Social Policy & Parliamentary Unit
Working for the eradication of poverty in New Zealand
Te Ope Whakaora

STATE of our COMMUNITIES 2021

Tokoroa
Carterton
Invercargill

Ana Ika
Social Policy Analyst
August 2021

We welcome your feedback

PO Box 6015, Marion Square, Wellington 6011
Email social.policy@salvationarmy.org.nz
facebook.com/SPPUNZ

APPENDICES ENDNOTES PUBLISHING DETAILS

NEXT PAGE

EXECUTIVE SUMMARY | PROJECT BACKGROUND | METHOD
TOKOROA | CARTERTON | INVERCARGILL

EXECUTIVE SUMMARY

State of Our Communities 2021 (SOOC21) is the fourth report released by the Social Policy and Parliamentary Unit (SPPU) of The Salvation Army (TSA). The SOOC21 project is based on community surveys conducted in the early 1900s, when church members carried out surveys to identify various social and spiritual needs in their communities. Many of our modern social services were created as a result of these surveys. More than 150 years on, our hope remains the same—to care for people, transform lives and reform society through God, in Christ Jesus by the Holy Spirit's power. SOOC21 is a snapshot that provides a platform to record and report the stories, challenges, solutions and aspirations of local communities.

SOOC21 attempts to tell the stories of three smaller regional and rural communities in New Zealand—Tokoroa, Carterton and Invercargill. The current government is advancing economic wellbeing, climate change and digitalisation (public services accessible only online) that can often create disproportionate impacts between urban centres and small-town New Zealand. SOOC21 combines the voices of locals with relevant public data, to show that more effort must be made to prevent the social and economic decline in small New Zealand communities that are critical to food, energy and resource provision our nation relies on.

SOOC21 conducted face-to-face and online surveys in these communities. There were 580 participants for the public surveys and 12 interviews with key informants across these communities. All the data was collated and analysed to show the key themes.

Some of the major social issues that emerged from across these communities included housing issues, displacement of youth, ageing populations, lack of infrastructure and transport, lack of economic stimulation and employment and poor access to public services such as healthcare and schools. After reviewing all of the interviews and public data, we have concluded that the key themes across SOOC21 are housing, issues facing our seniors, poor healthcare and mental health services and challenges for children and youth.

Housing: These small communities prove there is no safe place from the housing crisis our country currently faces. Across all three communities there are challenges right across the housing spectrum—from homelessness to social housing, to private rentals and home ownership. House prices in small communities—such as Tokoroa and Carterton—are often being driven by out-of-town investors or urban to rural drifters. This can disadvantage locals and make homeownership unaffordable. The primary concern for these communities is rental property. Across all three communities it was more affordable to buy a house (pay a mortgage) than it was to rent. The cost of rental properties are rising faster than the levels of income. In addition, the quality of housing locals are facing is concerning, with high levels of damp, mould and overcrowding.

Seniors: There are significant hardships that older people in these communities are facing. Many of these hardships stem from unaffordable and poor-quality housing. Rising rental prices leave seniors with less money for food and other living costs. The anxiety created by financial hardship compounded with factors such as isolation and loneliness are detrimental for the wellbeing of our older communities.

Healthcare and mental health: The state of public services have long been neglected in rural areas and the regions. Healthcare services are inadequate to accommodate growing communities in Carterton or ageing communities in Tokoroa. Mental health service provision in Invercargill is at near-crisis levels. The compounding impacts of poverty, drugs and housing lead some young people on a downward spiral. Suicide rates are high in Southern District Health Board, and mental health provisions are not adequate. Community organisations and mental health services continue to face major funding challenges that affect their ability to be innovative and develop services to address the growing mental health challenges amongst locals.

Children and youth: Children and youth are the future; however, all locations identified serious challenges in supporting the next generations. Many of the schools were overcrowded, understaffed, in makeshift classrooms with inadequate resources. Youth unemployment levels are high and there are limited employment opportunities for young people. Mental health wellbeing for young people is concerning, particularly in Invercargill. There are limited facilities, activities and events that engage young people in the community. Ensuring we can successfully hand over the succession plan to the next generation doesn't hinge only on the central government—there are innovative and creative solutions required in every local community. Despite the challenges these local communities are facing, they continue to be aspirational, they continue to keep moving and continue to remain hopeful.

We also asked locals about the impact of Covid-19 on their communities and their families. A significant proportion of locals shared that there were minimal impacts due to Covid-19, but many of these locals talked about the dire impacts of Covid-19 for family and friends overseas. Many of the negative impacts are employment or income loss, anxiety and isolation. Positive impacts included strengthening of family relationships, rest and rejuvenation.

Hubert H Humphrey said: 'The moral test of government is how that government treats those who are in the dawn of life, the children; those who are in the twilight of life, the elderly; and those who are in the shadows of life, the sick, the needy and the [disabled]'. Reflecting on the stories from communities in Tokoroa, Carterton and Invercargill we will not pass this moral test unless we work together—national government, local government and local communities.

Thank you: We would like to say thank you to all the locals from Tokoroa, Carterton and Invercargill for taking the time to share your stories. We'd also like to thank the key informants for sharing their heart and passion for their communities. Thank you to our staff and volunteers in Invercargill, Tokoroa and Carterton for your help and support.

PROJECT BACKGROUND

Every year SPPU releases the State of the Nation Report which is a macro-level snapshot of 24 social wellbeing indicators in New Zealand. 'Disturbed present, Better future?' was the fourteenth State of the Nation Report, which tracked the progress of our nation in light of Covid-19. SOOC21 is a micro-level report that focusses on the realities and social progress of local communities.

The key purposes of SOOC21 are:

1. To collate and provide a platform for local communities to tell their stories, their challenges, their solutions and aspirations.
2. To create opportunities for TSA to engage with the greater community that we serve.
3. To identify areas of need in the community that are not being met.
4. To advocate nationally for the local challenges of these communities.

METHOD

Our methodology for this project is straightforward and simple. We aimed to collate stories from local communities without making interviews too long or complicated. Local communities were defined as residents of Tokoroa, Carterton and Invercargill. SOOC21 was conducted under the Ethics Statement used by the SPPU (see* Appendix 1*).

Research Questions

The main question that frames SOOC21 is: 'What are the experiences, perceptions, solutions and aspirations of small communities in New Zealand?' To answer this question, SOOC21 survey was composed of eight questions[1] which can be categorised in three parts.

EXPERIENTIAL

What do you like about your community?
We aimed to identify the strengths and assets of these communities.

What are impacts of Covid-19?
We hoped to document the impacts of Covid-19 on these communities.

PERCEPTION AND REALITY

If the Prime Minister walked a day in your shoes, what would she see in your community?
The aim of this question was to identify how locals perceive their community. Also, to identify the reality of the challenges that these communities face.

SOLUTIONS AND ASPIRATIONS

If you walked a day in the Prime Minister's shoes, what would you do for your community?
If locals had the mandate and the resources at hand what would be their priority? We hoped to identify local solutions for local communities.

What are your hopes and aspirations? What changes do you hope to see?
We wanted to identify the future these locals wanted to see 5 years from now, in 2026.

Selection of Communities

SOOC21 is based in locations where TSA corps (churches)/stores/social services are established. Previous SOOC have predominantly focussed on areas within urban centres. SOOC21 aimed to provide a platform for smaller communities to be able to voice their challenges and aspirations. The communities for SOOC21 are Tokoroa, Carterton and Invercargill.

Data Collection

There were three phases of data collection for SOOC21.

FACE-TO-FACE

Face-to-face surveys were conducted in the three communities. These surveys were undertaken in public places—Carterton interviews were held throughout the CBD (central business district) area. Invercargill surveys were conducted at The Warehouse. Tokoroa surveys were conducted at The Warehouse and the CBD area.

ONLINE SURVEYS

A link to an online version of the survey (Survey Monkey) was posted on the SPPU Facebook Page. There were three posts created for the three different locations. An advertisement promoting these Facebook posts for the survey was created and promoted from 31 May to 25 June 2021. These advertisements were location targeted. Facebook allows advertisements to be targeted to specific geographic areas of interest.[2]

KEY INFORMANT INTERVIEWS

Key informant interviews[3] were conducted with individuals that work and live in that community. These interviews were conducted face-to-face, over the phone, through email or through video conferencing (Zoom). Key informants were identified through local community networks or recommendations from local Salvation Army staff.

The purpose of these interviews was to give key informants an opportunity to discuss, at length, important issues and ideas for their communities within a longer timeframe than the public face-to-face surveys.

Analysis

All community surveys and key informant interviews were manually entered into Survey Monkey. The survey results were exported from Survey Monkey as a Microsoft Excel file. SOOC21 utilised Microsoft Excel to colour code and thematically analyse the responses, as shown by Bree and Gallagher (2016).[4] Responses to each question were collated onto new Excel sheets, including age and ethnicity of each respondent. The colour coding utilised an inductive approach—where the observations in the responses determined the themes. Each theme was allocated a colour. Responses that covered multiple themes would be duplicated multiple times and colour coded to each theme. The key themes that emerged for each question were used to summarise and present the experiences, perceptions and aspirations of local communities.

Public Data

In **Table 1**, there are three sections of public data for each community. These sections are included to provide context. SOOC utilises publicly available data and DOT Loves Data dashboards. DOT Loves Data uses public data to create interactive and dynamic dashboards. These dashboards provide up-to-date and aggregated data on how communities across New Zealand are performing and changing overtime.

Table 1: SOOC21 Public data and sources

Data	Source
Demographic	People and Places New Zealand Dashboard—DOT Loves Data
Covid-19 Risk	Covid-19 Risks Dashboard—DOT Loves Data
State of community	
Housing	Housing Dashboard—DOT Loves Data
Poverty	Dynamic Deprivation Index—DOT Loves Data
Employment	Mayor's Taskforce for Jobs Youth Employment Dashboard—DOT Loves Data
Crime	Crime Dashboard—DOT Loves Data
Addictions	Alcohol Licence Register Gambling Dashboard—DOT Loves Data New Zealand Police National Wastewater Testing Programme
Mental health	Coronial Services of New Zealand Suicide Statistics 2020

TOKOROA

Tokoroa is located in the South Waikato region. The township of Tokoroa includes Tokoroa Central, Moananui, Strathmore, Stanley Park, Matarawa, Paraonui and Parkdale. The estimated population of Tokoroa in June 2020 was 14,310. This is a 5 percent increase from the 2018 census.

The average age in Tokoroa is 37.8 years old. This has decreased by 1.3 years. The population pyramid (**Figure 1**[5]) shows that there are more older people, children and youth in Tokoroa compared with the working age (18–64 years) population.

Tokoroa is ethnically diverse, the breakdown in ethnicity is shown in **Figure 2**.[6] Pākehā represent the highest proportion of locals for Tokoroa. From 2013 to 2018 there was an increase in Māori, Pasifika and Asian ethnic groups in Tokoroa.

Furthermore, the 2018 census showed that more than 75 percent of locals in Tokoroa have been in the community for 10+ years—the only area where there was greater proportion of locals who have migrated into Tokoroa is in the suburb of Paraonui.

Figure 1: Population Pyramid for Tokoroa—2018

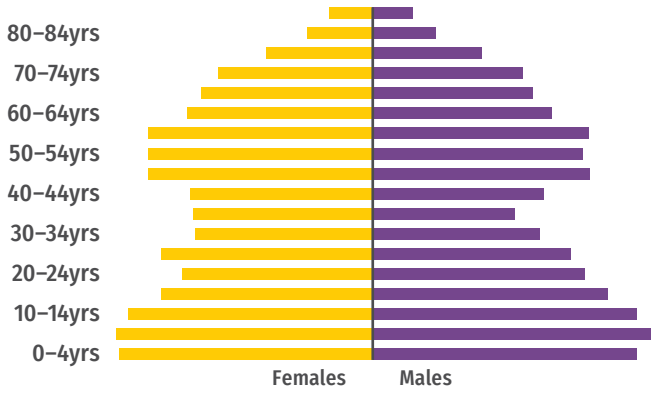
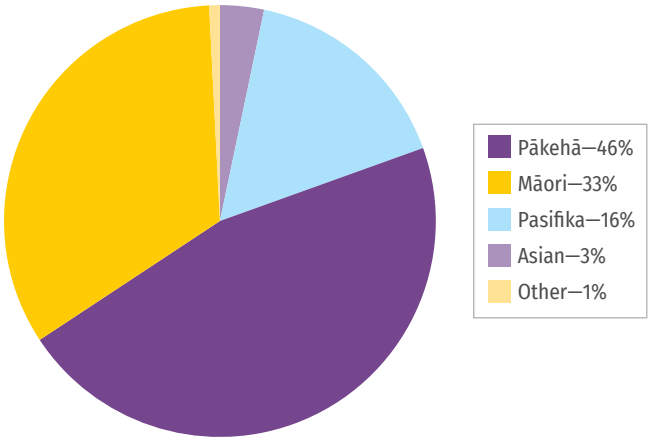


Figure 2: Ethnicity breakdown for Tokoroa—2018



Tokoroa SOOC21 Surveys

There were a total of 232 respondents to the SOOC21 survey from Tokoroa.

Figure 3 shows the age distribution for Tokoroa respondents. The highest proportion of those who took part in the survey were 55+ years old. All our face-to-face surveys were conducted in Tokoroa Central where the 55- to 75-year-old age group represents a significant proportion in this area.

Figure 4 shows the ethnic distribution of those who took part in the survey. The highest ethnic proportion to take part in the survey were Māori.

Figure 3: Age distribution of Tokoroa SOOC21 respondents

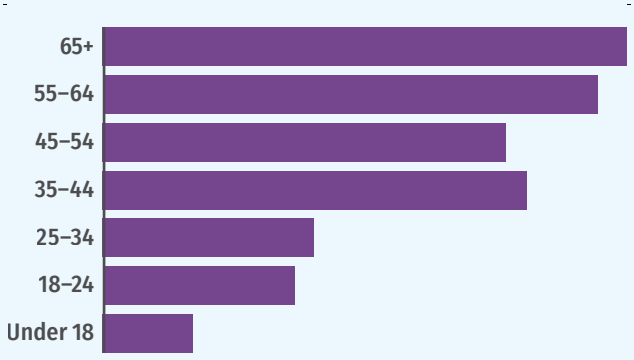


Figure 4: Ethnicity breakdown for Tokoroa SOOC21 respondents

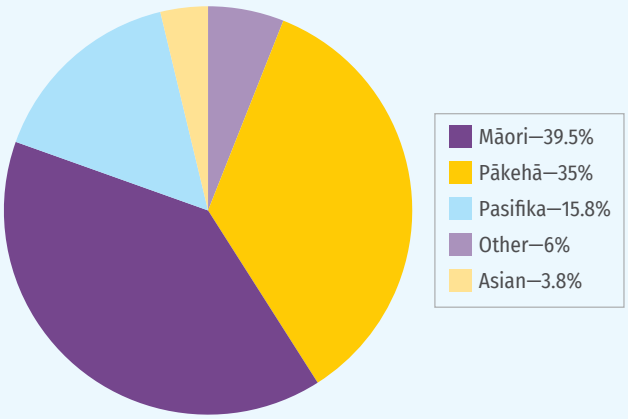


Table 2 shows that more than 63 percent of respondents have lived in Tokoroa for more than 10 years.

Table 2: Duration of residence for Tokoroa SOOC21 respondents (years)

<2	2–5	5–10	10+
4.8%	13.9%	18.3%	63.0%

There were five key informants from Tokoroa—a local iwi representative, a social worker, a council employee, a police officer and a community worker.

What do you like about Tokoroa?

There are five key areas that emerged when locals described what they liked most about Tokoroa. Many respondents identified multiple strengths and assets of their community. The key themes were the community/people, size and proximity, that Tokoroa was their home, the facilities and amenities and the lifestyle.

Key informants identified Tokoroa's diversity as a real strength as it contributes to a united, caring and resilient community. Tokoroa's locals have aroha and passion for its people. A key informant recounts a situation where they posted a request on Facebook to the community for items needed for a client moving into a new home—those items were there by the end of the day. One local said, 'We don't have much, but we will help'. Key informants attributed this to the empathetic nature of locals because they understand what it's like to be in need.

COMMUNITY (71%)	There is a strong sense of community in Tokoroa. Diverse, friendly, generous, close-knit and caring are a few of the attributes of locals in Tokoroa.
SIZE AND PROXIMITY (27%)	*'Tokoroa is not too little and it's not too big'* so everything is accessible. Tokoroa's location means it is easy to access bigger towns like Taupō and Hamilton.
TOKOROA IS HOME (12%)	Tokoroa is home for many locals, they have grown up there and have continued to raise their families in Tokoroa. Tokoroa is a place of belonging.
FACILITIES (11%)	The eateries, op shops, local businesses, churches and outdoor activities are a few facilities and amenities locals like.
LIFESTYLE (9%)	*'No Drama'*, peaceful, laid back and quiet is the lifestyle locals enjoy.
OTHER (9%)	Other attributes that locals liked about Tokoroa was the lack of traffic lights, and that it was safe and affordable.

KEY TAKEAWAY QUOTES

'The people. They are so friendly. Tokoroa is big enough to not know everyone and yet small enough to care about others.'

'It's a beautiful, vibrant, multicultural community that's very friendly.'

'Central location in the middle of the North Island.'

How did Covid-19 impact you and your family?

More than half of the respondents shared that there was minimal impact for them or their family. Those that were essential workers just continued to work. Some of the negative impacts included loss of employment and income, health issues and mental health concerns. Positive impacts included rest and strengthening of family relationships.

MINIMAL IMPACT (60%)	Many locals shared that there was minimal impact because they were able to adapt quickly to the new restrictions. Locals reflected on their experiences compared with family and friends overseas.
NEGATIVE IMPACT (22%)	The key challenges locals faced were loss of income and employment, health issues, isolation, anxiety, separation from loved ones and support networks. Lockdown created a strain in people's relationships, and this was further heightened by employment and/or income loss. Some locals shared that these factors resulted in separation.
POSITIVE IMPACT (17%)	The most consistent positive outcomes were the ability to spend more time with family and loved ones, the strengthening of family relationships and people being able to rest and reset.

KEY TAKEAWAY QUOTES

'Just got on with life as normal.'

'We had to learn to work online. We enjoyed slowing down and spending time with just our nucleus.'

'I suffer from anxiety—so I actually enjoyed lockdown as I did not have to worry about things.'

'With only 29.67 percent drop in earnings as self-employed, I didn't qualify for any government assistance, so [it was] difficult financially and [I am] still recovering from that.'

'Struggled without food and money, my parents couldn't get regular work.'

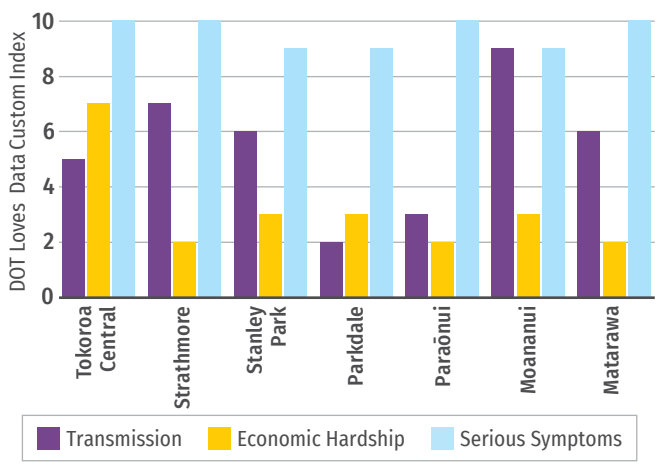
What are the Covid-19 Risks for Tokoroa?

DOT Loves Data has created three risk indices around Covid-19 transmission, economic hardship and serious symptoms.[7] These risk indices are calculated using differing variables which can be found in **Appendix 4**.

- Transmission risk: The risk of community transmission.
- Economic hardship risk: The risk of a community to fall into economic hardship.
- Serious symptoms risk: The risk of serious symptoms associated with Covid-19.

Figure 5 shows the Covid-19 risk indices for areas in Tokoroa.[8]

Figure 5: Covid-19 Risk in Tokoroa



TRANSMISSION RISK

Risk of transmission was highest for the areas of Moananui and Strathmore. These areas had significantly higher population densities (higher population per km squared than other areas) and higher proportions of children/students. This resulted in increased levels of contact. There was also a higher proportion of people working in the health industry, with increased likelihood of transmission.

ECONOMIC HARDSHIP RISK

Economic hardship risk was low (2–3 on the DOT Loves Data index) across Tokoroa, except Tokoroa Central. Tokoroa Central had a risk index of 7. Tokoroa Central has the highest level of those employed by the accommodation/food and arts/tourism industries. These industries were strongly impacted by Covid-19. Tokoroa Central also has the highest Jobseeker Support[9] per capita, which has a high vulnerability to financial instability. The national rate for Jobseeker Support as of March 2021 is 6.38 percent. Tokoroa Central has a Jobseeker Support rate of 22.28 percent. Since 2013, the Jobseeker Support rate for Tokoroa Central has been three to four times higher than the national rate.

SERIOUS SYMPTOMS RISK

Serious Symptoms Risk was high across all areas of Tokoroa. There were three key variables that remained significantly high—these were respiratory hospitalisations, respiratory deaths and heart disease. Nationally, Māori have higher rates of hospitalisation due to respiratory illness and heart disease. Heart failure hospitalisation rates for Māori are more than four times as high as those for non-Māori. From 2014 to 2016, Māori children aged 0–14 years were three times more likely to be hospitalised for bronchiectasis (lung condition) compared with non-Māori children.[10] Tokoroa has a high Māori population and is therefore prone to these health outcomes. The Tokoroa community have highlighted the poor quality of housing (as shown in the next sections) which relates to respiratory illnesses.[11]

In my shoes the Prime Minister would see...

POSITIVE ATTRIBUTES (42%)	A resilient, caring, friendly, supportive and diverse community. Locals want to challenge the negative stereotypes of Tokoroa that are shown in the media. Locals acknowledge that although there are challenges in Tokoroa, it is a town with a lot of heart, and 'every community has good and bad stuff happening'.
CHALLENGES (58%)	**Housing (27%):** Homelessness (58%) and cold, damp and overpriced rental properties (35%) are challenges. It is difficult to come by quality, affordable rental properties. *'The place I am renting, it's not warm during winter ... but I have no choice.'* **Business and jobs (21%):** Businesses (23%) are struggling, buildings are empty and shops are closed. *'She would see a depressed town, it was once thriving.'* Lots of unemployment (18%) and lack of jobs for the community are also challenges. **Youth (18%):** Tokoroa provides a lack of opportunities to engage and support young people. *'Lack of opportunities put our young people at risk to gangs and behaviours such as crime and vandalism.'* **Other challenges** • The working poor. People earn too much to receive financial support from the government, but do not earn enough to meet their cost of living. • There are too many alcohol stores and pokie machines. • Drugs are a big problem in the community. • Levels of depression are increasing, and the health outcomes are not getting better. There are not enough healthcare and mental health services to support the community. • Schools are poorly resourced.

KEY TAKEAWAY QUOTES

'One day wouldn't be enough to see the real Tokoroa, she'd see the rotten buildings and homes ... families broken by drugs, alcohol and gambling ... beggars in the main street. A town full of food shops ... a town pretending to be okay after the big redundancies from the 80s, with their new toilets that just look ridiculous amongst all the decaying shop buildings. She wouldn't have time to see the smiles that break through all that ... the inner strength we have, to overcome all these hurdles.'

'We may not always agree with one another, but when the need arises the community comes together to support.'

'Homes that are cold, damp and run down ... the landlord doesn't want to fix or do anything with the housing around here.'

'...youth who don't see the town as giving them a future.'

'Students... run-down schools are doing the best they can with what they have ... students are missing out on opportunities due to lack of resources.'

Key Informants

THE MAIN CHALLENGES IN TOKOROA...

...are housing, unemployment and drugs. One key informant described the housing situation in Tokoroa as challenging: *'People can't afford housing and are living in overcrowded situations. There is a desperate need for social housing—the caravan park is massively overcrowded; sex offenders are being bailed to these camps as well as vulnerable groups such as refugees. Emergency accommodation is always full, and it is a "meth den" so it is not safe for families.'* Transitional housing providers have families that no longer require the social wraparound support; however, there is nowhere else for them to go so they remain. The lack of affordable housing creates a bottleneck effect and limits the ability social services have to provide greater support in the community. There are many properties that sit empty in Tokoroa—ex-police houses and Tainui street flats, to name a few. One key informant stated that *'Property agents report 50 percent of rental housing stock has been purchased as investment properties but left vacant rather than risk bringing in tenants—the stereotype [is] that everyone is cooking meth, which is just not true'.*

Other key informants and many in the community talked about challenging the stereotypes associated with Tokoroa. The portrayal of Tokoroa by the media reinforces negative stereotypes and anecdotally this results in negative implications for the community. Many of the key informants spoke about the impacts of drugs on the community and excessive availability of alcohol. One key informant said that synthetic cannabinoids are a big issue in the community—that it was worse than meth because it was more accessible, toxic and just as addictive.

Other challenges key informants spoke about included inequality in governance. There is growing concern for national and regional governance and that there is a continual disregard for rural and smaller townships. When the voices of these communities are not being heard or supported, this translates to a lack of investment for development, housing, employment and services such as healthcare. These factors have implications on the wellbeing of smaller and rural communities.

IN MY SHOES THE PRIME MINISTER WOULD SEE:

'The real struggles of a rural town community.'

- The lack of employment and opportunities means families are moving out of Tokoroa.
- The reality of how unemployment is disempowering and what some people are spending their benefits on.
- No matter how hard people work there are no opportunities for locals to get ahead in life. The lack of opportunity breeds hopelessness and this can lead people to harmful circumstances. *'I've never seen people work so hard, but there is no pathway for getting ahead. Lots of our women escape into meth. Why wouldn't you do something to take the edge off the pain?'*

As Prime Minister I would...

BUILD WARM, QUALITY AND AFFORDABLE HOUSES FOR THE COMMUNITY (29%)	Locals focussed on housing the homeless and seniors.
CREATE MORE FACILITIES AND ACTIVITIES FOR CHILDREN/YOUTH AND FAMILIES (26%)	
HEALTHCARE (24%)	Locals want significant investment in the healthcare services for Tokoroa and a proper hospital, to invest in more mental health services for all ages and provide more counsellors to support the community.
BRING OTHER INDUSTRIES TO TOKOROA (22%)...	...so that there are employment opportunities particularly for young people.

PROVIDE MORE SUPPORT FOR LOCAL BUSINESSES (18%)...	...so that they are sustainable and stay in town. Examples of support could include subsidised commercial rents for businesses so that business owners are attracted to Tokoroa.
SUPPORT SOCIAL SERVICES TO CONTINUE THEIR WORK IN THE COMMUNITY (26%) ...	...providing family-focussed support, particularly for young parents.
RESOURCE SCHOOLS (10%)...	...so that students are engaging and staying in school.
I WOULD LISTEN TO THE NEEDS AND SOLUTIONS OF THE COMMUNITY (9%)	

KEY TAKEAWAY QUOTES

'All mankind deserves to have a healthy body, healthy food, a healthy warm, clean, safe home to live in and a healthy environment to flourish in.'

'... we need nice [and] warm, not leaking, homes.'

'The [health] services here have weeks of waiting lists, if not months.'

'Address the methamphetamine and synthetic cannabinoid problem driven by the gangs and destroying families.'

'Resource schools in order to change a cycle.'

'There are insufficient doctors. The hospital is like an afterhours doctor and they have nothing they need. There is an insufficient ambulance service.'

KEY INFORMANTS

As Prime Minister I would...

- Build more affordable houses and improve the quality of the current housing stock.
- Create a conducive environment for economic growth in Tokoroa.
- Invest and support rural and regional areas.

State of Tokoroa

Figure 6: Sale price to income

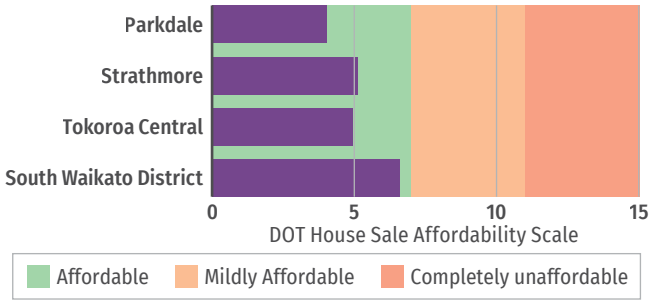
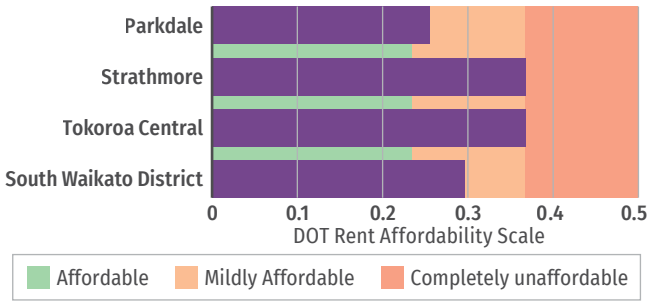


Figure 7: Rent value to income



HOUSING

The median house price for sale in Tokoroa for December 2020 was $283,500. In the past five years, the median house price has increased by 130 percent, from $123,900 (Dec 2015).[12] The median market rent in Tokoroa, from December 20 to May 21 was $350.[13] **Figure 6** shows the house price sale value to income, and **Figure 7** shows the rental value to income for the South Waikato District and Tokoroa Central, Strathmore and Parkdale.[14] It is more affordable to purchase property than it is to rent per week. Rental prices in Tokoroa Central and Strathmore are unaffordable compared to the average household income in these suburbs.

Table 3: Measurements of housing variables for suburbs in Tokoroa (2020)[15]

	NZ	Tokoroa Central	Strathmore	Parkdale
Breaking and entering	**11.65**	45.65	9.09	8.64
Overcrowding	**0.587**	0.709	0.656	0.599
Not in-home ownership	**35.5**	39.74	33.93	34.94
Emergency housing	**4.26**	1.6	0.89	2.71
No heating	**3.98**	4.71	0.44	0.33
Damp and mould	**3.3**	6.09	5.65	3.92
No household amenities	**0.39**	1.18	0.44	1.01
No cooking facilities	**1.14**	2.35	1.16	1.01
No drinking water	**3.18**	1.18	2.76	1.01
No shower/bathing	**1**	1.18	0.29	1.01
No electricity	**1.71**	1.18	1.16	2.01

Higher than the national average/rate

Table 3 shows a snapshot of the quality of housing in Tokoroa. DOT Loves Data uses eleven indicators to measure safety, quality and affordability of housing.[16] Tokoroa Central had higher rates across nine indicators compared to the national rates. Households in Tokoroa Central were four times more likely to get broken into, double the rate for damp/mould and double the rate for homes that did not have cooking facilities. Across all three locations overcrowding, damp/mould and homes with no amenities were higher than the national average.

Overall, the levels of damp and mould show that the quality of housing in Tokoroa is concerning. The levels of overcrowding may also suggest there is a lack of available housing in Tokoroa. Even in areas such as Parkdale, where rent is more affordable than the other areas, there are still prevalent levels of overcrowding.

POVERTY

Table 4: Measurements of welfare variables for suburbs in Tokoroa[17]

	NZ	Tokoroa Central	Strathmore	Parkdale
Deprivation Index		10	10	9
Adults with no qualifications	18.19	42.02	32.43	28.68
Child education score	100	109	110	106
Consumption and purchasing score	100	104	117	112
No vehicle access	6.61	15.26	6.44	5.3
No internet	14%	37.25%	25.95%	17.59%
Median household income	$83,497	$47,429	$53,361	$69,615
Sole Parent Support rate	2.12	6.65	7.5	3.29
Jobseeker Support	6.38	22.28	19.42	11.29
Means tested benefit rate	3.01	8.25	5.16	3.49

Higher than the national average/rate

Table 4 is an overview of welfare levels, income, finance and education; these indicators[18] show the levels of deprivation in Tokoroa.

Across every indicator, except vehicle access, Tokoroa has higher rates and lower household incomes than the national average. Tokoroa Central had more than double the proportion of adults with no qualifications, and more than double the percentage of households with no internet access. The household income for Strathmore is 64 percent of the national median household income. Strathmore also has the highest consumption and purchasing score compared with Parkdale and Tokoroa Central.

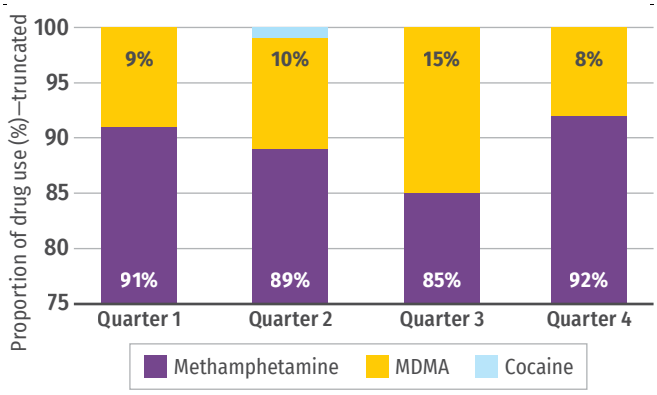
DOT Loves Data uses data from the Ministry of Education to calculate how children are performing at each school across the country. DOT Loves Data looks at factors such as achievement levels in NCEA, national standards, suspensions and expulsions and calculates an overall score. The higher the score, the lower the level of child educational attainment. Across all three areas in Tokoroa, the child education scores are above the national average. These scores indicate that there are challenges facing schools in Tokoroa, with lower levels of attainment. The rates for Jobseeker and Sole Parent Support were two to three times higher than the national average. These rates show some key points: there is a need for employment (as Jobseeker Support recipients are ready-to-work) and greater support for single parents.

ADDICTIONS

There are a total of 21 active alcohol licences in Tokoroa.[19] Of these licences, seven are off-licences (bottles stores/ supermarkets—where one can buy alcohol to take home). There is one off-licence alcohol store for every 1500 adults in Tokoroa. Tokoroa has seven venues for gambling. In the year ending March 2021, Tokoroa lost $5,078,379 to pokie machines[20]—this resulted in $354.88 loss per capita.

The national wastewater drug testing programme by the police shows the levels of drugs that are detected in wastewater.[21] **Figure 8** shows the proportion of drugs that are detected for Tokoroa. Methamphetamine continues to be the most common drug detected. The proportion of meth use in Tokoroa had declined from April to September 2020. This period correlates with the Covid-19 lockdown.

Figure 8: Police wastewater drug testing in 2020—Tokoroa



SPPU released six dashboards in 2020 tracking the social impacts of Covid-19. These dashboards showed that meth use had declined for many accessing our addiction services, for multiple reasons. These included lack of supply, price of meth increasing and people being unable to get to their dealers.[22]

Many clients also stopped using because they were with their families and isolated from negative influences. These factors may also contribute to the decline seen for Tokoroa. However, October to December 2020 showed that the proportion of levels of meth have returned to levels seen at the beginning of 2020.

CRIME

The national crime rate[23] in New Zealand is 35.31; the crime rate in Tokoroa Central is 332.88 over the period March 2016 to Feb 2021.[24] The crime rate for Tokoroa Central is almost 10 times greater than the national rate. There have been 1776 crimes in Tokoroa Central within this duration. Of these crimes, 70 percent have been theft-related, with more than half theft-from-retail premises. Breaking and entering represents 14 percent and assault represents 10 percent of crimes in Tokoroa Central.

There is a significant disparity between Tokoroa Central and other areas—Stanley Park, Parkdale, Strathmore, Matarawa and other areas in Tokoroa have significantly lower crime rates. Many of these suburbs have half the rate, or lower, of the national crime rate. Crime in Tokoroa is concentrated only in Tokoroa Central and Amisfield, whilst other areas have lower crime rates than the national average. Theft is the main type of crime in Tokoroa, and therefore would most likely be concentrated around retail or business areas as opposed to the suburbs. This may explain why crime is concentrated in Tokoroa Central.

EMPLOYMENT

The next section uses the Mayors Taskforce for Jobs Youth Employability Dashboard from DOT Loves Data. This dashboard does not drill down to census area units, so we are unable to focus solely on Tokoroa. Therefore, this section overviews South Waikato and Waikato. There are 405 young people (18–24 years old) receiving Jobseeker Support in South Waikato.[25] The Jobseeker Support rate for young people in South Waikato has increased by 65 percent since 2017 and is double the national rate. There is 18 percent of young people (15–24) not in education, employment or training (NEET) in Waikato. Previously 20- to 24-year-olds have represented the highest proportion of those in NEET. However, the gap has closed for 15- to 19-year-olds (18.3%) with a slightly higher NEET rate than 20- to 24-year-olds (18.1%, March 2021). The NEET rate for 15- to 19-year-olds has increased by 8.4 percent since December 2020. The dashboard tracks NEET rates back to 2004—this is the highest NEET rate for 15- to 19-year-olds in Waikato.

For South Waikato, 56 percent of school leavers in 2020 did not carry on into tertiary education. Of those who entered tertiary education, 5 percent carried on to complete certificates (L1–L2), 30 percent studied towards certificates and diplomas and 9 percent went on to study bachelors and above.

There are 2346 businesses in the South Waikato District with 8200 employees. The primary industries of employment for this region are manufacturing, agriculture, education and healthcare. The key skill shortages in the Waikato region are information technology and telecommunications, trades, health and social services and engineering.

Aspirations for Tokoroa in 2026

UNDER 18 YEARS	The key aspirations for these locals were about creating affordable housing particularly for the homeless. Other aspirations included working collectively to keep the town clean and attractive to visitors, community cohesion, more employment and fewer addiction issues.
18–24	Keeping the town clean was the main aspiration for these locals. A cleaner town would hopefully attract more people into town to support local businesses. These locals talked about the hope for more employment and opportunities for all, but particularly for the youth.
25–34	Affordable and quality housing is the key aspiration for these locals. People are travelling out of town to work or leaving Tokoroa in search of work elsewhere, and these locals are hoping for more regional investment to create local employment and prevent displacement of families. Community events were also highlighted as an avenue to engage children, youth and seniors, particularly in light of the isolation caused by the pandemic.
35–44	Employment and wages were the key concerns for these locals—again an emphasis on the younger generation and the displacement created as a result of the lack of opportunities in Tokoroa. The dream of one day becoming homeowners was one of many housing aspirations, including availability of affordable, quality, warm and dry homes. These locals also hoped for a happier, healthier and more resilient community.
45–54	Warm, dry housing was the hope for these locals, particularly around rental properties and homelessness. Locals also hoped for investment in local businesses and local industries to create sustainable employment opportunities for Tokoroa. Other aspirations included less violence in the community, less addictions and more healthcare and mental health services.
55–64	Affordable housing, from less unfair landlords and overpriced rentals, to more support for first-home buyers and the eradication of homelessness in Tokoroa was a key aspiration for these locals. Locals also hoped for more employment for two primary reasons: to draw people to Tokoroa, but also to ensure that Tokoroa doesn't lose the younger generations.
65+	Employment, particularly creating opportunities such as apprenticeships for young people to keep them in Tokoroa, but also to deter them from at-risk activities. Locals also hoped for more major national stores like Kmart or Bunnings, more local businesses and less food outlets. These locals also hoped for greater support and care for seniors, particularly around community activities and access to healthcare services.
KEY INFORMANTS	Key informants hoped that in five years' time, Tokoroa would have more safe, quality and affordable homes. There would be opportunities for locals in the form of employment, education and training. There would be greater collaboration and unity in the community. There would be no drugs but, overall, Tokoroa would be a thriving community that imparts hope and belonging for all people.

Summary and Spotlight

Diverse, generous, resilient, supportive and close-knit are a few of the characteristics of Tokoroa locals. One local summed Tokoroa up as 'A community that doesn't have much but is always willing to help'. The empathetic and caring nature of locals was evident throughout their stories, challenges and aspirations. Whether locals were talking about their concerns or solutions, their responses were around the betterment or welfare of their community.

HOUSING

In amongst the many challenges, Tokoroa locals identified housing as their primary challenge—right across the housing spectrum, locals expressed their concerns about homelessness, social housing, rent and home ownership. There are major concerns around affordability of rental properties and quality—with damp, mouldy and overcrowded homes in Tokoroa at levels higher than the average national levels.

RANGATAHI

Many of the challenges and concerns that locals identified were in relation to rangatahi (younger people). They have limited employment opportunities. There are minimal facilities or activities to engage rangatahi in the community. The schools in Tokoroa are under-resourced and this impacts their ability to engage and support students. These are some of the challenges rangatahi are facing amidst the backdrop of addictions, crime and gangs in their community.

When locals were given the theoretical mandate and the resources of the Prime Minister, the majority of the solutions the community proposed were for tamariki (children) and rangatahi. Locals would create more facilities and activities, create employment opportunities, resource schools and support social services that support children, youth and young parents. Locals acknowledged that a thriving and flourishing Tokoroa hinges on Tokoroa's children and rangatahi thriving and flourishing.

HEALTHCARE AND MENTAL HEALTH

Throughout the survey, locals expressed their concerns with healthcare and mental health issues. Anxiety, depression and stress were concerns locals consistently identified. The challenge for locals is that mental health and healthcare services are inadequate to address the current needs of the community. These healthcare needs will only increase as Tokoroa's significant senior population get older.

The mental health challenges for locals are complex. These are rooted or compounded by socio-economic factors, such as housing costs, employment, income or social relationships. Locals talked about the hopelessness of the working-poor who are striving to make ends meet but are unable to get ahead. Hopelessness has a negative impact on mental health. Mental health provisions can support locals to cope with these challenging circumstances. The absence of these provisions lead to locals seeking alternative coping mechanisms. Investing in health and mental health services such as counselling for the community was a key priority.

Tokoroa locals identified some big challenges facing their community: housing affordability and quality, dying businesses, unemployment, displacement, addictions and crime. However, in amongst all these challenges, locals continued to show resilience in being aspirational and hopeful for their community. Locals shared that building more houses, creating more jobs and investing in education and healthcare is only part of creating a thriving Tokoroa. Equally as important is the investment into Tokoroa's community values and identity. The aspirational Tokoroa that locals hope for can only be achieved when central government, local government and communities work in partnership.

CARTERTON

Carterton District is located in the Wairarapa region of the lower North Island and covers 1179 square km. The Carterton District is composed of five census area units, which include Carterton North and South (main Carterton township), Kokotau, Mount Holdsworth and Gladstone.

In June 2020, the Carterton District had an estimated population of 9950. This is an 8 percent increase in population since 2018. The average age in Carterton in 2018 was 46.4 years old, this increased by 4.4 years from 2013. The census in 2018 showed 48 percent of the increase in population were 70+ years old. The population pyramid shown in **Figure 9** shows that Carterton has a young but predominantly ageing population. Census data also shows that there is an increase in young professionals (25–34 years old) moving to Carterton.

Figure 10 shows the ethnic breakdown for Carterton.[26] Pākehā represent 82 percent and Māori represent 12 percent of the population of Carterton.

According to the 2018 census, more than 75 percent of locals in the Carterton District have been there for more than 10 years. There are increasing numbers of locals who have been in Carterton for less than five years, particularly people who have moved there from other areas in New Zealand.

Figure 9: Population Pyramid for Carterton—2018

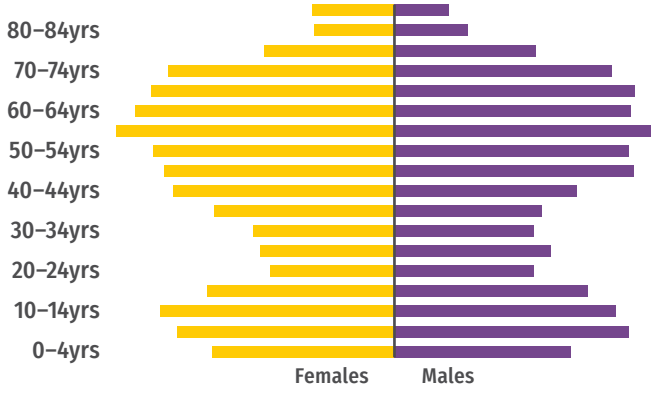
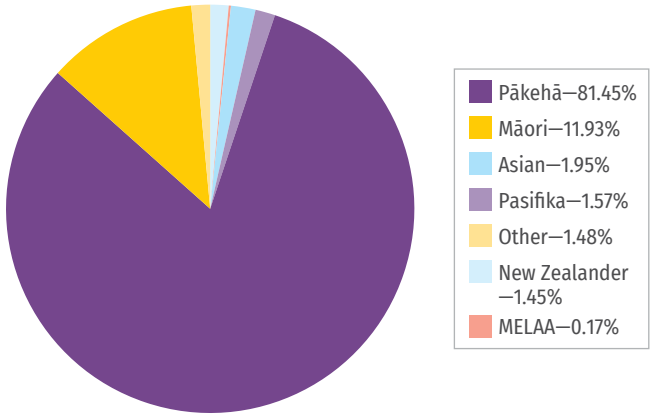


Figure 10: Ethnicity breakdown for Carterton—2018



Carterton SOOC Surveys

There was a total of 192 respondents to the SOOC21 survey from Carterton.

Figure 11 shows the age distribution of the respondents. The highest proportion of those who took part in the survey were 65+ years old. A significant number of surveys were conducted in Carterton North and South, and the highest proportion in these areas are 55+ years old.

Figure 12 shows the ethnic breakdown of respondents. Of those that took part in the survey, 70 percent were Pākehā and 13 percent were Māori.

Figure 11: Age distribution of Carterton SOOC21 respondents

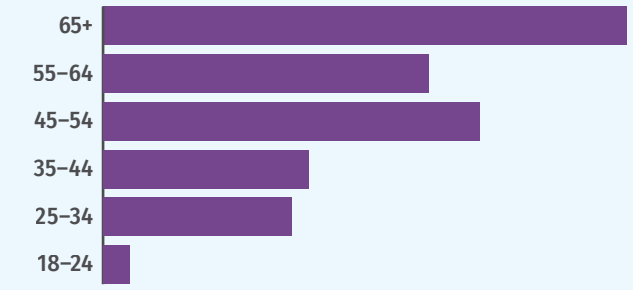


Figure 12: Age distribution of Carterton SOOC21 respondents

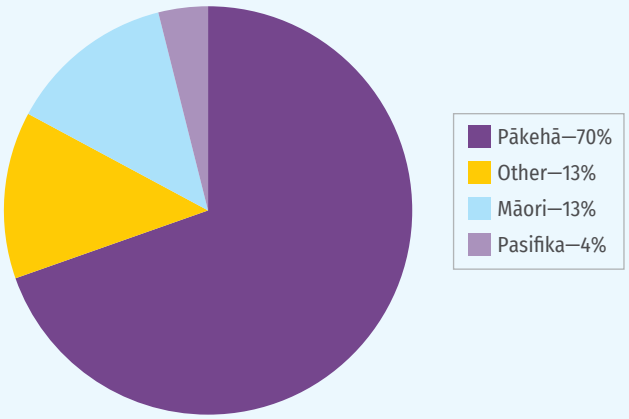


Table 5 shows the duration of residency for respondents. About 49 percent of respondents had been in Carterton for more than 10 years.

Table 5: Duration of residence for Carterton SOOC21 respondents (years)

<2	2–5	5–10	10+
11%	18%	21%	49%

There were five key informants—a principal, three community workers and a representative from the local council.

What do you like about Carterton?

There were five key themes that emerged when we asked locals what they liked about Carterton. Locals identified multiple strengths and assets. More than 80 percent liked their community, the people and certain characteristics of Carterton. Many of these characteristics were attributed to the small size, which was also seen as a key strength. Other themes included the quiet lifestyle, facilities and amenities and that Carterton has always been a place of belonging.

A community with opportunities for all was the consensus from the key informants. Key informants shared that small sized communities like Carterton have strong relationships, are proactive and that knowing each other creates accountability. The proximity to bigger centres like Palmerston North and Wellington was also an advantage.

COMMUNITY (83%)	Locals described their community as 'quintessentially Kiwi' and 'down to earth'. Characteristics of the Carterton community included friendly, supportive, diverse, connected, inclusive, easy going and generous, to name a few.
SIZE AND LOCATION (23%)	Carterton has a 'small-town vibe' which leads to a close-knit and connected community. Locals like the small size of Carterton and also, the proximity and accessibility to bigger centres like Palmerston North and Wellington.
LIFESTYLE (10%)	The lifestyle in Carterton is rural, laid back and quiet. People really appreciate the slow pace of life that Carterton provides. One of the locals talked about commuting to the bigger city for work, but returning to the serenity of small-town Carterton.
FACILITIES, AMENITIES, EVENTS (10%)	The park, the local library, the schools and businesses such as Vinnies (St Vincent de Paul) are a few of the reasons why locals like Carterton. Locals also talked about the many opportunities in the community to get involved in events and social groups. These opportunities provided an avenue to make friends and get connected with others.

HOME (7%)	Carterton is home, it is where their family and friends are. Carterton is a place of belonging. One local shared that their family has been in Carterton for seven generations.
OTHER (6%)	Other assets of Carterton included safety and security, affordability, the cost of living and the local council.

KEY TAKEAWAY QUOTES

'There is an incredible amount of generous people who go above and beyond to help others when tragic circumstances arise.'

'We are a community that cares. We are small enough to still feel like a community but big enough to not be in each other's business.'

'People are connected ... they are impassioned ... by their own ideas and they act ... there's a group of like-minded people for all.'

How did Covid-19 impact you and your family?

In a post-pandemic world, we wanted to identify whether Covid-19 had impacted locals in Carterton. Over 40 percent of the respondents shared that there was minimal impact. Many locals highlighted the severe impact of Covid-19 on their family and friends overseas compared with the New Zealand situation.

A third of locals had positive impacts, particularly around more time with family and time to rest. A quarter of respondents identified negative impacts. These were predominantly isolation and loneliness. Employment was a key theme that emerged across the board for both negative and positive impacts.

MINIMAL IMPACT (43%)	Almost half of the respondents were not impacted by Covid-19. Locals talked about adapting and adjusting quickly to the restrictions of the lockdown and, as a result, life continued as normal. Many in the community talked about the challenges that their family and friends were facing overseas.
POSITIVE IMPACT (32%)	Locals enjoyed the time to rest and reflect. Others expressed that they have a lot more gratitude now for their community and their family. Many enjoyed the time they were able to spend with their families.
NEGATIVE IMPACT (25%)	Locals talked about the challenges of lockdown. These included isolation, loneliness, anxiety, stress and mental health concerns. Other impacts were broken relationships and domestic violence. Locals talked about the impact on their families overseas and the struggle with not being able to see/visit them.
EMPLOYMENT (23%)	There was a vast range of experiences in relation to employment—from working from home to loss of employment and loss of hours. Locals talked about work levels increasing and causing stress during lockdown. On the other end, lockdown had slowed work down for others, which was refreshing.

KEY TAKEAWAY QUOTES

'Only positive for me. It deepened my sense of gratitude for living where we do and being safe and healthy.'

'We enjoyed the slow pace of life, having dedicated time together and that the community looked out for each other.'

'Lack of social contact was very hard. I found it difficult being stuck at home with kids and expected to home school.'

'Our jobs are busier than ever now. Have noted that both family and community are tired, stressed and struggling with mental health ... we all feel like we need a break that just never comes.'

The key informants had mostly positive experiences with Covid-19, such as saying *'Covid-19 was fantastic, as it provided a timeout to appreciate our values'*. Many in the community evolved and adapted quickly to the delivery of education and other social services. Unemployment and an increase in domestic violence are some of the challenges key informants highlighted. One key informant shared that there had been an increase in domestic violence. Victims had nowhere to go because they were in lockdown with their perpetrator. Therefore, there was an increase in domestic violence victims seeking support following lockdown.

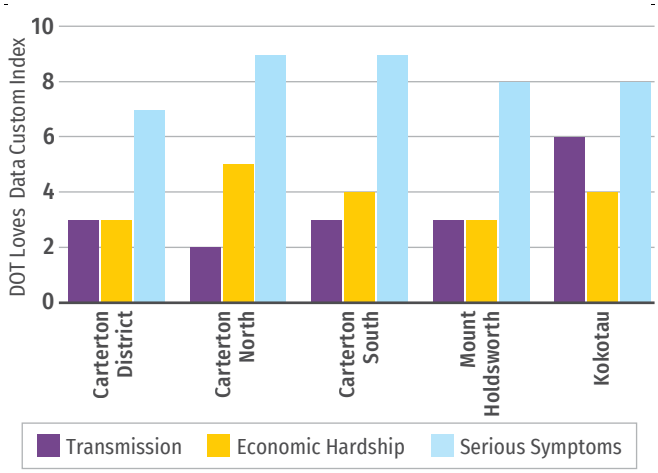
What are the Covid-19 risks for Carterton?

DOT Loves Data has created three risk indices around Covid-19: transmission, economic hardship and serious symptoms. These risk indices are calculated using differing variables which can be found in **Appendix 4**.

- Transmission risk: The risk of community transmission.
- Economic hardship risk: The risk of a community to fall into economic hardship.
- Serious symptoms risk: The risk of serious symptoms associated with Covid-19.

Figure 13 shows the risk indices for suburbs in Carterton.[27]

Figure 13: Covid-19 Risk in Carterton



TRANSMISSION RISK

The risk of transmission index for Carterton District was 3. An overview of these areas showed similar risk, except Kokotau (risk index: 6). Of the Kokotau population 26 percent are students and have a relatively higher proportion of employment in the arts and tourism industries. Both these factors result in higher likelihood for contact.

ECONOMIC HARDSHIP RISK

The risk for economic hardship is low for Carterton. The highest risk factor across Carterton was due to

the high proportion of locals who are self-employed. Self-employment is prone to financial instability and vulnerability. Carterton North had the highest risk index for economic hardship, and this was due to the proportion employed in the accommodation and food industries and Jobseeker Support per capita. Covid-19 has led to the loss of employment and income for many employed in the accommodation and food industries.

SERIOUS SYMPTOMS RISK

The Serious Symptoms Risk is similar across the board for Carterton. Relative to the transmission and economic hardship risk, 'serious symptoms' is high (7–9). The two variables that have resulted in this risk index are cancer registrations and heart disease. Carterton North and South have a risk index of 9 compared with Mount Holdsworth and Kokotau, which have a risk index of 7. The difference in these two areas is the proportion of 65+ year-olds. Carterton North/South Carterton have higher proportions of 65+ years old compared with other areas.

In my shoes the Prime Minister would see...

POSITIVE ATTRIBUTES (46%)	A vibrant community with positive, hardworking, kind, caring, friendly and supportive people. There are many great local initiatives, and the community works together to make Carterton a better place. One of the locals described it as *'a solutions-based society'*. For locals, the size and close-knit nature of the community has created a community that is accountable to each other. This creates a safer and more vibrant community. Locals also talked about the asset of having seniors in their community and the contribution that they make to Carterton. Carterton is humble and has a strong community spirit.
CHALLENGES (54%)	**Housing (28%):** A housing crisis—there is a lack of social housing, locals are struggling to pay for their rent and there is homelessness. It is difficult for families to get into a permanent housing situation. **Infrastructure (18%):** Infrastructure is aged and is lacking relative to the growth. The traffic issues through the main street, the dreadful state of the roads and footpaths, the lack of public transport options for the growing commuting population and an environment that is not conducive to walking are challenges. Many empty buildings continue to sit idle because they need to be earthquake proofed. Many locals pay 'exorbitant rates' but you wouldn't know that if you looked at the infrastructure and CBD. **Business (16%):** Many local businesses are run down, some shops have closed down and many local businesses are struggling. There is a lack of variety in regard to local businesses in Carterton. **Inequality (11%):** Inequality—a community of two halves, there are many who are struggling but there are also many who are affluent. The rich are getting richer, and the poor are getting poorer. Locals talked about poverty, homelessness and many struggling in their community, but they also acknowledge that those who struggle in the community are not always visible. **Youth (9%):** There are a lot of youth in Carterton, and there is a lack of opportunity to engage them in the community. As a result, there are young people that run rampant vandalising and committing burglaries in the community.

CHALLENGES (54%) CONTINUED

Seniors (7%): Carterton has a large and active senior community, however, there is a lot of struggle and hardship for seniors that is not often seen in the community. There are pensioners who do not retire but are continuing to work because their pension does not cover living costs, particularly around housing and mortgage payments.

Other: Unaffordable cost of living (price of food), lack of resourcing and investment in schools, lack of services for the disabled, shortage in healthcare and mental health services that is not keeping up with community growth and lots of petty crime, to name a few.

KEY TAKEAWAY QUOTES

'New Zealand without the wokeness.'

'Smiling people that care about so many aspects of our town. People trying to help each other, have fun, learn, communicate with the local council and care about where we live.'

'A positive community with a few scratches around the edges.'

'The two sides, the line between those with wealth and then the world of lack of affordable housing, the uncertainty and expense in the rental market and the high cost of living. If I was to get notice, I wouldn't know where I would live.'

'An ever-growing senior community with many struggling to get by. A lot of young people with not a lot to do and lack of work opportunities.'

'A local school that has a makeshift classroom in the hall, due to lack of funding for new classrooms and population growth.'

Key Informants

THE MAIN CHALLENGES IN CARTERTON...

- There is a strong perception that Carterton is not doing enough for the young and the old. There is a lack of community activity and facilities to engage young people—disengaged young people often result in anti-social activities, such as property damage and vandalism.
- Key informants also talked about infrastructure—the challenges with maintaining the infrastructure but also ensuring the infrastructure matches the growth and needs of the community. Key informants and locals shared that there are concerns with safety as the roads are a thoroughfare.
- Key informants talked about centralisation of services and how these have negative impacts on the regions and rural communities. For example, DHBs in smaller communities would often work in partnership with local councils and the centralisation of the DHB will limit these partnerships and collaborations.
- Key informants also identified the challenges particularly around financial hardship and the challenges that seniors face. Carterton has a significant senior population, however, they are often left isolated, lonely and struggling with housing issues.

IN MY SHOES THE PRIME MINISTER WOULD SEE:

- A town in need of a refresh. More than half the buildings on High Street have been red stickered and this is an opportunity to get them sorted and refresh the town.
- People in need and people who are financially disadvantaged.
- Carterton locals exemplify New Zealand citizens—they are driven, optimistic and grounded in their values.

As Prime Minister I would...

BUILD MORE HOUSES (28%)	Make housing more affordable. Increase the stock of rental properties and regulate the cost of rentals. Regulate the housing market. House the homeless.
INVEST IN THE INFRASTRUCTURE (19%)	Build a bypass for heavy traffic. Invest in more public transport options. Fix the roads and the footpaths so that it is easier for everyone to get around. Earthquake proof all the buildings that are red stickered.
SUPPORT LOCAL GOVERNANCE (13%)	Increase investment and support for local councils. Lower the local rates.
HEALTH (18%)	Invest in healthcare services like the hospital and medical centre. Find a way to attract doctors to Carterton. Carterton needs more general practitioners and better wages for nurses. Make dental care more affordable.
MENTAL HEALTH (11%)	Make mental health services accessible.
FACILITIES (9%)	Create more facilities and activities for youth, children and seniors.
EMPLOYMENT (6%)	Create jobs for people to have an opportunity to work. Support local businesses and create more businesses.
OTHERS	Provide more support services around family violence, provide greater support for the police, create support systems for seniors and the disabled, invest in addiction services particularly around methamphetamine.

KEY TAKEAWAY QUOTES

'Give ... school more classrooms as there are now so many students that one class is in the school hall.'

'Sit in a court room and hear the charges and the sentences given to regular offenders, see how many youth and young 10-year-olds with multiple offenses are laughing, nothing happens to them...'

'Build a housing development through a trust, like they have in Queenstown...'

'Put more money into social housing so older people don't have to live in tiny bedsit places or pay so much of a limited income...'

'Carterton is unaffordable for first-home buyers and sneiors living on the pension. Seniors are paying rates of $3000+ a year for small run-down homes...'

'Decrease the amount of central government bureaucracy...'

'Support for parents, support for farmers, but also accountability for conservation purposes—look after the environment, particularly the waterways—create vocational opportunities for the disabled.'

KEY INFORMANTS

As Prime Minister I would...

- Throw out the rule book—there are too many stringent rules and regulations. These create bureaucracy and obstacles to improving outcomes for local communities, particularly in the regions and rural areas.
- Find a seamless solution to build more houses for the community.
- Create more facilities and events for the community particularly children and youth.

State of Carterton

Figure 14: Sale price to income

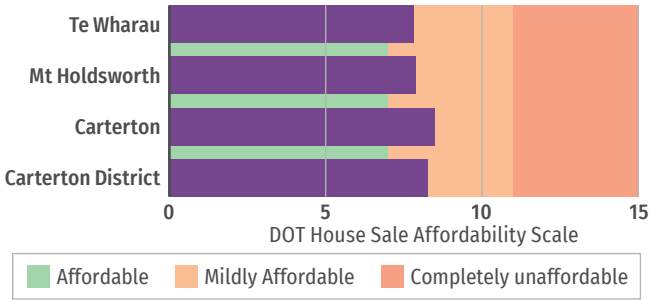
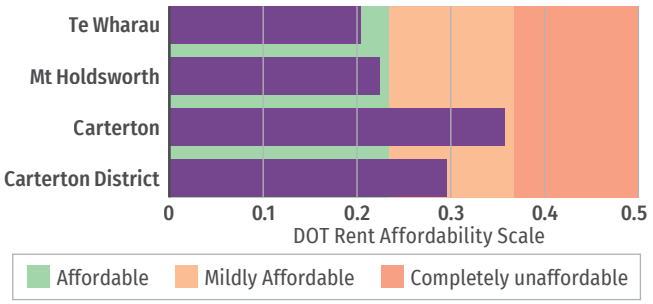


Figure 15: Rent value to income



HOUSING

The median house price for the Carterton District was $677,162 for June 2021. In the past five years, the median house price has increased by 141 percent, from $280,980.[28] An overview of median house prices for the Wellington region showed that the median house price in Carterton had the highest increase of 41.9 percent in the past 12 months. The median market rent in Carterton was $420 weekly from Dec 20 to May 21. **Figure 14** shows the house price sale value to income, and **Figure 15** shows the rental value to income for Carterton District, Carterton, Mt Holdsworth and Te Wharau.[29] **Figure 14** shows that average household income compared to the median sale house price is slightly unaffordable, particularly for Carterton.

Looking at rent value to income (**Figure 15**) Te Wharau and Mt Holdsworth are affordable, however, these are sparse rural areas with more than 80 percent of local homeowners. Therefore, despite being affordable the rental market stock would be significantly low. The rental market in Carterton District is concentrated in Carterton with more than 25 percent of locals in rental property. Rent to income for Carterton is on the edge of completely unaffordable. Carterton has a high proportion of older people who are pensioners. The weekly pension rate for a single, living alone, is $436.94.[30] The median rent for a two-bedroom house in Carterton is $350.[31] A pensioner renting a two-bedroom unit in Carterton for median market rent would use 80 percent of their weekly income, leaving them with less than $90 for food and other expenses.

Table 6: Measurements of housing variables for Carterton[32]

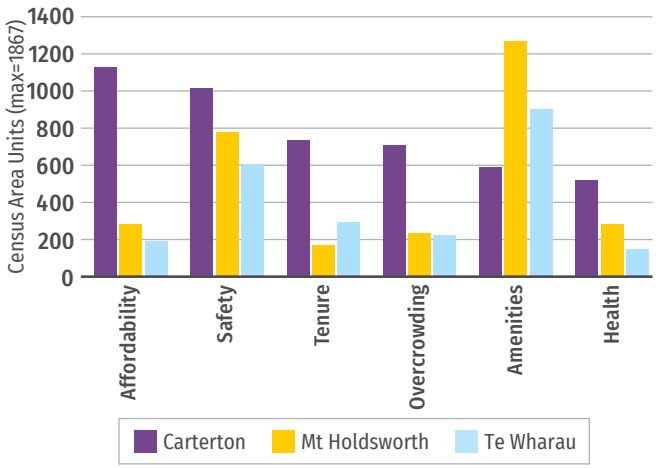
	NZ	Carterton	Mt Holdsworth	Te Wharau
Breaking and entering	**11.65**	10.85	8.99	7.83
Overcrowding	**0.587**	0.56	0.5	0.799
Not in-home ownership	**35.5**	26.79	16.72	20.53
Emergency housing	**4.26**	1.65	0.5	0
No heating	**3.98**	0.72	0.53	0
Damp and mould	**3.3**	1.99	1.25	0.84
No household amenities	**0.39**	0.43	0.53	0.45
No cooking facilities	**1.14**	0.43	0.53	0.45
No drinking water	**3.18**	1.01	5.88	4.2
No shower/bathing	**1**	0.58	2.67	0.9
No electricity	**1.71**	1.01	1.6	1.2

Higher than the national average/rate

Table 6 takes a snapshot of the housing situation in 2020 for Carterton, Mt Holdsworth and Te Wharau. Overall, the measurement of housing variables for Carterton are higher relative to the New Zealand average. The areas where Carterton District is underperforming could possibly be attributed to rural properties with limited household amenities, like drinking water or showers.

There are 1867 census area units nationally. **Figure 16** looks at how area units are ranked in regard to housing variables, such as affordability and safety. The lower the rank, the more favourable the variable. For example, Te Wharau is more likely to have affordable, safer and healthier homes in comparison with Mt Holdsworth and Carterton. Carterton is ranked higher across all these variables except amenities.

Figure 16: Housing Index rank for Census Area Units (NZ)



POVERTY

Table 7: Measurements of welfare variables for suburbs in Carterton[33]

	NZ	Carterton	Mt Holdsworth	Te Wharau
Deprivation Index		6	2	2
Adults with no qualifications	**18.19**	26.62	18.87	15.63
Child education score	**100**	99	96	98
Consumption purchasing score	**100**	100	89	85
No vehicle access	**6.61**	6.66	2.33	0.9
No internet	**14**	18.88	10.93	12.86
Median household income	**$83,497**	$59,526	$88,101	$92,008
Sole Parent Support rate	**2.12**	2.77	0	0
Jobseeker Support	**6.38**	5.59	2.42	2.1
Means-tested benefit rate	**3.01**	4.57	1.51	1

Higher than the national average/rate

Table 7 looks at the dynamic deprivation in Carterton. Carterton has a deprivation index of 6 (the highest is 10—the higher the index, the greater the levels of deprivation). Compared with the New Zealand average, Carterton has more adults with no qualifications, no access to a vehicle, no internet

access and lower household income than the national average. It has a higher rate of those on Sole Parent Support and means-tested benefits.

Infrastructure, isolation and loneliness were some of the challenges locals talked about—Carterton does not currently support an infrastructure that is conducive to walking, and locals talk about the lack of public transport options. When Carterton has a higher rate of no vehicle access compared with the national average, this creates barriers for locals to get out and about. Isolation and loneliness are further compounded when the proportion of households with no internet access is also higher than the national rate.

CRIME

The following section takes a snapshot of crime levels in Carterton District, from March 2016 to February 2021.[34] Carterton District has a crime rate[35] of 17.6 and 988 total crimes. Carterton District has the lowest rate in the North Island and is ranked sixth lowest nationally (lower rank means lower levels of crime ratio). The highest primary crime-type is unlawful entry/breaking and entering, and the highest secondary crime is blackmail. Overall, crime rate in the Carterton District has been constantly declining and is currently half of the national rate (35.31).

State Highway 2 runs through Carterton. Locals have expressed their concerns around the traffic safety, particularly with regards to speeding vehicles. From March 2016 to February 2021, there have been a total of 267 crashes in the Carterton District—factors that contributed to these crashes were unwarranted vehicles (33%), speed (25%), driving without a licence (21%) and alcohol (14.5%).

EMPLOYMENT

The Jobseeker Support rate for 18- to 24-year-olds in the Carterton District was 5.8 percent (March 2021). This is almost half the national rate (9.7 percent). Since 2014, the Jobseeker Support rate for young people in Carterton had consistently been higher than the national rate. However, in March 2020 the national Jobseeker support rate increased by 44 percent, whilst Carterton District's rate declined by 15 percent. There is a total of 1200 businesses in the Carterton District with 3050 employees.[36] The highest proportion are employed in manufacturing, agriculture, construction and education. Carterton has an increasing community of commuters, particularly to Wellington. The key skill shortages for the Wellington region are: information communication technology and telecommunications, health and social services and trades. The increase in commuting population will require development of the public transport system, which is currently rated at 0.032 public transport per capita.[37]

Aspirations for Carterton in 2026

18–24 YEARS	A Carterton that would offer more for the next generation. Those who are making decisions that impact the lives of children and young people should first listen to and understand the needs of children and youth.
25–34	A Carterton that is family focussed—their aspirations focussed on activities and support for youth and children and wraparound support for parents. Locals also hoped for more support for local businesses and more eateries.
35–44	A Carterton with more affordable and decent rental properties was the key aspiration for these locals. They talked about Carterton's growth and the need for increased investment in the community. Investment means more events and activities, better infrastructure and waterways, more local businesses and getting buildings up to code. These locals also continue to reiterate the hope for activities and events to engage children, youth and seniors.

45–54	Housing, children and youth engaging with their community. Locals hope for more investment and resourcing around education and increased employment and training opportunities for young people. Affordable housing both for rental properties and first-home buyers. Investment in infrastructure, like a traffic bypass, a revamped main street, lower rates, more health services and mental health and addictions services.
55–64	More social housing for those who are in need. For Carterton's infrastructure and public transport options to have the capacity to accommodate the town's growth. Better support for local businesses and earthquake-proofed buildings. Locals also hope for lower rates.
65+	Revitalisation of the main street, increase in new businesses and the flourishing of old businesses. Improved infrastructure to fix the traffic issues and the hope for a bypass to make the main street in Carterton safer. Housing and healthcare were also at the top of the agenda for these locals—hoping for more affordable housing and more healthcare services.
KEY INFORMANTS	'Bomb the main street and rebuild it'—key informants hope that in five years the centre would be a place that welcomes and engages the community. There would be more facilities and activities for the community, particularly the young and the old. Key informants hope for more affordable homes and more accessible health services. In amongst all these aspirations for the developing and growing Carterton is that Carterton won't lose its heart and soul.

Summary and Spotlight

Rural communities represent 5.6 percent of the New Zealand population. These small rural communities look after almost 40 percent of New Zealand's land mass. Carterton is one of these small rural communities. What Carterton may lack in size, it makes up for in virtue, values and character. Locals described their community as supportive, connected, inclusive and easy going. Many of these facets locals would attribute to the size of Carterton—a size that continues to grow.

Rural-to-urban drift happens when people move into bigger towns and cities for opportunities. However, Carterton is experiencing an urban-to-rural drift. As housing and living costs in neighbouring urban centres continued to grow and exceed people's incomes, they began to drift to more affordable areas, such as rural Carterton. Whilst Carterton boasts of their inclusiveness and welcoming nature, unmet growth has social, economic and physical implications for the community. Some of the challenges locals identified were around housing, infrastructure, seniors and the young.

HOUSING

Homelessness, to social housing, to private rental and home ownership—locals identified challenges right across the housing spectrum. Carterton's rapid growth in house prices has left many locals feeling like the dream of homeownership will remain just that—a distant dream. Hopeful, these locals—with the theoretical resources and the mandate of the Prime Minister—would build more affordable homes and regulate the housing market. The cost of rental property in Carterton hinges on the completely unaffordable. It was inevitable that locals placed significant emphasis on private rentals—increased rental stock and regulated cost of rental properties.

INFRASTRUCTURE AND HEALTHCARE

One of the key concerns that locals identified was a lagging infrastructure that was not keeping up with the growth in the community. Locals continued to highlight that Carterton District has the highest land rates in the country, but the state of their roads, footpaths and buildings were not reflective of this. According to the Carterton District Council (CDC) the highest cost in the Long-Term Plan (LTP,

2021–2031) would be roads and footpaths.[38] Many of the solutions that locals identified regarding infrastructure are outlined in the CDC LTP.

THE OLD AND THE YOUNG

Across the surveys, locals and key informants identified challenges with supporting seniors, but also engaging the youth. Locals talked about the increasing levels of inequality and the financial hardships in the community that often go unseen. Facing these hardships alone can be detrimental to their wellbeing, particularly as Carterton's health and mental health services are not adequate to meet the community's needs or future growth. Addressing some of these challenges for the community means building social capital, enriching and investing in the community, particularly focusing on activities and events for children, youth and seniors.

There are no communities that are immune to New Zealand's housing crisis. The overflow into small and rural communities changes the social and economic landscape for these communities. Whilst much of the focus is on building financial and physical capital—such as housing, infrastructure and healthcare—to accommodate the growth, Carterton locals emphasise the need for investment in social capital and community cohesion. Social capital investment means that Carterton retains its 'quintessentially kiwi' sense in amongst the changing landscapes and growth.

INVERCARGILL

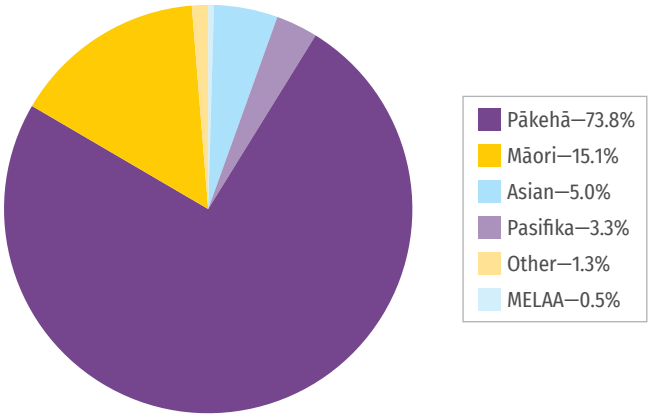
Invercargill is located at the bottom of the South Island and is the southernmost city in the world. Invercargill is the commercial centre for the Southland region. The estimated population for Invercargill City in June 2020 was 57,140. The average age for Invercargill is 39.4 years old.[39] Figure 17 shows the population pyramid. Invercargill City has a relatively uniform and stable population.

The ethnic make up for Invercargill is shown in **Figure 18**. Invercargill has a predominantly Pākehā (73.8%) population followed by Māori (15.1%).

Almost 40 percent of locals have lived in Invercargill for more than 10 years. Compared with the national average, Invercargill has more locals who have arrived in the previous five years.

Figure 17: Population Pyramid for Invercargill City—2018

Figure 18: Ethnicity breakdown for Invercargill City



Invercargill SOOC21 Surveys

There was a total of 156 respondents to the SOOC21 survey from Invercargill. Figure 19 shows the age groups of respondents. The highest proportion of locals that completed the survey were 65+ years old and 45- to 54-year-olds.

The ethnic breakdown for the respondents is shown in **Figure 20**. The highest proportion of respondents were Pākehā, and this was reflective of the ethnic make-up of Invercargill.

More than 70 percent of respondents have lived in Invercargill for more than 10 years. The duration of residence for the respondents is shown in **Table 8**.

There were three key informant interviews for the Invercargill community—a community worker, a teacher and a counsellor.

Figure 19: Age distribution of Invercargill SOOC21 respondents

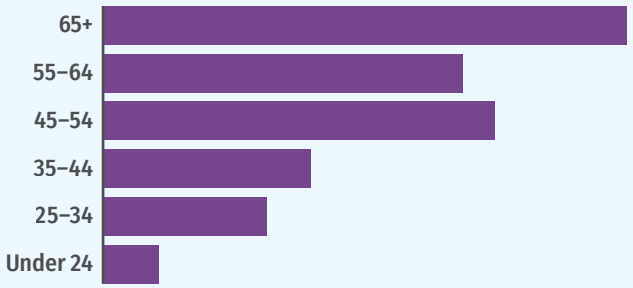
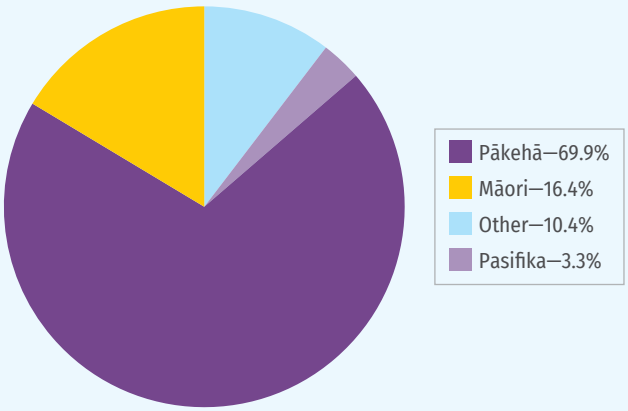


Table 8: Duration of residence for Invercargill SOOC21 respondents (years)

<2	2–5	5–10	10+
5.6%	10.6%	13.1%	70.6%

Figure 20: Ethnicity distribution of Invercargill SOOC21 respondents



What do you like about Invercargill?

There were six key themes that emerged when we asked locals what they liked about Invercargill. More than half of the locals liked the community or the people. Invercargill locals were described as hardworking, kind and supportive. A third of locals appreciated the size of the Invercargill as it created a close-knit community. The small size also means greater accessibility to facilities. Other key themes included the natural environment, facilities and activities.

COMMUNITY (52%)	Supportive, caring, friendly, kind and hardworking are some of the attributes of locals in Invercargill.
SIZE, ACCESSIBILITY, PROXIMITY (33%)	Invercargill is small and locals attribute the close-knit nature of the community and ease of accessibility to size. Locals liked the ease of accessibility and proximity to parks, reserves, beaches and key holiday spots, such as Te Anau and Queenstown. No commute time and no traffic was also a bonus.
ENVIRONMENT (22%)	Locals liked the beautiful scenery, the landscape, the available green spaces and the beaches. In particular, Queens's Park was highlighted several times.
INVERCARGILL IS THEIR HOME (19%)	For many locals Invercargill has always been home and it is where people's support networks, family and friends live.
FACILITIES, ACTIVITIES (14%)	Locals liked that Invercargill was big enough to have great facilities but small enough to be personable.
INFRASTRUCTURE (14%)	Locals highlight their appreciation for the wide main streets in the central city and the lack of traffic.
OTHER	Other factors included were their children's schools, their places of employment, the affordable cost of living, safety and the local cafés.

KEY TAKEAWAY QUOTES

'When a crisis has happened, we all come together to support each other.'

'It's small enough that you don't have the claustrophobia of a big city, but large enough that you have enough amenities and activities to keep you active and entertained.'

'The people here are exceptionally friendly to newcomers and very hard-working.'

'Safe place to live and raise children and [we like] the opportunities that we are able to give our children by living here.'

'The strength of the community is in its size. The Invercargill community is connected, caring and resilient.'

'It's a great place to bring up kids, easy to get around, lots of opportunities for community involvement, a wonderful place to belong.'

How did Covid-19 impact you and your family?

In a post-pandemic world, we hoped to identify the impacts of Covid-19 on local communities. More than half of the respondents said there was minimal impact. A significant number of these respondents had no changes in income or employment. A quarter of respondents shared positive impacts, such as how Covid-19 had created a time of rest and rejuvenation. Negative impacts of Covid-19 were shared by 24 percent of locals. Some of the challenges these locals faced included mental health concerns and employment loss.

MINIMAL IMPACT (51%)	Many locals who had minimal impacts shared that they or their partners were essential workers, or they were on full pay during the lockdown period. Families that had minimal impact also shared that they had created systems and plans to support senior family members so that when lockdown occurred the restrictions had no major impact.
POSITIVE IMPACT (25%)	Quality family time and feeling rested, rejuvenated and refreshed were some benefits lockdown created for locals. Locals talked about gratitude and this has created a current positive outlook for them and their families.
NEGATIVE IMPACT (24%)	Locals who were negatively impacted from the lockdown say it was due to isolation and loneliness, separation from family members and essential workers anxious over the risk they were creating for their families. Other negative impacts included depression, loss of employment and financial hardship. Family and relationship dynamics have been impacted negatively due to the domino effects the pandemic created from border closure, to job losses. Some locals are wary about leaving home and going out into the public.

KEY TAKEAWAY QUOTES

'I think a lockdown should happen every couple of years to recalibrate humanity.'

'...anxiety is a thing for us now.'

'I see trauma and feel it and there is really nowhere suitable to turn to. We don't like to leave our property. Don't like going outside really and know it's because things have changed.'

'Helped me to slow down, VERY bad for our business ... lucky to have come through not too bad in the end, but we may never make up what we have lost.'

The key informants acknowledged that whilst the economic impacts of Covid-19 in the community were not as severe as anticipated, the fear and isolation, as a result of the lockdowns, did have ongoing repercussions. Isolation perpetuated issues such as family violence and substance abuse.

What are the Covid-19 risks for Invercargill?

DOT Loves Data has created three risk indices around Covid-19 transmission, economic hardship and serious symptoms. These risk indices are calculated using differing variables which can be found in **Appendix 4**.

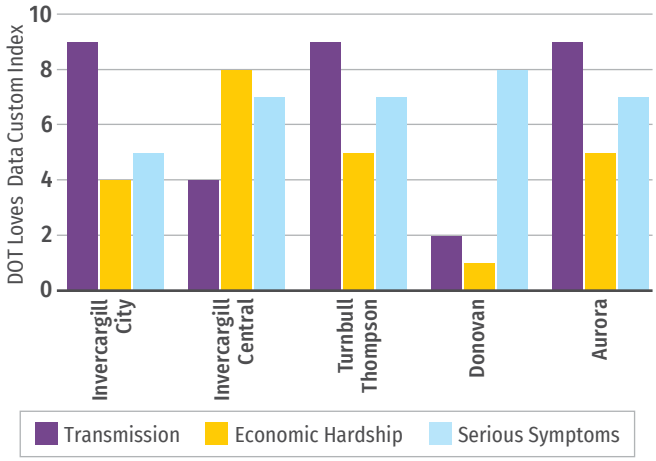
- Transmission risk: The risk of community transmission.
- Economic hardship risk: The risk of a community to fall into economic hardship.
- Serious symptoms risk: The risk of serious symptoms associated with Covid-19.

Figure 21 shows the risk indices for Invercargill City but also across a few areas in Invercargill.

TRANSMISSION RISK

Risk of transmission across Invercargill City was rated at a 9, this was predominantly due to the proportion of those employed in the health sector, population density and student population. A deeper dive into other areas show that Aurora and Turnbull Thompson are rated higher than Invercargill City and Donovan.

Figure 21: Covid-19 Risk in Invercargill



Aurora has a significantly younger population, with more than 25 percent of the population aged 0–14 years old and more than 57 percent of Turnbull Thompson are employed full-time. Additionally, these suburbs have a higher proportion of locals employed in the health sector. These factors may result in increased levels of contact.

ECONOMIC HARDSHIP RISK

The risk of economic hardship was relatively low for Invercargill City. The region rated low across all variables but particularly in regard to self-employment. All suburbs rated higher in comparison, except Donovan. One of the only factors that contributed to Donovan's risk was the proportion employed in the arts and tourism industry (2.1%). Invercargill City had the highest economic hardship risk of 8. This was due to 62.3 percent living in private

rentals, and a high proportion of those employed in the accommodation and food industry. Homeowners have the ability to take a mortgage holiday in case of financial hardship. Those in rental properties are less likely to receive financial support for housing costs. The accommodation and food industry are prone to income and employment loss due to Covid-19.

Turnbull Thompson and Aurora have an economic hardship risk of 5. More than 40 percent of people in these suburbs were middle-income earners ($30k to $70k) and Jobseeker Support per capita was more than 5 percent. Middle-income earners and those on Jobseeker Support[40] benefits are at risk to financial instability. Some middle-income earners were not able to receive the full Wage Subsidy support during Covid-19 lockdowns.

SERIOUS SYMPTOMS RISK

The suburbs rated higher than Invercargill City for serious symptoms risk. All areas had the same score as this was due to respiratory deaths and heart disease. Donovan had a higher risk score as they have a higher senior (65+) population and a higher proportion on the cancer registry.

In my shoes the Prime Minister would see...

POSITIVE ATTRIBUTES (41%)	Invercargill has rural, lovely, friendly, supportive, hardworking, generous, kind, happy and good-spirited people. It has many beautiful green spaces, a beautiful landscape and thriving horticulture. There is progress and growth in the city and lots of potential. The Prime Minister would also see the contribution and hardworking nature of the farming community.
CHALLENGES (59%)	**Poverty (31%):** A lot of poverty, poverty that is enmeshed with anxiety and stress for many, but particularly for seniors and the working poor. **Housing (30%):** The unaffordable cost of housing causes many families to turn to food banks for their next meal. People are in cold and damp houses. There is a lack of affordable and quality rental properties and the inability to house the homeless and seniors. **Youth (24%):** There is an inability to support our young people struggling with mental health issues because our mental health system is broken. Suicides amongst the youth are increasing. The levels of anxiety and depression are increasing. **Education (15%):** The education system is not doing enough to secure the future of our children and youth. There is a lack of engagement from youth, accessibility to drugs and increased rates of teenage pregnancy. **Other:** Inequality and growing wealth divide in the community. The rampant use of drugs and increasing levels of addictions. The significant hardships of the working poor and the inability to get financial support.

KEY TAKEAWAY QUOTES

'...just how much we work in all weather and how we care for the environment and our stock.'

'Lots of new buildings being built and a strong community with lovely people.'

'...what it's like to be old, traumatised, unwell, alone and always struggling to find money for bills and food.'

'Huge gaps in youth mental health accessibility. Unless you are calling SMHET..... swallowing large amounts of pills there is no service. As soon as you have been "stabilised" the service ends and the young people are pushed to community organisations who do not have capacity or expertise.'

'Sadness. I wish she could see how sad this place is for our young people. Our mental health system is broken. It's a sad day when our young people are so sad that they are attempting and taking their lives.'

Key Informants

THE MAIN CHALLENGES IN INVERCARGILL...

- Poor health/mental health system.
- Disengaged and minimal support for youth.
- Lack of affordable and quality housing particularly for seniors.

One local shared, *'My biggest concern at almost 79 years old is the fact my rent gets increased when my yearly lease is renewed and it is now over half my pension. I am concerned that I could end up homeless if it continues to increase due to my inability to pay any more. There are no rental properties that are warm and tidy that will accept a small dog or are in an affordable price range. It is very cruel to expect a lonely widow to give up her long-term companion, a very small dog. The cost of rental properties are totally out of most lower income people's affordability.'*

IN MY SHOES THE PRIME MINISTER WOULD SEE:

- Mental health: there is growing concern around the mental health challenges these key informants are seeing in their roles for the community, for the lonely, homeless and for men. There is no financial provisions for many to be able to access the already limited mental health services. Furthermore, key informants shared that mental health issues in the community are compounded by the accessibility and addiction to drugs.
- One key informant shared that the needs of children in the classroom now go far beyond the provision of education. Teachers are now going beyond their roles and their limited resources to support the needs of children.
- The current mental health system is failing Invercargill's current generation and the education system is not doing enough for the future generation.

As Prime Minister I would...

PROVIDE FREE AND QUALITY MENTAL HEALTH/HEALTHCARE SERVICES (38%)	Create more mental health services and invest in current services. Train more counsellors and psychologists. Make services accessible for youth and farmers. Increase the capacity of the hospital so that the waiting times go down. Take care of health employees by paying the nurses fairer wages and fund the ambulance.
BUILD MORE HOUSES (26%)	Houses that are affordable, dry and warm for the young, the homeless and seniors. Build more social houses, including homes for reintegration and for the disabled. Regulate rental prices. Make it easier for people to insulate their houses or have access to heating.
SUPPORT AND INVEST IN SOCIAL SERVICES (15%)	Help those who help the community, particularly for services that support children, youth and seniors.
INVEST IN THE COMMUNITY (15%)	Fund events and activities. Create more facilities for young people.
SUPPORT LOCAL BUSINESSES (14%)	Support local businesses. Diversify the industries and help to stimulate the economy to bring more jobs to Invercargill.
RESOURCE AND INVEST IN THE SCHOOLS (11%)	
OTHER	Inspire hope in the community by enabling the community, collaborating and walking together.

KEY TAKEAWAY QUOTES

'Make every house in New Zealand warm and dry.'

'Be fair and help the regions...'

'Put money and resources into mental health and our youth as they are our future, and right now.'

'Greater support for families, safe spaces to come together, focus on early intervention specialist help and mental health supports.'

'I would look at finding new industries for Southland. The flow-on effect would help the city.'

'Install a comprehensive health system covering youth—14- to 24-year olds...'

'Make sure all schools have adequate staff and food for needy kids.'

'Allow services to be dynamic with the funding they receive rather than prescriptive in the funding, which would allow for better and more responsive services that meet the needs of the community rather than trying to fit the community into the needs of the funding.'

KEY INFORMANT:

As Prime Minister I would...

- Invest and resource mental health and addictions.
- Invest and resource in schools and teachers.
- Build facilities and develop activities for youth.
- Address the housing shortage.

State of Invercargill

Figure 22: Sale price to income

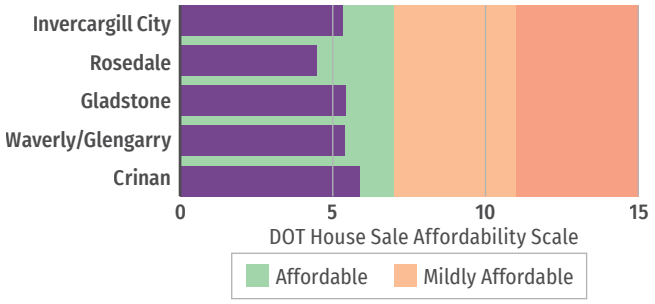
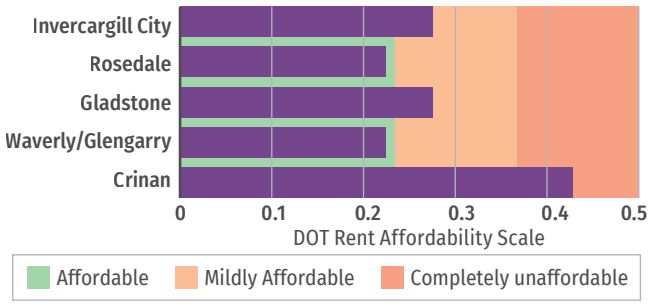


Figure 23 Rent value to income



HOUSING

The median house price for Invercargill City was $434,236 for June 2021. In the past five years, the median house price has increased by 112 percent, from $205,000.[41] The median market weekly rent in Invercargill was $390 in March 2021. Market rent has increased by 50 percent since 2016. **Figure 22** shows the house price sale value to income, and **Figure 23** shows the rental value to income for Invercargill City and other areas Crinan, Gladstone/Avenal, Waverly/Glengarry and Rosedale.[42] **Figure 22** shows that average household income compared with the median sale house price is affordable particularly for Rosedale. The average household income for Rosedale is 16 percent higher than the national average household income.

Looking at rent value to income (**Figure 23**) Rosedale and Waverly/Glengarry are affordable. Both these suburbs have household incomes which are higher than the average national household income. Invercargill City and Gladstone rent to income are mildly affordable. Rent in the Crinan area, however, is completely unaffordable. The average household income for Crinan is 40 percent of the national average household income.

Table 9 takes a snapshot of the housing situation in Invercargill across four different census areas of Crinan, Gladstone, Waverly/Glengarry and Rosedale.

Table 9: Measurements of housing variables for suburbs in Invercargill[43]

	NZ	Crinan	Gladstone/Avenal	Waverly/ Glengarry	Rosedale
Breaking and entering	**11.65**	21.54	8.08	8.77	4.09
Overcrowding	**0.587**	0.734	0.582	0.616	0.534
Not in-home ownership	**35.5**	68.61	29.99	38.47	16.8
Emergency housing	**4.26**	4.71	0.26	6.82	0
No heating	**3.98**	4.62	0.61	0.89	0.2
Damp and mould	**3.3**	4.65	1.94	3.71	1.64
No household amenities	**0.39**	0.42	0	0	0
No cooking facilities	**1.14**	2.66	0.81	0.89	0.4
No drinking water	**3.18**	3.36	1.42	1.49	0.59
No shower/bathing	**1**	1.12	1.42	0.89	0.4
No electricity	**1.71**	3.36	2.63	1.49	0.79

Higher than the national average/rate

Across every variable measuring housing quality, Crinan had higher rates than the national averages. Crinan had almost double the national rates for breaking and entering, not in-home ownership, homes with no cooking facilities and houses with no electricity. Crinan is located in a very central area of Invercargill, next to Georgetown and Appleby. Housing with limited basics, such as cooking facilities, shower/bathing or electricity, are often seen in rural areas, but not in central residential locations. The affordability, quality and safety of housing in the Crinan area raises concerns for the health and wellbeing of locals in the area. The quality of housing for other areas—Rosedale and Gladstone/Avenal—were greater than the national average. Therefore, when Crinan was compared with Rosedale, some of the variables were up to five times greater.

POVERTY

Table 10 summarises variables that are used to identify deprivation in communities. Crinan and Waverly/Glengarry have poorer outcomes compared with the national rates for these indicators. Across all factors, except access to internet Crinan had lower outcomes and the household income was not even half of the average New Zealand household income. Gladstone/Avenal and Rosedale only fared worse off in one variable each, vehicle access for Gladstone/Avenal and consumption-purchasing score for Rosedale.

Table 10: Measurements of welfare variables for suburbs in Invercargill[44]

	NZ	Crinan	Gladstone/Avenal	Waverly/Glengarry	Rosedale
Adults with no qualifications	**18.19**	29.48	17.64	28.59	16.93
Child education score	**100**	101	99	102	98
Consumption purchasing score	**100**	114	100	113	105
No vehicle access	**6.61**	23.62	7.01	9.09	2.57
No internet	**14**	4.65	1.94	3.71	1.64
Median household income	**$83,497**	$33,316	$85,570	$52,988	$96,468
Sole Parent Support rate	**2.12**	4.23	1.23	4.35	1.26
Jobseeker Support	**6.38**	13.96	3.92	5.52	2.09
Means-tested benefit rate	**3.01**	10.46	3.27	5.00	1.97

Higher than the national average/rate

The deprivation levels shown in **Table 10** show vast inequality in Invercargill. The challenging outcomes for areas like Crinan and Waverly/Glengarry are compounded when you look at the housing situation illustrated through **Table 9**. What is also concerning is that the Crinan population has a significantly younger population, with those aged between 15 to 29 years old representing the highest proportion of the population.

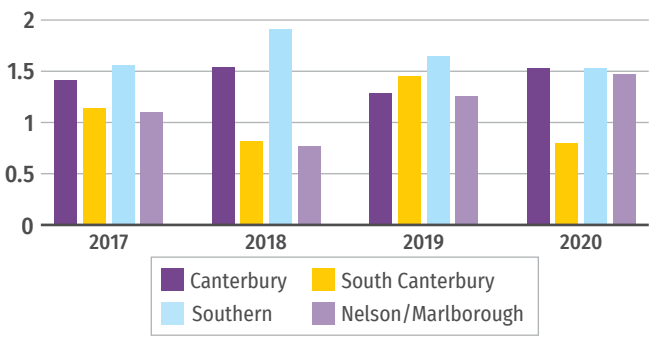
MENTAL HEALTH

Mental health is a primary concern for locals in Invercargill. The Southern DHB covers the southern-most areas of the South Island (refer to **Figure 25**). **Figure 24** shows the suicide rates per 10,000 of the population for the certain DHBs. Since 2017, the Southern DHB has had higher suicide rates than the neighbouring DHBs, except Canterbury in 2020. The suicide rate per capita for Southern DHB is steadily declining, but still remains high. There are concerns in the community that there are insufficient support groups or services available, particularly for farmers and young men who are disproportionately impacted by mental health.[45]

ADDICTIONS

The following section takes a snapshot of addictions to gambling and drugs for Invercargill City. There are 15 venues with 226 electric gaming machines

Figure 24: Suicide rates per 10,000 population, by DHBs



in Invercargill City.[46] To the year ending March 2021, there was $14,408,392 lost to gambling, which equates to $81.33 per capita. These are varied across areas; for example, in Bluff $229.36, Rosedale $78.08 and Windsor $103.85 per capita.

Figure 26 looks at the Police Wastewater Drug Testing for 2020—Invercargill/Southern.[47] There was a significant

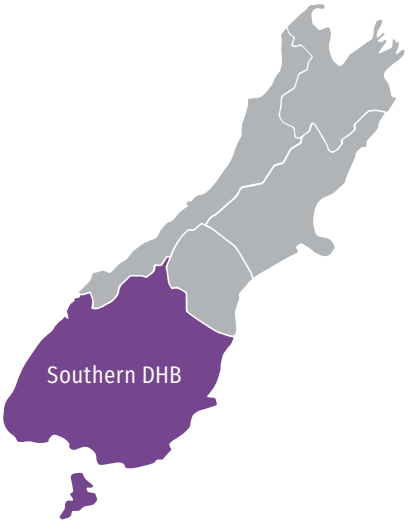
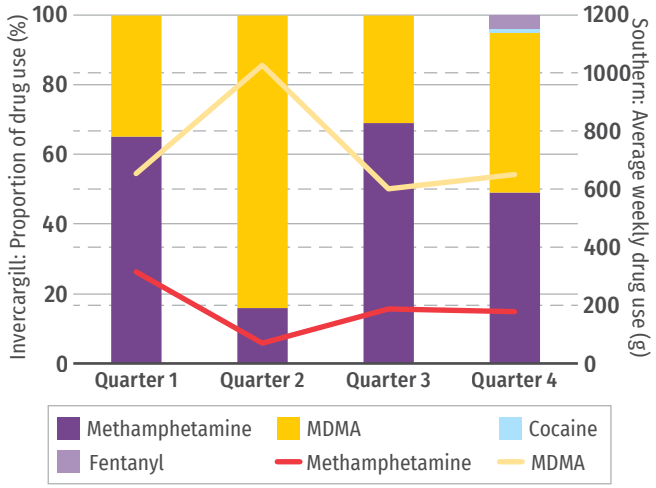


Figure 25: Southern DHB map

Figure 26: Proportion of drugs in Invercargill and average weekly use (g) for the Southern region, via Police Wastewater Drug Testing



decline in meth use from April to June 2020. This period coincides with Covid-19 lockdown. In our Covid-19 Social Impact Dashboards, clients using our addictions services noted a decline in meth use—this was due to lack of supply, price of meth increasing and people were unable to access their dealers.[48] These may also contribute to decline in meth proportions for Invercargill. Whilst meth use declined, the use of MDMA (ecstasy) increased in April to June 2020 by 57 percent. July to September 2020 showed that meth use and MDMA both returned to pre-Covid-19 levels following lockdown—with meth proportions increasing and MDMA levels declining. This may suggest that the lifting of Covid-19 lockdown restrictions replenished meth supplies and in turn affordability. In October to December 2020, levels of cocaine and fentanyl were also detected in Invercargill. The Southern region continues to have the lowest meth use per capita, however, has the highest MDMA (ecstasy) use per capita in the country.

EMPLOYMENT

The next section uses the Mayors Taskforce for Jobs Youth Employment Dashboard. This dashboard does not drill down to census area units, so we were unable to focus solely on Invercargill. In the Southland region there are 1800 young people (18- to 24-year-olds) not in employment, education or training (NEET). In March 2021, 20- to 24-year-olds had a NEET rate of 16.5 percent—this had declined from 28.8 percent in September 2020. There was an 8.2 percent NEET rate for 15- to 19-year-olds in March 2021—this had increased from 1.9 percent in September 2020.

There are 402 young people (18- to 24-year-olds) on Jobseeker Support in Invercargill City. As of March 2021, Invercargill City had a Jobseeker Support rate of 8.8 percent for young people, this had increased from 5.2 percent from the previous year (March 2020). The Jobseeker Support rate for young people in Invercargill City has consistently remained lower than the national rate.

As of 2020, for school leavers in Invercargill City, 26.6 percent went on to study a bachelors degree or above, 33.5 percent enrolled into certificates or diplomas, 6.1 percent into level 1 or 2 certificates and 33.8 percent did not enrol in tertiary education. The national rate of school leavers not enrolling in tertiary education is 40.4 percent. The primary shortages in skills for the Southland region are in information communication technology and telecommunications, trades, health and social services and engineering. The industries that employ the highest proportion of locals in Invercargill City are manufacturing, healthcare and social services, retail, trade and construction.

Aspirations for Invercargill in 2026

<24 YEARS	More facilities and opportunities to engage and retain the younger generation in the community. Locals suggested an indoor skating/BMX facility or shopping malls—a safe place that accommodates youth and engages them with the greater community.
25–34	Affordable housing for everyone—quality homes and stronger regulations around the housing market so that homes remain affordable for everyone. These locals also hope for more facilities and activities that are family focussed.
35–44	A stronger, healthier, happier community. Some of the sentiments from these locals included a cohesive and active community that has the potential to create and inform local solutions for their local community. Housing for all and not just for low-income families was also a key priority. Other aspirations included increase access to healthcare and mental health services for youth and children.
45–54	Better housing—right across the housing spectrum—decreasing homelessness, increasing social housing, affordable rental prices and greater support for first-time homeownership. Locals also hoped for a more cohesive and supportive community. Other aspirations included the hope for more local and diverse businesses and increase in green spaces for the community, from community gardens to more spaces for sports. Locals also hope for better healthcare, mental health and addiction services.
55–64	Building quality homes and sourcing homes for the homeless. Locals hope that there will be no one living on the streets and that homes are warm and dry. Locals also hope for a united, diverse and thriving community. Other aspirations included improving infrastructure and revitalising the CBD area.
65+	Improving the local council. Other aspirations for these locals included creating a cohesive community that would ensure people in the community feel valued and supported. Locals also hope for creation of more employment opportunities particularly for the youth; locals also acknowledged the upcoming closure of the Tiwai Smelter in 2024 and the potential impact this may create on employment levels in their community.
KEY INFORMANTS	This is what an ideal Invercargill would look like in five years for these key informants: a community that meets the needs of its people, shorter waiting lists for healthcare, early interventions and support for mental health issues, less violence, less drugs and young people engaging in their community.

Spotlight

Invercargill—a community that bands together in the time of crisis. The challenges that locals have identified are very much indicative of a time of crisis. The quality of housing is concerning. The challenges young people face are worrying. The lack of capacity of health and mental health services and their capability to meet these demands are dire. But Invercargill locals remain hopeful and aspire to a better future for their community. What does this aspirational community look like? A unified and thriving community, with warm, dry, safe homes. A community with employment and education opportunities particularly for the youth. A healthcare system that has the capacity and capability to look after the physical and mental wellbeing of its community.

HEALTHCARE AND MENTAL HEALTH

The priority for the Invercargill community was wellbeing. Anxiety, stress and depression were continually highlighted by the community. Healthcare and mental health services were at the top of many of these locals' to-do lists if they were Prime Minister. Locals identified where and how investment could be made to ensure it was impactful for the community. They sought inovative and community-friendly ways to deliver mental health services that fit the community's needs. The challenges many of the locals are facing, particularly seniors and youth, need innovative and effective solutions. With the backdrop of poverty, poor housing quality and addictions—there needs to be concerted and collaborative efforts to support the wellbeing of the community. Invercargill aspires to a thriving community, but individuals need to thrive first before they can flourish collectively.

HOUSING

The disparity of housing in Invercargill is vast. Locals identified the challenges with affordability and quality of housing. There is a key concern around the affordability of rental properties, especially for the senior community. As rent continues to increase, pensioners do not have the flexibility to increase their income to accommodate the increasing levels of rent. The financial hardship caused by unaffordability of rental properties creates a domino effect into the wellbeing of the community. Locals are hopeful for more affordable, dry and warm homes. Locals also hope for better housingconditions right across the housing spectrum—from homelessness to home ownership.

YOUTH

The future of Invercargill hinges on the wellbeing of young people. It has been a constant challenge highlighted by the Invercargill community that there is minimal support for young people. Locals highlight vast challenges young people are facing in light of their mental health. There are significant gaps in the mental health system in addressing the wellbeing of young people in Invercargill. Locals aspired for activities, events and services that are targeted to support and empower young people in Invercargill. Locals also hope for investment in, and resourcing of, education and economic diversification for the region. The hope is that these would provide opportunities to engage young people—in education and in employment. Invercargill locals are securing tomorrow by looking after the youth of today.

APPENDICES

Appendix 1— SPPU Ethics Statement

ETHICS STATEMENT FOR STATE OF OUR COMMUNITIES PROJECT

This statement provides those people participating in The Salvation Army's State of Our Communities Survey, with a description of the ethical standards that will be applied to this research and a description of the expected behaviour of those people running the project.

1. Participants in the research project will at all times be treated with dignity and respect. They will have the nature of the project accurately described to them before their consent to participate is requested. This description of the project includes the project objectives, timeframes and the uses to which the research may be put.

2. Participants in the research project have the right to withdraw from the project at any time and may ask that their responses to questionnaires are deleted from the collection of data at any time up until the research is published. Researchers will leave their contact details with all participants to allow this to happen.

3. Researchers will at no time offer guarantees, promises or implications of assistance to potential participants as a means of gaining their participation. Researchers will make all potential participants aware of the fact that this research project is independent of the work of the agency whose help they are seeking.

4. Participants in the research project will have their identity protected at all times during the research project and following completion of the project. Personal details which may allow for the identification of individual respondents will not be recorded. This includes the respondent's name, date of birth, residence, and place of birth as well as any other distinctive characteristic of any respondent which might possibly be used to identify them.

5. All completed questionnaires will be destroyed once the results of the research project are completed and published. Until they are destroyed, questionnaires will not be available to any person outside the research team.

6. Information gathered from this research project will only be used in support of the research objectives and for no other purpose. The researchers and The Salvation Army provide guarantees that they will at all times comply with the legal requirements of the Privacy Act 1993.

Appendix 2— SOOC Public Surveys

Social Policy & Parliamentary Unit
Working for the eradication of poverty in New Zealand

STATE OF OUR COMMUNITIES RESEARCH PROJECT 2021 DATE: _____

INTERVIEWER:_____ LOCATION:_____

- Did you explain to the Respondent the Project, The Salvation Army's privacy commitments, and that participation is purely voluntary? YES / NO
- How old is the Respondent? _____
- Have they given informed consent to participate in this survey? YES / NO

Ethnicity (tick any)	Maori ☐	Pasifika ☐	Pakeha ☐	Indian ☐
	Asian ☐	African ☐	Other ☐	Not sure ☐
How long have you lived in this community?	Less than 2 year ☐	2-5 years ☐	5-10 years ☐	10+ years ☐

1. **What do you like about your local community?**

_____

_____

2. **How did Covid impact you and your family?**

_____

_____

3. **If the PM could walk a day in your shoes what would she see in your community?**

_____

_____

4. **If you could walk a day in the PM shoes what would you do for your community?**

_____

_____

5. **What do The Salvation Army do in your community? What do you think The Salvation Army can do to support your community?**

_____

_____

_____

6. **In 5 years', time what changes would you like to see in your community?**

_____

_____

State of our Communities 2021

Appendix 3— SOOC Key Informant Interviews

Social Policy & Parliamentary Unit
Working for the eradication of poverty in New Zealand

Key Informants Interview

1. What's your connection to this community?
2. How long have you lived/served here?
3. What do you think are the strengths of this community?
4. What are the challenges that you see in this community?
5. What are the main impacts of Covid-19 on this community?
6. What key areas do you think the local and national government should prioritise in your community?
7. What do you think The Salvation Army do in this community? Do you think we should be doing more?
8. In 5 years', time what changes would you like to see in your community?

Appendix 4— Dot's COVID-19 Risk Dashboard[49]

	Variable	What it means	Why is it included
SERIOUS SYMPTOMS RISK	Age 65 and over	Proportion of population who are 65+ years old (2018 census)	Known to correlate to serious symptoms
	Cancer registrations	New cancer registration (MoH), 2017	Known to correlate to serious symptoms
	Diabetes registrations	Virtual Diabetes Register for DHB (MoH), 2017	Known to correlate to serious symptoms
	Heart disease	Heart disease standardised discharge ratio for DHB (MoH_ 2018/19. Average of Coronary Artery Bypass Grafts (CABG), Angioplasties and Heart Valve Replacements and Repair	Known to correlate to serious symptoms
	Respiratory deaths	Deaths per 100k population for DHB (Asthma and Respiratory Foundation NZ), 2018	Known to correlate to serious symptoms
	Respiratory hospitalisations	Hospitalisations per 100k population for DHB (Asthma and Respiratory Foundation NZ), 2018	Known to correlate to serious symptoms
ECONOMIC HARDSHIP	Accommodation and food industries	Employed in accommodation or food industries out of those with industry stated (2018 census)	Industry strongly affected
	Arts and tourism industries	Employed in arts and recreation industries out of those with industry stated (2018 census)	Industry strongly affected
	Deprivation Score	Neighbourhood Deprivation from Dot's DDI as at March 2019	High vulnerability to instability
	Jobseeker Support	People claiming Jobseeker Support, per capita (MSD), as at March 2019	High vulnerability to instability
	Middle Income ($30k to $70K)	Personal Income out of those stated with income stated (2018 census)	High vulnerability to instability, and not fully compensated by wage subsidy
	Private rentals	Proportion of households in private rentals (2018 census)	No mortgage holiday option
	Self employed	Self employed of those with employment stated (2018 census)	High vulnerability to instability
TRANSMISSION RISK	Accommodation and food industries	Employed in accommodation or food industries out of those with industry stated (2018 census)	Increased contact with the public
	Arts and tourism industries	Employed in arts and recreation industries out of those with industry stated (2018 census)	Increased contact with the public
	Age 0- to 14-years-old	Proportion of population who are 0 to 14 years (2018 census)	Children are likely to have more contact
	Full-time employed	Full-time employment of those stated (2018 census)	People employed full time are likely to have more contact
	Health industry	Employed in the health industry out of those with industry stated (2018 census)	People employed in the health industry have a high likelihood of transmission
	Household size	Average number of residents in household (2013 census)	Bigger bubbles are more risk
	Partnered	Has partner out of those stated (2018 census)	More people in a household increases potential for contact
	Population density	Total population per square km (2018 census)	Potential for contact
	Public transport per capita	Number of public transport facilities per capita, as at Dec 2019	Measure of density of people using public transport
	Qualifications score	Index formed from highest qualification achieved (2018 census) *NOTE:* a higher score means lower qualifications	Education correlated with health literacy
	Student	Full or part time students out of those stated (2018 census)	Students are likely to have more contact
	Voter turnout	Turnout of registered voters in 2017 general election	This is a proxy to civic engagement and indirectly to government compliance

Appendix 5— Variables of the DOT New Zealand Housing Index[50]

Variable	What it means
Sale value to income	Using data collected from real estate companies across New Zealand, we measure the ratio of house prices to household income: 3 = Affordable, 15 = Unaffordable.
Rent value to income	Using data collected from real estate companies across New Zealand, we measure the ratio of annual rent to household income: 0.10 = Affordable, 0.50 = Unaffordable.
Breaking and entering	Using data obtained from New Zealand police, we calculate the number of break-ins per 10,000 people each month within each geographic area.
Overcrowding	By means of creating an equivalent crowding index we measure the ratio of bedrooms required versus bedrooms available within each geographic region.
Not in-home ownership	Using census data we measure the proportion of households who do not own or partially own the home in which they live.
Emergency housing	We calculate the proportion of households living in emergency housing provided by either Kainga Ora or an alternative community provider.
No heating	The proportion of households that do not have any form of heating within their homes.
Damp and mould	The proportion of households that have significant levels of damp and/or mould within their home.
No household amenities	The proportion of households that do not have access to any of the amenities listed.
No cooking facilities	The proportion of households that do not have access to cooking facilities.
No drinking water	The proportion of households that do not have access to drinkable tap water.
No shower/bathing	The proportion of households that do not have access to a bath or shower.
No electricity	The proportion of households that have do not have an electricity supply.

Appendix 6—DOT Socio-Economic Deprivation Dashboard Variables

Variable	What it means
Adults with no qualifications	The proportion of the population aged 15 or over that do not hold any formal qualifications.
Child education score	Using data on the educational attainment of primary and secondary school education, we assigned an education score to each geographic region.
Consumption purchasing score	We tracked the online spending of consumers and assign a consumption score to each geographic region. This forms our measure of material deprivation.
No vehicle access	The proportion of households that do not have access to a vehicle. *NOTE:* this variable no longer contributes to the deprivation score we assigned to geographic units.
No internet	The proportion of households which do not have access to the Internet.
Median household income	By inflation adjusting census data, we drive estimates of the median level of household income within each geographic region.
Sole parent support rate	The proportion of the population aged 18–64 claiming Sole Parent Support within a geographic region.
Jobseeker Support	The proportion of the population aged 18–64 claiming Jobseeker Support within a geographic region.
Means tested benefit rate	The proportion of the population aged 18–64 claiming Supported Living Payment or other benefits within a geographic region.

ENDNOTES

1 We also asked the locals about what they thought The Salvation Army did in their community and what more/else do they think The Salvation Army can do for their community. The responses to these questions are not included in this report. See Appendix 2 for the local public surveys.

2 More information on Location Targeting for Facebook can be found here.

3 See Appendix 3 for Key Informant Surveys

4 Gallagher, Ronan Bree Gerry. Using Microsoft Excel to code and thematically analyse qualitative data: a simple, cost-effective approach. Accessed from https://ojs.aishe.org/index.php/aishe-j/article/view/281/467, 2016.

5 DOT Loves Data. People and Places New Zealand Dashboard. Accessed from https://dotlovesdata.com/

6 Ibid.

7 DOT Loves Data. Covid-19 Risk Dashboard. Accessed from https://dotlovesdata.com/

8 Ibid.

9 Jobseeker Support is a weekly payment that helps people until they find work. Accessed from https://www.workandincome.govt.nz/products/a-z-benefits/jobseeker-support.html

10 Health, Ministry of. Wai 2575 Māori Health Trends Report. Accessed from https://www.health.govt.nz/publication/wai-2575-maori-health-trends-report 2019.

11 *Acute rheumatic fever and exposure to poor housing conditions in New Zealand: A descriptive study.* Oliver JR, Pierse N, Stefanogiannis N, Jackson C, Baker MG. 4, Dunedin: Journal of paediatrics and child health, 2017, Vol. 54, pp. 358–364.

12 Accessed from https://www.opespartners.co.nz/property-markets/waikato

13 Accessed from https://www.tenancy.govt.nz/rent-bond-and-bills/market-rent/

14 DOT Loves Data. Housing Dashboard. Accessed from https://dotlovesdata.com/

15 Ibid.

16 Indicators are explained in Appendix 5

17 Dynamic Deprivation Index Dashboard. Accessed from https://dotlovesdata.com/

18 Indicators are explained in Appendix 6

19 Accessed from https://www.justice.govt.nz/tribunals/arla/register-of-licences-and-certificates/

20 DOT Loves Data. Gambling within NZ Communities Dashboard. Accessed from https://dotlovesdata.com/

21 Programme, Police Wasterwater Testing. Accessed from https://www.police.govt.nz/about-us/publication/national-wastewater-testing-programme-quarter-1-2020

22 Unit, Social Policy and Parlimentary. COVID-19 Social Impact Dashboard. Accessed from https://www.salvationarmy.org.nz/sites/default/files/files/%5Bfile_field%3Atype%5D/sppu_covid-19_update4_v3.pdf, 2020

23 Crime Rate is calculated using the formula: Crime Rate=(# of unique crimes over last 5 years)/(sum of monthly population over last 5 years)x10,000

24 DOT Loves Data. New Zealand Crime Statistics Dashboard. Accessed from https://dotlovesdata.com/

25 Mayors Taskforce for Jobs. Accessed from https://dotlovesdata.com/

26 DOT Loves Data. People and Places New Zealand Dashboard. Accessed from https://dotlovesdata.com/

27 DOT Loves Data. Covid-19 Risk Dashboard. Accessed from https://dotlovesdata.com/

28 Accessed from https://www.corelogic.co.nz/sites/default/files/2021-07/210722_CoreLogicNZ_QtlyPropertyMarketandEconUpdate_Q22021.pdf

29 DOT Loves Data. Housing Dashboard. Accessed from https://dotlovesdata.com/

30 Accessed from https://cdc.govt.nz/wp-content/uploads/2021/07/2021-31-LTP-document-Final-signed.pdf

31 Accessed from https://www.tenancy.govt.nz/rent-bond-and-bills/market-rent/

32 DOT Loves Data. Housing Dashboard. Accessed from https://dotlovesdata.com/

33 Dynamic Deprivation Index Dashboard. Accessed from https://dotlovesdata.com/

34 DOT Loves Data. New Zealand Crime Statistics Dashboard. Accessed from https://dotlovesdata.com/

35 Static Crime Rate represents the number of unique crimes per 10,000 people per month (Mar 2015–Feb 2021).

36 Mayors Taskforce for Jobs. Accessed from https://dotlovesdata.com/

37 DOT Loves Data. Covid-19 Risk Dashboard. Accessed from https://dotlovesdata.com/

38 Accessed from https://cdc.govt.nz/wp-content/uploads/2021/07/2021-31-LTP-document-Final-signed.pdf

39 DOT Loves Data. People and Places New Zealand Dashboard. Accessed from https://dotlovesdata.com/

40 Jobseeker Support is a weekly payment that helps people until they find work. Accessed from https://www.workandincome.govt.nz/products/a-z-benefits/jobseeker-support.html.

41 Accessed from https://www.corelogic.co.nz/sites/default/files/2021-07/210722_CoreLogicNZ_QtlyPropertyMarketandEconUpdate_Q22021.pdf

42 DOT Loves Data. Housing Dashboard. Accessed from https://dotlovesdata.com/

43 Ibid.

44 Dynamic Deprivation Index Dashboard. Accessed from https://dotlovesdata.com/

45 INC., SOUTHLAND INTERAGENCY FORUM. HRC SUBMISSION: UNIVERSAL PERIODIC REVIEW 2019. Accessed from https://uprdoc.ohchr.org/uprweb/downloadfile.aspx?filename=5941&file=EnglishTranslation

46 DOT Loves Data. Gambling within NZ Communities Dashboard. Accessed from https://dotlovesdata.com/

47 Programme, Police Wasterwater Testing. Accessed from https://www.police.govt.nz/about-us/publication/national-wastewater-testing-programme-quarter-1-2020

48 Unit, Social Policy and Parlimentary. COVID-19 Social Impact Dashboard. Accessed from https://www.salvationarmy.org.nz/sites/default/files/files/%5Bfile_field%3Atype%5D/sppu_covid-19_update4_v3.pdf

49 DOT Loves Data. Covid-19 Risk Dashboard. Accessed from https://dotlovesdata.com/

50 DOT Loves Data. Housing Dashboard. Accessed from https://dotlovesdata.com/

ISBN 978-0-9951193-3-8 (Electronic)

Authorised and approved by Commissioner Mark Campbell, Territorial Commander, as an official publication of The Salvation Army New Zealand, Fiji and Tonga Territory.

'*The State of Our communities: Tokoroa | Carterton | Invercargill*' by Ana Ika was produced by The Salvation Army Social Policy and Parliamentary Unit, PO Box, Marion Square, Wellington 6011. Director Lt-Colonel Ian Hutson.

This report is available for viewing or download from **www.salvationarmy.org.nz/OurCommunities2021**