

Buller Community Profile

Summary



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

District Health Board

Te Poari Hauora o Waitaha

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Introduction

This is a companion document summarising the more in-depth information found in the Buller Community Profile¹.

Many factors affect people's health² and wellbeing. These include age, lifestyle behaviours (such as smoking and nutrition), the availability of affordable transport, the natural and built environment, employment, and the availability, quality and security of housing. Figure 1 shows the range of factors affect the health of individuals and communities.

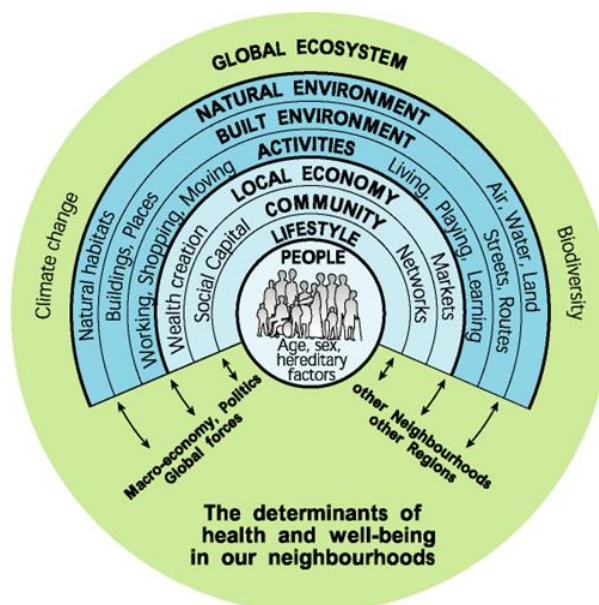


Figure 1: Barton and Grant's (2006) 'map' of the determinants of health within communities

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

This profile has attempted to identify and describe a range of determinants of health, community strengths, needs, and the health and health-care of the Buller population. The profile attempts to incorporate socioecological and epidemiological perspectives of health and wellbeing, combining a range of information into a composite picture of life in the Buller District.

Part A of the profile contains analysis of data from a range of official sources, including the 2013 New Zealand Census as well as 2016 West Coast Primary Health Organisation data. In some cases, time-series data are used to show background processes that have taken place in the last decade(s) and in other cases more recent data show current trends and issues.

Part B of the profile includes information from a 'stocktake' of local services. Approximately 85 interviews were conducted across a wide range of community health and social service providers who were asked to describe the services they offer, their client groups and their observations of community needs and how these may be changing.

The full profile incorporates socioecological and epidemiological perspectives of health and wellbeing, combining a range of information into a composite picture of life in the Buller District. This summary document provides a brief overview of the key points.

¹ Available at http://www.westcoastdhb.org.nz/about_us/projects/buller-community-profile/buller-community-profile.asp

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

Part A Key Findings

Economic changes

There have been significant economic changes in the district over the last twenty years with the decline of traditional extractive industries such as forestry and mining and a shift towards more service based industries such as tourism, hospitality, dairy farming and horticulture.

It had been predicted that Buller was set for growth, with forecast growth in mining activities. However, the growth in mining that was anticipated has not been sustained (Figure 1). Falling demand from China for imported coal, combined with plentiful supply (globally) and a weak global economy, has dramatically depressed coal prices and production. The fall in the coal price is likely to depress economic development in the Buller. Other barriers to economic growth have been identified, including the poor quality and slow broadband internet service and poor mobile phone coverage (Wilson, 2015).

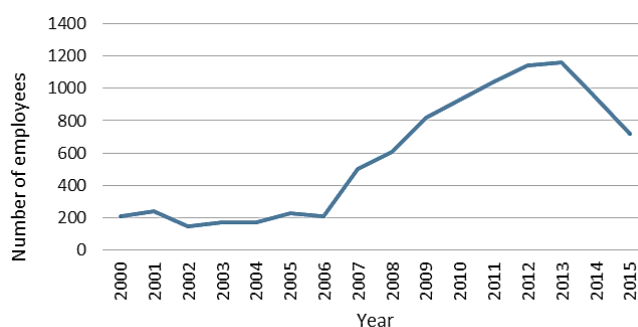


Figure 2: Trends in employee count in the mining sector, Buller, between 2000 and 2015

Source: Statistics New Zealand

Population

Buller District's population is considerably older than the New Zealand average (Figure 2) with a median age of 42.4 years in 2013 compared with 35.9 across New Zealand. The Buller district population ranks 54th in size out of the 67 districts in New Zealand (less than one percent of New Zealand's population). It has been estimated that the normally resident population will decline to a base level of about 9,500 persons (from the 10,473 recorded in the in 2013 Census). 963 Māori were resident in Buller District in 2013 (less than one percent of New Zealand's Māori population). Buller District's population is considerably older than the New Zealand average, with a median age of 42.4 years in 2013 compared with 35.9 across New Zealand and far less ethnic diverse (91.6% European vs 74% nationally; < 10% Māori vs 15% nationwide; < 1% Pacific Island vs 7.4% nationwide; and Asian 2.3% vs 11.8 nationwide).

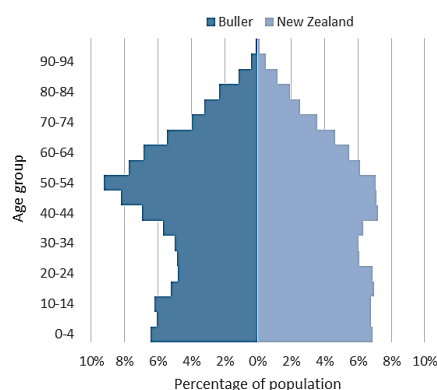


Figure 3 Population in Buller District and New Zealand, 2013

Source: Statistics New Zealand

Socioeconomic deprivation

The NZDep2013 index of deprivation shows that overall, the residents of Buller District are markedly more deprived than the country's population as a whole. In 2013, just 36.8% of residents lived in areas in the less deprived deciles. Two census area units (Hector-Ngakawau and Granity) had average deprivation scores of 10, putting them among the 10% most deprived in New Zealand. Three more census area units (Westport Urban, Reefton and Mokihinui) had average deprivation scores of 9, and four more averaged as decile 8.

Income and income support

The median income of families living in Buller District was \$53,200 in 2013 which is considerably less than the national median of \$63,800. At the end of March 2016, 1019 Buller District residents aged 20-64 years were receiving some form of income support (Figure 4).

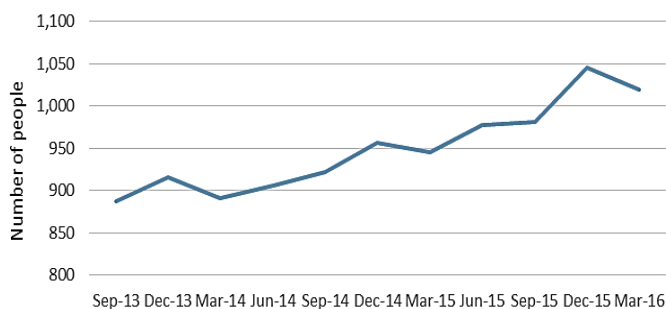


Figure 4: All benefits, Buller District from Sept 2013 - March 2016

Source: Ministry of Social Development

Industry

In 2013, the distribution of occupations in Buller District differed from the country as a whole. Manual workers (labourers), machinery operators and drivers were over-represented in the district's population, while professionals and some other urban-based occupations were under-represented. The 2013 Census showed the importance of primary industry to the Buller, with the extractive industries together, at that time, employing 16.4% of the district's working residents (more than 50 times the national proportion of 0.3%) and agriculture, forestry and fishing together employing 13.4% of the district's working residents (double the national proportion of 6.7%).

However, the primary sector has been hit hard since 2013, particularly in the last 12-18 months. While employment in mining was still increasing slightly in the year to March 2014, this trend has now undergone a dramatic reversal with the closure of several metallic and non-metallic mineral mining operations (although the absolute number of job losses, including related industries, is not exactly known). Both manufacturing and tourism also shed employment during the latest year, although both have grown significantly over the longer term (Wilson, 2015). A conservative summary of job losses in the mining and related industries between 2014 and 2016 includes: Solid energy and contractors, 326 jobs lost; Oceana Gold, 178 jobs lost with the closure of the mine; Kiwi Rail, 10 jobs lost; Downers NZ, 8 jobs; and Holcim Cement, 120 jobs lost with the closure of the cement works. In total, upwards of 650 jobs have been lost within these industries alone (estimate provided by the Buller District Council).

Housing

The 2013 Census showed that there were a total of 4,611 occupied dwellings in the Buller District. The rate of home ownership in Buller District is higher than for the country as a whole. In 2013, 67.8% of the district's private households owned their dwellings, including properties held in a family trust (vs 64.7% nationally). Social housing is also important in the Buller, as a core part of New Zealand's welfare system. Housing New Zealand Corporation manages a portfolio of 123 properties in Buller District, and the Buller District Council manages an additional 46 housing units. Eligibility for social housing is broadly based on need, as assessed by specific criteria.

Household access to telecommunications

In 2013, the percentages of Buller households with access to the internet, a telephone, or a cell phone were all lower than nationally: 68% had internet access (vs 76.8% nationally), 83% of the district's households had a telephone (vs 85% nationwide), and 71% had access to a cell phone or mobile phone (vs 83.7% nationally). Overall, 4.2% of Buller households have no access to any telecommunications systems (vs 1.6% nationally).

Early Childhood Education

Early childhood education participation in the Buller has been consistently lower than the national average (Buller 94.2% vs NZ 96.3%, 2015). Over the last 15 years, the number of children on the regular rolls of licensed early childhood education service providers in Buller District has been stable at approximately 300 (average 297 between 2000-2014, approximately two percentage points below New Zealand as a whole).

Buller District schools

The Buller District has seven full primary schools, one contributing school, two composite schools, and one secondary school. Since the 1980s, changes in rural New Zealand have had a significant effect on rural education and the rolls of some rural schools have declined markedly. Buller's 2015 roll was over 600 students lower than the peak of 2,006 students in 1997. Figure 4 shows the student roll in the Buller District (as at 1 July) for the years 1996-2015. The figure clearly illustrates that the total student roll in the Buller District has been in decline for the past 20 years.

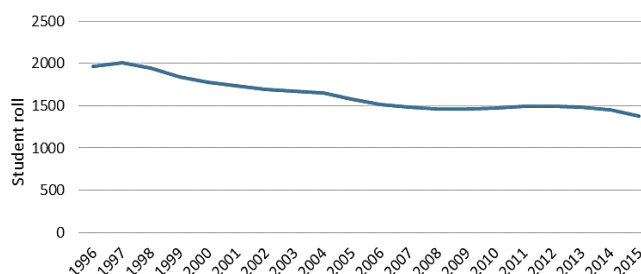


Figure 5 Student roll in Buller District, as at 1 July 1996-2015
Source: Ministry of Education

For funding purposes the Ministry of Education attaches a decile rating to each school. This indicates the extent to which a school draws its students from low socio-economic communities. As at 1 February 2016, the schools in the Buller had decile ratings between decile-3 and decile-6 (Ministry of Education, 2016). However, in May of 2015, 'top-up' funding was provided for the funding deficit due to the change in decile rating for four of Westport's schools (Buller High School, St Canice's, Westport North School and Westport South School). However, the Ministry did not change the school decile ratings back from 5M to 3I, and the schools again face funding deficits (Buller District Council). The proportion of students leaving Buller High School with little or no formal attainment is typically higher than nationally (typically 10 percentage points or more).

Educational qualifications

Buller residents aged 15 years and over hold fewer qualifications than New Zealanders as a whole. In 2013, 32.5% of the district's adults had no educational qualifications (vs 20.9% nationally).

Mental health

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

Recorded criminal offences

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

Part B Key themes

Increased need

Unemployment is a significant issue in the district, with the rapid unprecedented disappearance of employment opportunities in the district. The reported effects of these job losses include a significant negative impact on many residents' health, particularly mental health, and wellbeing — and a range of negative health effects have been reported by many health and non-health service providers. Financial support/benefits alone, while important, were not considered to be effective in addressing the wider social impacts of unemployment, and the sharp economic downturn currently being experienced by the district.

There appears to be agreement between providers that there is currently a net increase in need within the Buller population caused by, in part, an inward migration of 'higher-needs' people. Specifically, despite overall population decline, the net level of need/burden is increasing due to the inward migration of high(er) needs people. Although consensus opinion suggests a real effect, there is a lack of agreement and/or understanding as to the cost-benefits of the migration of higher-needs people, and the size of the resultant social impact. However, most, but not all, interviewees viewed the impact as negative/not constructive.

Increased complexity of need

Overall, high and/or increasing complexity of need was reported by almost all responding agencies, and the various issues relating to funding and workforce capability were also reported as related issues. Agencies reported that addressing service-specific needs is often hindered or blocked as many clients are also suffering from anxiety and/or depression or alcohol or other drug addictions (or other physical or mental health conditions). For example, one agency representative highlighted the complex and 'circular' relationship (interaction) between housing, health and employment whereby many clients who live in poor quality housing suffer housing-related health problems, and this makes it difficult for them to reliably attend work, which limits their ability to afford and secure quality housing.

Further, agencies reported that, increasingly, clients are presenting with 'mental health' needs that are at a level beyond the clinical skills of the agency counsellor or volunteer (or other staff), but seemingly not "severe" enough to access specialist mental health services. While the treatment of

mental health disorders per se is beyond the scope of most social services, nevertheless, agencies reported that their staff and volunteers' day-to-day interactions with clients often require some level of mental health intervention, often beyond their training and qualifications, but necessary in the moment.

Increased severity of need

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

Increased mental health needs

Respondents from health, housing, NGO social service providers, education providers, and the Police all referred to a mental health burden that exceeds the collective capacity and capability of providers. While many respondents considered that better coordination and care pathways would improve efficiency, the overall assessment was of insufficient resources and poor access to services — especially for moderate-to-severe mental health issues. Respondents considered that those most in need, including the many socially isolated elderly, were facing access barriers that were seen as significant (e.g. transport to services and accessing specialist care).

Recruitment and retention of specialist workers

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

Respondents commented on the apparent lack of explicit strategies aimed at increasing the attraction and retention of health and other workers, especially in the most remote and rural areas.

Viability

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

Coordinated approach

Many respondents identified the need for a community-driven response. Most considered that government agencies have a major role to play and that increased government funding, services and support is needed, however, respondents also acknowledged that sustainable, coordinated community-driven initiatives were needed to help local communities adapt and recover from the negative impacts of the widespread job losses and

the associated economic downturn and continuing demographic shifts within the district. Many respondents suggested that local solutions including better access to locally relevant services involving a planned and coordinated approach are needed to create new opportunities and a renewed 'viability' for the local communities, based on available human, natural and organisational capital.

Service Hub

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

Summary

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

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

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