

### Market dynamics

The real estate market in the Buller District is sensitive to the local economic downturn and recent job losses, mine closures, and the demise of other enterprises are severely affecting all stakeholders within the housing sector. The significant market compression is characterised by:

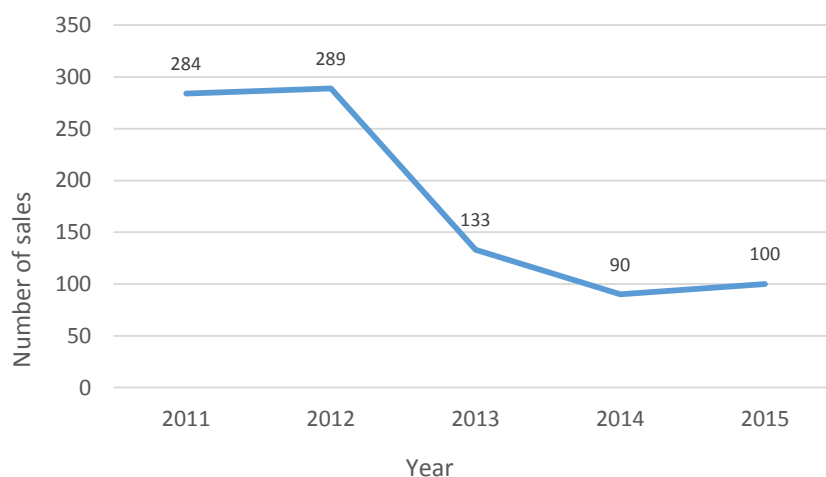
- a decline in sales volume (Figure 36),
- differences in average sale prices versus (2013) GV ranging from -7% and -45% across the towns in the district,
- present-listing-average-sale-time is currently 570 days,
- many owners with zero or negative equity in their properties (and often banks will not release the mortgage),
- near zero first-home buyers in the 20-35 year age group,

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<sup>40</sup> Elsewhere, the Council's input to this report can be found in the 'government agencies' section.

- the disappearance of middle group-30-50yr clients and many middle group houses now vacant or not selling,
- large reductions in the value of 1930s-1960s style bungalows (values almost nullified),
- maintenance and upkeep of properties in decline with old stock rapidly deteriorating,
- semi-retired people are not able to move from larger homes to small units because they cannot sell,
- unsold new houses (built by investors),
- approximately 85 or more available rentals in the district (not including private or Housing NZ),
- large increase in the number of tenancy applications from people of low socioeconomic position (particularly unemployed and beneficiaries and people with mental health conditions) who do not meet minimum letting criteria.

Housing New Zealand has also experienced a large decrease in demand for housing in the Buller District, driven by the ready availability of rentals in the private market and declining rental charges, coupled with the overall decrease in demand for all housing in the district. HNZ reported that they currently have no demand for properties as they become available for re let. With regard to property sales, in the main, the people who are buying are seeking new, low-maintenance houses.



**Figure 36: Sales count, Buller District, residential sales, 2011-2015**

Source: Quotable Value NZ, 2016

### Challenges

All real estate/housing respondents described the considerable difficulties and future challenges faced by tenants, landlords and private home owners. On the one hand, real estate and property management companies are stand-alone for-profit businesses. On the other hand, at least in small communities under pressure, they also (directly or indirectly) provide social or 'pseudo social services' to a range of people including the underserved. People's fundamental need for shelter means that disadvantaged members of the community (and from outside the community) often present to housing providers in desperate need for general support as well as accommodation. They are often leaving behind unresolved situations which inevitably surface very quickly, such as poor credit ratings, unpaid bills, and major medical requirements and stopped credit from many essential

services providers (e.g. electricity, phone and internet). The agency representatives described situations where people fall far below minimum letting criteria yet they need help and agencies feel a moral obligation to assist where they can.

*“...a gentleman turned up looking for somewhere to live. He had left Christchurch with very little money, no food, minimal clothing and only the hope of a cheaper life to go on. He could not afford to pay any rent but hoped we could find a house for him” ... we contacted WINZ ..... we tried the Salvation Army..... [in the end we provided emergency accommodation] .... otherwise he was on the street” (Source suppressed to preserve anonymity).*

Further, one consistent trend expressed by these agencies (and by other agencies already discussed) is the notable increase in the number of ‘supported’ or ‘referred’ tenancy applicants.

A number of respondents reported that WINZ appears to be facilitating the moving of their clients in to the area based, they assume, on access to cheap housing. The number of such applications cannot be quantified as the agencies report that they typically do not keep records of the applications that do not meet minimum criteria (and are therefore not processed)<sup>41</sup>. However, the numbers are reported to be “noticeable” and the personal stories of the applicants have included reports of “encouragement” and material support from WINZ and other government agencies.

*“This observation we have made is that statement from applicants saying that WINZ will pay their bond/letting fee/moving costs” (Real estate agent).*

*“WINZ are facilitating the moving of high needs, low income clients into the area due to cheap housing” (Real estate agent).*

*“Beneficiaries from both North Is. & South is. [are being] actively encouraged” (Real estate agent).*

As one agent summarised the situation succinctly: “this would be fine if there was work to move to but with rising unemployment it does seem at odds with what I would have expected the agency [WINZ’s] core values are (getting people into gainful employment)” ... and the “high needs people moving into the area are not able to be supported by the community resulting in crime and social issues”.

In addition to the ongoing challenges faced by landlords, home owners and by people seeking accommodation, the agency respondents also described the challenges they face in their own business endeavours. The common concern expressed by all of the agencies was financial sustainability and ability to provide employment for staff and the challenges they face in maintaining economic viability in the current and future market.

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<sup>41</sup> Also, the same applicant might approach one or more housing provider, therefore simply totalling ‘reports’ would likely over-count the demand.

## Summary

The economic downturn in the Buller District is effecting dramatic changes in the housing market for agencies, investors, landlords, home owners and for people seeking accommodation within the district. The current market is characterised by rapidly falling sales volumes and values, negative equity for some home owners, the failure of some investment projects, and a rapidly deteriorating housing stock. There has been a 'large' and 'noticeable' increase in the number of 'high needs, low income clients' seeking accommodation, with many not meeting minimum letting criteria.

Real estate agencies are having to provide some 'high needs' people with emergency social services and provisions, because these high needs people moving into the district are often accustomed to (and need) more support services than the community can provide. Property agencies report taking on 'pseudo social service' agency roles. Overall, there is an increase in the number of issues (for agents, landlords and tenants/applicants) appearing in the lower end of the rental housing market.

## Education providers

Educational institutions described providing a range of educational opportunities and services for children (early childhood to high school), young adults (e.g. tertiary education) and adults (industry training) that broadly aim to support peoples' learning and development and build community capability. Twenty-seven educational institutions' representatives provided information for this section<sup>42</sup> and collectively, the educational institutions comprise a workforce of approximately 264 FTE staff and upwards of 100 volunteers.

### Clients

The main groups of learners are children in early childhood education years 0-5, school children and young people in education years 1-13, school leavers, tertiary-level learners (Polytechnic) and adult learners (e.g. literacy, numeracy, language, vocational support), learners in pre-employment and industry training programmes, and teachers within professional development educational programmes. In addition, people 16-65yrs with mental illness or addictions, referred by their health specialist, and at risk youth, Māori, and Pacific, and all people requiring special educational support.

### Types of education programmes available

In addition to early childhood education, the Buller District contains ten schools catering for children from the age of five to the end of their schooling, as well as tertiary/industry training. Within this usual range of educational services, a number of providers cited 'special' or particular philosophies or points-of-difference to their teaching approaches, including: special education<sup>43</sup>, community of learners collaborative schooling (with transition between schools), Māori participation and achievement, values education, wider curriculum education, pathway education, STAR, Gateway, specialised bi-lingual unit "eke panuku", core values education and a sports academy.

Tertiary-level opportunities include business administration and computing; business management; information technology; food and beverage service; tourism; search and rescue; emergency management; outdoor education; music production; music and event management; DJ and electronic music production; live sound and event production; contemporary music performance; audio engineering; jade and hard stone carving; Te Reo Māori; hair, beauty and grooming; pre health and science; quarrying and mining; infrastructure works; automotive trades; engineering (fitting and turning); carpentry; steam-powered vehicles; scaffolding; rigging and industrial rope access; cranes and lifting loads; extractive industries; explosives training; professional development for teachers and education providers.

### Needs

All respondents cited usual and expected needs, for example: the need for a good education, student achievement, quality education, and gaining qualifications that fit students' career and work goals. These expectations were seen as fundamental determinants of young people and adults' health and socioeconomic outcomes. Child development, gaining qualifications, training to support employment, health, safety, life and for employment skills (to move off a benefit, for some adult

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<sup>42</sup> Although the profile has been based on what is happening in the Buller District, this section also includes some information from Murchison (as it is just outside the Buller District and receives services from organisations including Buller REAP).

<sup>43</sup> West Coast Tai Poutini / Resource Teacher: Learning and Behaviour (RTL) provides inclusive educational support for students within the mainstream who have learning and/or behavioural needs (New Entrants – year 10).

learners) were all cited as critical for peoples' wellbeing and for the future of the district. However, respondents described a number of challenges being faced within the Buller, and the impact that the economic downturn is having on individual learners and the education sector generally. From an organisational perspective, one fundamental issue that was highlighted by many respondents was the need to be able to "support teachers to support children". Several barriers/challenges were reported as being crucial to achieving this goal, including: the recruitment of quality staff, retention of staff, and the provision of quality professional development for teaching staff.

Learners' unmet needs were described as largely reflecting community need. Essentially, the demographic and socioeconomic changes occurring within the Buller District were seen to be converging and having a significant impact on children's opportunities to learn and on their in-class and at-home learning experiences. Mostly, the respondents described the factors that were affecting children's<sup>44</sup> ability to attend school and the challenges they face in accessing a quality learning environment.

Many issues identified were mostly related (directly or indirectly) to the economic downturn in the district and the downstream effects of:

- redundancy,
- financial strain,
- wage earner having to move elsewhere for employment,
- family violence,
- changes in family composition (family breakdowns),
- transience,
- lack of resilience and/or strategies,
- lack of emotional intelligence for parents,
- increase in "P" use and the effects of drug and alcohol abuse on families and children, and
- stress.

All of these issues were reported to be putting increased pressure on the community to care for children, and to ensure that children are prepared for and have access to quality education.

## Challenges

Collectively, the respondents cited many challenges. Reported challenges related either to the future viability of educational institutions (schools, tertiary providers, industry training providers) or to children's access to quality education, or both.

The change in community makeup due to mine closures, the strained dairy industry, and the general economic downturn in the Buller District were cited as the main underlying causes of the issues faced in education. Increased need, a lack of adequate funding, and maintaining human capital were seen as significant issues. Many respondents provided detailed descriptions of their organisation's challenges, the 'supply side' factors, including critiques of the decile system (and funding generally), the difficulties in recruiting staff (including the lack of employment for partners) and the isolation and lack of support and professional development needed to maintain the education workforce. The following quotes summarise the main themes relating to the institutional challenges:

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<sup>44</sup> Some respondents reported the issues faced by adult learners but respondents mostly described factors affecting children.

*“Keeping teachers sane and be able to support teachers to support children with learning and behavioural issues” (Westport primary school).*

*[lack of] “Appropriate Professional Development- availability and accessibility” (Maruia School).*

*“Many tutors partners are being made redundant and having to move away. Retaining Tutors [is a challenge]... High level of training for tutors [is required] before they can tutor / meet with clients. Struggling as a social service / education provider to meet the demand” (West Coast Adult Learning Services).*

*“Funding the need” (Westport primary school).*

*“Increasing challenge for schools and community to cater for these [high needs] families. Family’s vulnerability increases also ... increasingly having to deal with whole families [Principal described her role as “social worker”] ... and has a flow-on effect through the whole school” (Westport North School).*

Many respondents also provided detailed descriptions of their students’ needs and descriptions of certain family dynamics and characteristics that are reportedly having a negative impact on students’ preparedness to learn. Essentially, these challenges relate to individual families’ capacity to support their children, wider community support and the provision of support services, and student’s behaviours that are having a negative effect on their own learning and on the learning environment. The reported family circumstances and dynamics include the high proportion of transient farm working families, and increased instances of disruptions to the family make-up, and a general lack of parental capacity to support their children.

*“Turnover of 3/4’s of school roll per year” (Maruia School).*

*“Lack of emotional intelligence for parents. Changes evident in families - no resilience, no strategies .... people just do not know what is the best” (Westport primary school).*

*“Lack of emotional resilience / mindfulness / Family / grief support. Increase in family breakdowns - due to fathers / breadwinner moving away for work / families stuck here Kids coming to school more stressed” (Buller REAP - Schools Coordinator).*

The availability of wider community support and the provision of support services was also critiqued by many respondents including gaps for children when mental health issues arise:

*“Increase in “high needs” families moving to Westport ...these families are used to having high level service provision. Westport does not have replica services” (Westport North School).*

*“Gained families moving into town with high needs putting increased pressure on community to care for the children. These families are being encouraged to relocate by MSD and are trying to ‘escape’ previous life” (Westport South School).*



*“lack of support to community to aid in transition of dysfunctional families”*

*“NGOs having to provide services and therapeutic interventions with unqualified staff or staff with limited qualifications” (Westport primary school).*

*“Demand exceeds resources – all of the agencies currently available provide good service however there needs to be more” (Special education provider).*

Finally, many respondents listed the challenges that they observed within the classroom, as well as a range of behavioural issues that appear to be affecting learning and the wellbeing of the student community. The reported behaviours and other trends include:

- Self-harming and risky behaviours (by students) have increased in last two years.
- Suicide – “four affected whanau in last two years”.
- Increase in "P" use and effect on families and children. First "P babies"<sup>45</sup> now new entrants with high learning needs.
- Increase in the proportion of special needs children.
- Complex family issues are contributing towards students' inability to engage in learning. Lack of student readiness for school has resulted in an increase in students being referred [to special supplementary programmes] at Year 1-2 level.
- Students are struggling to display appropriate social behaviours ... engagement and achievement in academic tasks is limited.
- Anxiety and vulnerability among students.

## Summary

In the main, the responses from the different education sector representatives reported issues that appear to reflect wider socioeconomic stressors. These stressors appear to be limiting the capacity of educational institutions to deliver quality education, as well as affecting students' wellbeing and their capacity and preparedness to learn. Transience, negative family dynamics, financial stress, mental health issues, and challenging individual behaviours appear to be the main factors limiting some students' educational experiences.

The declining population but not levels of need appears to be threatening the viability of some education providers, compromising learning environments, and limiting the development of creative programmes.

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<sup>45</sup> Babies born to mothers who use methamphetamines during pregnancy.

## Police and Corrections

The respondents from NZ Police (located in Karamea, Reefton and Westport Police, totalling 18 FTEs) and Community Corrections (Buller, Grey, Westland, totalling 13 volunteer FTEs), and Restorative Justice (Buller, Grey, Westland, 0.6 FTE + 26 volunteers) described their interaction with the community as one of increasing demand and complexity. The respondents described this dynamic as more than just a deficit of resources, rather, a combination of many factors including: a community-wide stress response (primarily to job losses and the economic downturn), the general lack of opportunities (e.g. employment, recreation, social support), external influences (new residents 'importing' high needs into the community), and a lack of support by other agencies, in the main due to lack of resources and/or systems, *not* a lack of willingness. Respondents described a reality of necessarily increasing self-reliance — characterised by “reactive” policing and the need to respond to increasingly high and complex demands, without adequate, appropriate and timely support from other community agencies (i.e. the need to be all things to all people). The following quotes from police staff illustrate these views.

*“Attending more jobs - increased call for services with feeling that preventive policing does not happen due to demand of reactive policing” (Reefton Police).*

*“High demands on personal life with high turnover of staff - very consuming station” (Reefton Police).*

*“Other agencies pass the buck to the police: [we are the] only locally based government department representatives” (Reefton Police).*

*“Mental Health-no support services available-particularly A&D” (Karamea Police).*

*“The demise of Relationships Aotearoa has limited the counselling options for clients. Also very limited availability of anger management and violence counselling on the West Coast” (Restorative Justice).*

Set against these perceptions, respondents reported a desire to “maintain a police presence in the community” and a belief in the value of day-to-day preventive policing. Respondents expressed concern that preventive policing was essentially not possible most of the time, but that such services are necessary for community safety and wellbeing: particularly in the future as community stressors increase. Staff reported that they are “doing what we can” but are essentially unable to do on-the-beat policing.

### Demand

Overall, respondents cited increases in family violence, alcohol use/abuse, an increase in methamphetamine use and related crime (burglaries), an increase in poor driver behaviour and road crashes, and an increase in “mental health offenders” (not clearly defined). Respondents reported a high need for family relationship intervention/counselling and anger management, especially for males.

The respondents also described a disruptive and demanding set of circumstances whereby individuals and families are moving to Buller from outside the district and bringing with them seemingly disproportionately high and complex needs<sup>46</sup>, as well as, in some cases, anti-social

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<sup>46</sup> The situation of high-needs families moving into the community was reported particularly for Reefton and Westport.

behaviours. Several links were reported between gangs, methamphetamine use/dealing, intimidation, instilling a “fear of retaliation” in the local population particularly the elderly, and “stand over tactics”. This movement into the community was described by respondents as a “constant influx of high needs individuals, no income, [and] employment moving into the area” bringing with them “constant family violence”.

## Challenges

Respondents described a range of impending challenges: both for service delivery and personally (i.e. maintaining wellbeing). With regard to service delivery, although the specifics varied to some degree from station to station, the overall consensus was that staff were attending more jobs and this increased call for services was having a negative effect on officers’ ability to deliver preventive policing, and the high and complex demand from the community was dictating a less than desirable reactive approach.

The human cost of this high-demand/high self-reliance environment was described by some staff as having significant negative impacts. These negative impacts included high turnover of staff (e.g. “consumes a great deal of staff”), as well as high demands on personal life and pressure on families. It was reported that these demands appear to be increasing.

Despite the challenges faced by staff on a day-to-day basis, some staff did acknowledge certain positives. For example, the ‘Menz shed’ was cited as a good positive initiative and the community service ‘Reefton Who Cares Inc’ was provided as an example of a ‘fantastic’ and essential agency. Also, the highway patrol unit that had been added was seen as a positive that would relieve strain. Individual officers also observed good things happening in the community and great community potential:

*“Do see awesome things, e.g. offender turning life around ... now counselling others” (Community Corrections).*

## Summary

Overall, respondents from NZ Police (Karamea, Reefton and Westport) and Community Corrections, described working in a tough and challenging local context, characterised by a community that is experiencing multiple stressors. As a result of these multiple stressors, police staff are experiencing an increasing number of call-outs and the resolution of incidents/conflicts is becoming increasingly complex and reactive. This situation is not without significant personal costs to staff and their families. Notwithstanding these challenges, the community is seen as largely supportive and as having considerable potential.

## Information services

Respondents from three not-for profit information agencies (i.e. i-SITE and Citizens Advice Bureau) provided comments about their services and their clients. These organisations interact directly with clients via on-line resources, and by numerous face-to-face interactions with local people and tourists.

### Needs

All clients are in need of some level of information, advice, guidance or practical help. The assistance provided ranges from simple street directions, transport, travel, bookings, and local/general information to personal and family concerns, consumer problems, legal advice, financial assistance, employment issues, CV preparation, budgeting, health, welfare, housing, education, training, as well as basic internet, faxing, scanning and photocopying services.

### Challenges

All respondents cited the need for improved and more frequent ‘face-to-face’ representation by key government agencies, for example ACC, Work and Income, Family Courts, and health and disability services. The respondents reported that their clients often complained of long waiting times for services and of difficulty in accessing services that are not based in the local area. Transport was cited as a significant barrier to accessing services as a number of people in the community do not drive or cannot afford to drive to appointments. Often this was [is] the case for those most in need, particularly for those who also have poor internet access and/or skills and therefore cannot access services online.

All respondents described ‘financial viability’ and/or the ability to maintain a volunteer base as the major challenge facing their agency. Online booking agents (competitive businesses) and online information sources and brochures have reduced the demand for these services, but proportionally, the more complex types of enquiries that are not well serviced by on-line means, particularly assisting the elderly, have increased and not all of these needs (e.g. requests for housing) can be met by the information service providers.

*“[the main challenge is] financial— keeping the doors open, staff multi-tasking, utilising limited resources” (i-SITE)*

### Summary

The information service agencies assist many local clients, and passing tourists, with their day-to-day enquiries. The assistance these providers offer ranges from simple street directions, transport and travel bookings to legal advice, budgeting, health and welfare. Increasingly, other for-profit on-line booking agents and information sources are catering for the less-complex needs of many clients. However, providers report strong and increasing demand for face-to-face interactions for the more complex types of enquiries, and this demand is stretching the resources of the local providers. All providers reported that maintaining consistent volunteerism and economic viability in the current and future market is a significant challenge.

# Summary/Conclusions

The purpose of this document was to provide an in-depth profile of the Buller District: the demographics and characteristics of its people are presented in Part A of the profile. Part B summarises information and comments from a large number of key agencies which provide services and make decisions that affect the lives of the people in the Buller. The information contained in the profile represents the views of the providers at the time they were interviewed about what they had observed to be happening in their community at the time and the associated challenges. It is hoped that the information in this profile will assist with future planning and service delivery in the Buller.

## Key themes identified in the profile

### Increased need

There appears to be agreement between providers that there is currently a net increase in need within the Buller population caused by, in part, an inward migration of 'higher-needs' people (i.e. despite overall population decline, the net level of need/burden is increasing due to the inward migration of 'high(er) needs' people). The degree to which this is being or has been encouraged and/or facilitated and financed by some organisations either by official 'policy' or by the actions of individuals (e.g. agency case managers or other staff) is not clear. Although consensus opinion suggests a real effect, there is a lack of agreement and/or understanding as to the cost-benefits of the migration of higher-needs persons, and the size of the resultant social impact. Although most but not all interviewees viewed the impact as negative/not constructive. In other words, opinions differ as to whether the impact is, overall, 'good' or 'bad' for the district.

### Increased complexity of need

High and/or increasing demand/complexity of need was reported by almost all responding agencies, and the various issues relating to funding and workforce capability were also reported as related issues. Many respondents described the 'complexity' of need similarly meaning, from a service provider's perspective, that clients often present with specific needs that can be addressed within an agency's available services, however, addressing these service-specific needs is often hindered or blocked as many clients are also suffering from anxiety and/or depression or alcohol or other drug addictions (or other physical or mental health conditions). For example, one agency representative highlighted the complex and 'circular' relationship (interaction) between housing, health and employment whereby many clients who live in poor quality housing suffer housing-related health problems, and this makes it difficult for them to reliably attend work, which limits their ability to afford and secure quality housing.

Further, agencies reported that, increasingly, clients are presenting with 'mental health' needs that are at a level beyond the clinical skills of the agency counsellor or volunteer (or other staff), but seemingly not "severe" enough to access specialist mental health services. While the treatment of mental health disorders per se is beyond the scope of most social services, nevertheless, agencies reported that their staff and volunteers' day-to-day interactions with clients often require some level of mental health intervention, often beyond their training and qualifications, but necessary in the moment.

### Increased severity of need

Many respondents provided in-depth accounts of the different dynamics that they observed in the community (i.e. determinants of health, both within their own sector and within the wider community) and the challenges that their clients faced. Respondents appeared to recognise that many of the obstacles faced in the Buller are likely common to other relatively isolated communities in rural New Zealand (including the trend towards urbanisation and population aging), however, respondents identified the rapid economic downturn and the complex sociocultural consequences as “severe”.

### Increased mental health needs

Clearly, unemployment is a significant issue in the district, with the rapid unprecedented disappearance of employment opportunities in the district. The reported effects of these job losses include a significant negative impact on many residents’ health, particularly mental health, and wellbeing — and a range of negative health effects have been reported by many health and non-health service providers. Financial support/benefits alone, while important, were not considered to be effective in addressing the wider social impacts of unemployment, and the sharp economic downturn currently being experienced by the district. Respondents from health, housing, NGO social service providers, education providers, and the Police all referred to a mental health burden that exceeds the collective capacity and capability of providers. While many respondents considered that better coordination and care pathways would improve efficiency, the overall assessment was of insufficient resources and poor access to services — especially for moderate-to-severe mental health issues. Respondents considered that those most in need, including the many socially isolated elderly, were facing access barriers that were seen as significant, in particular, for those people with limited resources who, for a variety of reasons, have difficulty accessing specialist care.

### Recruitment and retention of health, education and other specialist workers

Many respondents from the health and education sectors drew a clear link between observed shortfalls in service delivery and the ongoing challenges inherent in recruiting and retaining quality specialist workers. While these issues are not unique to the Buller District, respondents reported a worsening situation overall. Part of the recruitment and retention problem was seen as the lack of employment opportunities for spouses of specialist rural workers. In addition, professional development opportunities were reported to be limited, further hindering workforce development. Respondents commented on the apparent lack of explicit strategies aimed at increasing the attraction and retention of health and other workers, especially in the most remote and rural areas.

### Viability

Many respondents provided in-depth accounts of the different dynamics that they observed in the community. In addition, many respondents also provided in-depth accounts of the internal challenges that they or their organisations faced. These challenges, for example, decreased population-based funding, increased burden, and the loss of skilled workers as families move away, threaten the functional and economic viability of individual service providers, in particular a large group of NGOs and other heavily volunteer-dependent organisations. Many of the social service providers reported that their current level-of-service was currently unsustainable yet they continued to experience increasing demand.

## Coordinated approach

Many respondents identified the need for a community-driven response. Most considered that government agencies have a major role to play and that increased government funding, services and support is needed, however, respondents also acknowledged that sustainable, coordinated community-driven initiatives were needed to help local communities adapt and recover from the negative impacts of the widespread job losses and the associated economic downturn and continuing demographic shifts within the district. Many respondents suggested that local solutions including better access to locally relevant services involving a planned and coordinated approach are needed to create new opportunities and a renewed 'viability' for the local communities, based on available human, natural and organisational capital.

## Service Hub

Many of the service agency respondents identified the need for a "one-stop-shop", bringing services and agencies together under one roof and offering support to individuals and families. While some grouping of services was evident, offering a central location (focal point or hub) was seen as one way of efficiently coordinating services and support for residents and one way to help reduce duplication and to maximise the effectiveness of the available resources and a way to help mobilise the community. However, many of the agency respondents from the smaller towns (e.g. Karamea, Reefton, Punakaiki) also commented that local services were needed for local people and that these services needed to be directly accessible within these smaller communities. A common theme from the agency respondents is that services offered in isolation, for example, employment skills/search alone or counselling alone, or emergency financial assistance alone, do not appear to be successful because 'complex needs' require complex and integrated solutions.

## Summary

The Buller's topography and natural resources have significantly shaped the region's history, giving rise to a historically strong extractive industry-based economy. Over time, the Buller's population has grown in step with its extractive industry success. Increasing globalisation of trade and manufacturing, and increasing concerns about climate change have dealt a major blow to the Buller's economic prosperity in recent times. These influences are not unique to the Buller and are largely beyond the control of local industries and agencies. Characteristics of the current economic situation include a reduction in extractive industries and related jobs, population outflow, challenges for the remaining local businesses, and an increase in the community need for social services and health care.

The Buller has a long history of changing fortunes and prospects and its people are well used to responding to challenges and the need for innovation and adaptation. Historically harsh working conditions, combined with geographical isolation, have resulted in a community characterised by collective toughness, determination and self-reliance. It is this responsiveness and determination that will inspire and drive recovery measures. While the recovery measures needed and their possible impact can be debated, whatever the future direction decided, a commitment to both people and place has been clearly articulated by those contributing to this Buller Community Profile.

Many of the indicators discussed in this profile show concerning trends, however, the considerable human, natural and organisational capital available within the Buller should not be underestimated.

Box 1 lists ten broad guiding questions that might be used to consider the information presented in this profile (adapted, in part, from WHO, 2001). These ten ('starter') questions might be used to test assumptions, critique programmes, guide planning, set goals, or to guide the design and implementation and/or evaluation of community, economic, health or cultural initiatives. The questions are not exhaustive, and provide just one way of using the information presented in this profile.

***Box 1: Ten evaluative questions for applying community profile findings***

1. What is the exact nature of the need?
2. Are the services adequate/responsive?
3. Are there any service gaps or unnecessary duplication?
4. Are existing interventions/programmes/services effective? (Effectiveness means that an intervention/programme/service does what it intended to do).
5. Do the health needs (and other needs) identified coincide with known priorities and strategies?
6. Is information being shared effectively and appropriately between agencies?
7. Is there scope for better collaboration such that joint-work can be planned with others, agreeing who the key people are and deciding together what needs to be done and by when?
8. What outcomes are being sought? (Prioritisation)
9. What resources are (or could be) available now and in the future (e.g. human, economic, natural and organisational capital)?
10. What needs to be done?



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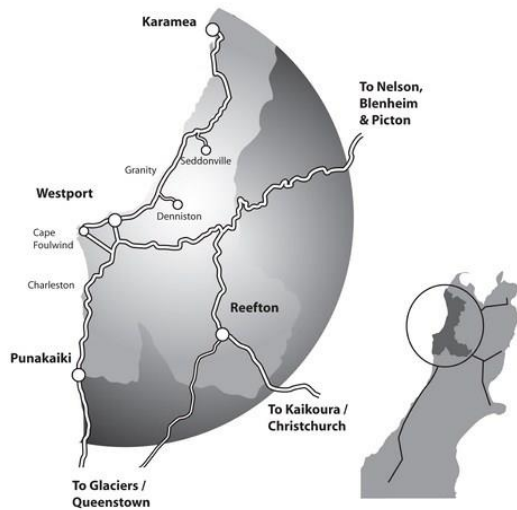
## Appendix



## Appendix I: Alphabetical list of contributing agencies

Big Brothers Big Sisters  
Buller Anglican Parish  
Buller Budget Advice  
Buller Citizen's Advice Bureau  
Buller District Council  
Buller Health – West Coast DHB  
Buller High School  
Buller REAP (Rural Education Activities Programme)  
Cancer Society West Coast  
CCS Disability Action  
Christian Powerhouse – Kingdom Flame Ministries  
Community & Public Health  
Community Corrections  
Child Youth & Family (CYFS) West Coast  
Department of Internal Affairs – Community Operations  
Emerge Aotearoa (formerly Richmond Services)  
Enliven Homeshare (Presbyterian Support)  
Family Start  
Buller Family Whānau Violence Prevention Network  
Homebuilders West Coast Trust  
Inland Revenue (IRD)  
Karamea Area School  
Karamea Community Group  
Karamea Information Centre  
Karamea Kindergarten  
Karamea Medical Centre  
Karamea Police  
Leaps & Bounds Early Childhood Centre  
Member of the Punakaiki community  
MP Damien O'Connor's office  
Maruia School  
Ministry of Social Development  
Murchison Area School  
Ngakawau Health Centre  
No 37 Community House (Potikohua Trust)  
O'Connor Home  
PACT  
Plunket  
Poutini Waiora  
Property Brokers  
Ray White Real Estate  
Red Cross  
Reefton Area School  
Reefton Early Learning Centre  
Reefton I-Site  
Reefton Medical Centre  
Reefton Police  
Reefton Who Cares  
Restorative Justice  
Salvation Army  
Snapshot Youth Services  
Solid Energy Centre  
SPCA  
St. Canice's Church  
St. John  
Strengthening Families - Presbyterian Support  
Tai Poutini Polytechnic  
Te Ara Mahi  
Te Hā O Kawatiri  
Te Runanga O Ngāti Apa  
Te Runanga O Ngāti Waewae  
The Art Hotel  
Victim Support  
West Coast Adult Learning Service  
West Coast Founder's Trust  
West Coast Primary Health Organisation  
West Coast Tai Poutini Resource Teachers of Learning & Behaviour (RTLb)  
Westport Deep Sea Fishing School  
Westport Early Learning Centre  
Westport Kindergarten  
Westport North School  
Westport Police  
Westport South School  
Women's Refuge  
Women's Support Centre  
Work & Income Buller

## Appendix II: Generic interview schedule




### Introduction/background/purpose




The Buller District is undergoing a challenging time with major job losses in mining and other industries. Concern has been expressed within the Buller Inter-Agency Group regarding the increasing pressure being experienced by some local health and social services. To help identify how best to support the Buller community, Community and Public Health is carrying out a stocktake of social services in the Buller District, as part of developing a community profile.

We would like to gather information that would enable us to develop a set of baseline indicators and help to clearly identify local priorities. We're not trying to assess or judge services or compare different services, just report what is available and identify community need generally.


**Interview schedule** Note: Briefly flag the confidentiality question (can be answered at the end of interview)

| Q | Agency Name:   | Date:  |
|---|--|--|
| 1 | <p><b>*Please describe the services you offer?</b></p> <p><i>E.g. Education opportunities for the whole community: Providing early childhood and transition to school activities, support services for schools, adult financial literacy education, and social opportunities for older people</i></p>                        |  |
| 2 | <p><b>*Who are your clients? Could you please describe the range of clients you serve?</b></p> <p><i>E.g. We serve clients from the whole community. We have a number of distinct groups of clients: families with pre-school children, low-income families, schools, elderly people without strong social networks.</i></p> | <p style="text-align: right;"> <input type="checkbox"/> <b>i</b>    <b>Yes</b>    <b>No</b> </p> |

|   |  |
|---|--|
| 3 | <p><b>Funding sources: Please tick all applicable funding sources and please also <u>underline</u> the primary source of funding?</b></p> <p><input type="checkbox"/> Membership fees (subscriptions)</p> <p><input type="checkbox"/> User fees (user-pays or co-payments)</p> <p><input type="checkbox"/> Donations</p> <p><input type="checkbox"/> Sponsorship</p> <p><input type="checkbox"/> Fundraising (for the purpose of raising operational funding)</p> <p><input type="checkbox"/> Business activities (supplementary, for-profit activities to raise operational funds)</p> <p><input type="checkbox"/> Grants (with accountability to the funder)</p> <p><input type="checkbox"/> Contracts (e.g. with a government department)</p> <p><input type="checkbox"/> Other (Please describe)</p> |
| 4 | <p><b>Staff and volunteer numbers</b></p> <p><b>How many paid employees does your organisation have?</b></p> <p>Number of staff = <input type="text"/>      Total FTEs = <input type="text"/></p> <p><b>How many volunteers does your organisation have?</b></p> <p>Number of volunteers = <input type="text"/>      Total FTEs = <input type="text"/></p>   |
| 5 | <p><b>What are your clients' most important needs?</b></p> <p><i>E.g. with so many people looking for work, many clients come to us because they do not have the skills required to find employment. Many clients also live in poor quality housing, which causes health problems for them and their family and makes it difficult for them to reliably attend work. For elderly clients, it is getting the social support they need to keep them living in the community.</i></p> <p style="text-align: right;"> <b>Yes</b>    <b>No</b></p>   |

|    |  |
|----|--|
| 6  | <p>How has demand (amount/volume) for your services changed in the last one to two years? (circle one)</p> <p><i>Large decrease    Small decrease    No change    Small increase    Large increase</i></p> <p>Why do you think demand for your service is or isn't changing?</p> <p style="text-align: right;"> <b>Yes    No</b></p>  |
| 7  | <p>Has the <i>type</i> of demand changed in the last two years? (circle one)</p> <p><i>No change    Yes change</i></p> <p>Please describe what has changed, i.e. do your clients have different/more/less urgent or more complex needs now than they did a year or two ago?</p> <p style="text-align: right;"> <b>Yes    No</b></p> |
| 8  | <p>Do your clients have any needs that are not being met either by your service or in the wider community? What would it take to meet their needs?</p> <p style="text-align: right;"> <b>Yes    No</b></p>  |
| 9  | <p>What are the biggest challenges for your service in the future?</p>   |
| 10 | <p>Is there anything else you would like to say about social services, or the demand for services in the Buller district?</p>  |
| 11 | <p>Does your agency have any other information you would be willing to share with us which illustrates the trends you have mentioned today?</p> <p><i>Eg. Figures showing service use trends</i></p>   |



|    |  |
|----|--|
|    | <div style="text-align: right;">  <span style="margin-left: 10px;">Yes</span> <span style="margin-left: 20px;">No</span> </div>   |
| 12 | <p><b>Confidentiality</b></p> <p>We will report the information gathered only on a category basis (e.g. “a Buller healthcare provider”) unless you would like to be further identified. We acknowledge that some agencies will be identifiable based on their category (e.g. a Buller District Council).</p> <p><b>Would you like your responses to be associated with the agency you represent?</b> <span style="float: right;">Y/N</span></p> <p><b>Would you like your responses to be associated with you personally?</b> <span style="float: right;">Y/N</span></p> |

# Beneficiaries start moving to West Coast

Greymouth Star 27/5/16

Benjamin McMahon

Two West Coast mayors say the \$5000 subsidy to encourage Auckland beneficiaries living in State houses to move to the regions is welcome — but there are signs they are already moving here in numbers.

Westport South School principal Jo Dustin said her school roll of about 300 had turned over by a third in the past year and with it the social profile.

"We've lost from the school all the geologists and the educated people from the mines. They've been replaced by beneficiaries, basically."

"I believe that there have been families shifted here, because of cheap housing. I can't categorically state that it's mandated."

Mrs Dustin noted Westport South had always attracted a higher proportion of special needs pupils and was "attracting more" now.

Ministry of Social Development regional commissioner Janine Dowling said parts of Buller were currently classified as a low employment locality, preventing beneficiaries moving without a firm job offer — but Westport was not in that category.

Grey District Mayor Tony Kokshoorn welcomed the prospect of new residents for the district, drawn by the carrot of a \$5000 removal subsidy.

"I don't disagree with it."

However, the problem locally was some vacant State houses around Greymouth were not available because the Government had decided to sell them off. "If Housing New Zealand can't get tenants from the West Coast ... why not? They need to use their stock up," Mr Kokshoorn said.

"If they (tenants) are on a benefit or have a job, they still benefit the local economy. It is important to get the right type of person in those State houses — people who will contribute to the West Coast economy."

But if the Government was really serious about regional New Zealand then it would decentralise the public sector. Centres such as Greymouth now having ultrafast broadband meant location should no longer be an issue, Mr Kokshoorn said.

Buller Mayor Gary Howard said the beneficiary subsidy was "an opportunity" and Westport would "welcome more people", particularly when it had at least 78 listed rental properties at present.

Mr Howard said it was not a case of 'not in my backyard' but the area needed to have the supported capacity to meet the social and health needs of some new arrivals, particularly when the town was already suffering.

"Existing support services are under a reasonable amount of stress — is there adequate support? We may have the range of services (needed) but do we have the capacity? That's my concern for the community."

Both Westport State schools have already detected new families at their schools due to the incentive of affordable housing in the area.

Westport North School principal Cath O'Loughlin said it was evident through new enrolments that some new families were being assisted to move from outside the district.

"It is known that some are being supported by Winz," Ms O'Loughlin said. While it was good the district was gaining new residents the town needed the capacity to support them as well.

The loss of the Westport police youth aid officer, part of the current police restructure, in conjunction with job losses and de-population, might present an opportunity for organised

crime, for example, she said.

"There is a concern that as things drop away, so do the support services.

"The youth aid section, were an integral part of our starting.

In the 28 days to May 21, seven Work and Income clients had notified that they were transferring to the Buller district, including two people arriving for a short-term training course. In the same period, six clients moved out of the area.

"Although long run statistics are not held, transfers in and out of districts typically balance each other. We have also found that most people moving to Buller and the West Coast have lived there previously and/or have family connections," Ms Dowling said.

# West Coast offender numbers drop

Conroy Star 11/6/16

Crime hot spots targeted

Ben Aulakh

The number of offenders through the West Coast court system has fallen by nearly 300 in the past five years, according to figures from the Ministry of Justice.

Statistics obtained under the Official Information Act show that in 2011, 985 people appeared in the region's courts, compared to 698 in 2015.

The number of people appearing has consistently fallen over that period, from 843 in 2012, to 755 in 2013, and 663 in 2014. Between 2012 and last year the numbers sentenced to prison also fell, from 53 in 2012, to 37 in 2013, 32 in 2014 and 24 last year.

West Coast police area commander Inspector Mel Aitken said a combination of "alternate resolutions" and a "prevention first" strategy helped with an overall reduction in the number of offenders put before the courts.

"Our actions are now very much about preventing crime and road trauma, not just arresting people, placing them before the courts and dealing with the aftermath of offending," Ms Aitken said.

Police were also using more intelligence-based planning, looking at crime hot spots and "tasking prevention activities to reduce re-victimisation".

"There is also more staff consideration around alternative resolution processes, such as pre-charge warnings, or considerations as to the 'drivers' of offending, and what we can do to address this," Ms Aitken said.

The number of community work sentences and the total hours of the sentences handed out by courts also showed a steady downward trend in the past five years.

In 2011, 263 people were sentenced to community work, compared to 166 last year, while the total hours fell from 29,728 in

2011 to 19,803 last year. Department of Corrections West Coast service manager Kelly Hill said Corrections had noted a change in certain types of sentences being given.

"Overall on the Coast, we have seen a drop in the sentences of supervision, but we have seen an increase in the likes of electronically monitored sentences, and other sentences like intensive supervision, where we have got more capability to do rehabilitation," Ms Hill said.

"We also have electronic monitoring via GPS ... we expanded the area in which we can allow people to serve electronically monitored sentences."

Corrections was seeing more "combination sentences" on the Coast.

"In the past they have just been sentenced to a high number of community work hours, now there are variations that the judges can impose."

"It's nothing for us to see an offender sentenced to electronically monitored community detention, a rehabilitative sentence such as supervision, and community work hours."

The rate of reoffending among those on community work sentences was also declining, she said.

That was partly due to a change in how the sentences were administered.

Whereas previously a sentence would most likely consist of walking around the periphery of the dump picking up rubbish, something "nobody wanted to come to", community work now included an hour or two of education each day.

"We do all of this stuff that is from an education background! that's about improving their life and so that's had an impact as well," Ms Hill said.

# Buller beneficiaries outweigh Grey's

60587  
2/11/16  
KPS

By Aimee van der Weyden

Buller District had more people on a benefit last year than Grey District, despite a population difference of more than 2500 people.

At the end of December, 1046 people living in Buller were receiving one of the major benefits offered by the Government, according to figures released by the Ministry of Social Development (MSD).

At the same time, 973 beneficiaries were living in Grey.

According to the 2013 Census, Buller had a population of 10,473, while Grey's was 13,371.

The number of beneficiaries in Buller increased by 89 compared to December 2014 – the highest total over the past nine years.

Most (476) were on the jobseeker support benefit (the dole), while 379 received a supported living payment and 170 received the sole parent support payment.

Twenty-one people received some 'other' main benefit.

In December 2014, 414 people were on the dole.

Buller Budget Advisory Service advisor Pip Anscombe said the increase in Buller people on the dole in December reflected major job cuts in local mining operations mid-last year. The job cuts would also have impacted on local businesses, she said.

Budget advisors weren't in any more demand now than immediately after the cuts. However the number of people needing assistance with making KiwiSaver withdrawals had risen.

Ms Anscombe encouraged people to see budgeting services before it was too late.

"We like to be at the top of the cliff, not the bottom."

According to the MSD figures, the majority (556) of people on a benefit in Buller in December were men, while 490 were women.

Most (804) were NZ/European while 153 were Maori. Around 68 were 'Other' or not specified.

The majority of beneficiaries (337) were between the ages of 40 and 54, while 324 were aged 55-64. The youngest category (18-24 year-olds) had the lowest number of beneficiaries (144), followed by 25-39 year-olds (241).

Wednesday, March 9, 2016

The Press

## News

# More West Coast mining jobs to go

JOANNE CARROLL

Solid Energy will cut another 41 jobs at its West Coast open-cast Stockton mine.

Staff numbers are 225, down from around 1100 four years ago. All workers were called to a meeting in Westport at 4pm on Tuesday where managers announced 41 people would be made redundant.

Buller Mayor Garry Howard said: "I feel for the workers and the families and it's a further hit for the community, but the cuts are

necessary so that the company is in a stronger financial position for sale," he said.

He was still hopeful a buyer could be found to keep some jobs in the community.

A statement from Solid Energy said the 41 redundancies were part of "ongoing efforts to improve financial performance".

Consultation between the mine's workers and management began on Monday afternoon, the company confirmed.

"The proposed changes are part of Solid Energy's ongoing response to falls in the international price of

**"The cuts are necessary so that the company is in a stronger financial position for sale."**

Buller Mayor Garry Howard

hard coking coal. They build on substantial efficiencies already gained at the mine and will further strengthen the financial performance of the operations," the statement said.

Staff have until March 22 to provide feedback on the proposal before a final decision is

announced around March 30. Solid Energy is reviewing whether the Stockton Mine should be closed due to plunging global coal prices, and has hinted a decision will be made soon.

The state-owned company, which entered voluntary administration in August 2015 in a bid to

minimise losses to creditors, is undergoing a complete sale of its assets across New Zealand.

The company made 184 employees and contractors at the Stockton mine redundant in July 2014 and another 151 in May 2015.

Last year, the mine's output was reduced from 1.9 million tonnes (Mt) a year to 1Mt and its losses averaged \$2.1 million a month.

For the year to June 30, 2014, the state-owned colliery posted a loss of \$182m, down from a loss of \$335m in the previous year. Solid Energy chief executive Dan Clifford told a parliamentary select committee in

February it had removed about 40 per cent of the operation plant from the mine, north of Westport, in recent weeks. Asked whether the mine could be closed, Clifford said employees were aware it was an option being considered.

The West Coast has suffered a series of blows in recent years. OceanaGold goldmine has closed, forcing the loss of 60 jobs in Reefton; Westport's Holcim Cement plant closed this year, taking 120 jobs along with it; and more than 200 people lost their jobs when Spring Creek mine was mothballed in 2012.



# More jobs lost at Solid Energy on the West Coast

JOANNE CARROLL

Last updated 09:53, March 9 2016



SARAH-JANE O'CONNOR/FAIRFAX NZ

Solid Energy's coal-handling facility at Ngakawau, north of Westport, which services Stockton Mine.

Solid Energy will cut another 41 jobs at its West Coast open-cast Stockton mine.

Current employee numbers at Stockton are 225, down from around 1100 four years ago.

All workers were called to a meeting in Westport at 4pm on Tuesday where managers announced 41 people would be made redundant.



Buller Mayor Garry Howard said the company was restructuring to make it more financially viable for a buyer.

WESTPORT, WEDNESDAY 2 MARCH 2016

# THE NEWS

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## School rolls fall as job loss mounts

By Aimee van der Weyden

All four Westport schools have fewer students than they did this time last year – a sign of the times say their principals.

Westport North School's roll currently stands at 185 – 23 fewer than this time last year and 58 fewer than the year before.

The large drop had had a "huge impact" on the budget, and three teachers had lost their jobs, said principal Cath O'Loughlin.

Last year, staffing requirements at the school had dropped from 12.6 full-time teacher equivalents (FTE), to 9.6 FTE.

"To add insult to injury the recent decile change gives a completely wrong impression of the economic health of Westport," Ms O'Loughlin said.

The Ministry of Education last year raised Westport's three primary schools' decile ratings from four to five, and raised Buller High School's rating from three to five.

The four schools fought to keep their decile ratings from changing.

They argued the changes were based on 2013 Census data, which didn't reflect the poor state of the local mining industry and subsequent lay-offs.

They won a temporary reprieve, which kept funding from dropping. That reprieve expired yesterday.

Buller High School (BHS) principal Andrew Basher said the schools were still fighting the decile change. The four principals had written to Economic Development Minister Steven Joyce, requesting a further reprieve until the ratings were reviewed again in September. Mr Basher hoped for a positive response soon.

Mrs O'Loughlin said that because many parents had lost their jobs, the North School board of

trustees chose not to seek a voluntary donation from families this year.

It felt there was enough stress and financial pressure on people without the school adding to it, she said.

**South School**

South School principal Jo Duston said student turnover had had a real impact on the school.

Last year 75 children left South School for another school (including high school), and in 2014, 77 left.

The school currently had 303 students enrolled, seven fewer than last year but 11 more than in 2014.

A noticeable impact was the number of high achieving students who had left, Mrs Duston said.

"Parents who have had tertiary education have left, taking with them high achieving children, which affects all the data we send to the ministry."

As well, a significant number of students coming in to the school had needs that required extra assistance, putting more financial pressure on the board.

Unlike North School, South School wasn't forced to cut staff, but part-time staff had had their hours adjusted.

The Government funded staff on a ratio of 1:28 for Year 4 classes and up, Mrs Duston said. "You don't get another teacher until you've got another 28 children."

Last year, South School had around 21 extra students. The board chose to fund the difference, so class numbers could be smaller.

That wasn't possible this year, Mrs Duston said. The prediction was that the roll would drop, and the board couldn't afford to fund a full-time teacher's salary.

"We [the board] decided this year that it was

probably better not to fund the extra teacher, so it's meant that classes are slightly bigger.

"We didn't lose any teachers as such but part-time staff had had adjusted hours."

**St Canice's**

St Canice's currently has 132 students – 19 fewer than the same time last year, said principal Peter Knowles.

However, enrolment numbers for 2016 were similar to previous years.

"We had a very large Year 8 group that moved onto high school at the end of last year."

There were also a number of families that left last year because of work, he said.

"Our board is committed to ensure our children are not disadvantaged in any way and have the same opportunities that they have always had."

**Buller High School**

The drop in the BHS roll was not as significant as Mr Basher anticipated.

There were currently around 340 students on the roll, three fewer than March 1, 2015 and 21 down on the previous year.

"Obviously as we are staffed on student numbers, there has been a small reduction which we will need to absorb."

He expected Hoctin closing mid-year would have an impact but wasn't sure how significant it would be until it happened.

"As I always say, we can only teach the ones that walk through the door and we will do our very best by them."

**Reefton Area School**

Reefton Area School has bucked the trend, with a rise in its roll compared to last year.

At March 1, 2016, the school had 200 students enrolled – eight more than last year but five fewer



Children playing at Westport North School at lunchtime today. (Photo - Aimee van der Weyden)

Principal Wayne Wright said he'd noticed some instability in the school's roll.

"It is subject to fluctuations as families move into and out of the area. It is very difficult to predict our future numbers and staffing entitlements."

The effects of the closure of Oceana Gold mine had been minimal, he said.

"There have been a number of new families enter into the Reefton area."

Granity School and Karamea Area School did not respond by publication today.

## Seven HNZ homes <sup>Westport News</sup> for sale in Buller <sup>21/6/16</sup>

Housing New Zealand (HNZ) has seven of its Buller houses on the market.

They were for sale either through HNZ's First Home Ownership programme or on the open market, said a spokesman.

HNZ had already sold four Buller homes through the home ownership programmes, he said.

Nationwide, the programmes have sold 342 properties, including eight on the West Coast.

HNZ owns 316 homes on the Coast including 124 in Buller, 149 in Grey and 43 in Westland, and last week listed a two-bedroom house for sale in Cobden, for \$110,000.

The First Home Ownership Scheme targets people with modest incomes who can afford to make regular mortgage repayments but have difficulty saving for a deposit.

More than \$4.2 million in FirstHome grants have been paid out.

HNZ said there were a number of reasons why it would consider selling a property. For example, because the property was in an area of low demand or was not the right kind of property to meet demand (ie – it was the wrong size or in the wrong location).

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