

## Greater Christchurch Non-Government Organisation 2015 Mapping Project: Summary of Findings

### 1. Background and Introduction

In 2015 Right Service Right Time commissioned the Collaborative Trust for Research and Training in Youth Health and Development to undertake a research project entitled 'Greater Christchurch Non-Government Organisation Service Mapping Project' (Project). This Project sought to provide a detailed picture of the Non-Government Organisation (NGO) service system currently operating in Greater Christchurch to assist with future service planning and delivery decisions.

The project adopted a multiple methods approach to collect and collate the data that informed the map of the current NGO service system in Greater Christchurch – methods that included archival analysis of five 2013 and 2014 service mapping exercises <sup>1</sup>; an electronic survey administered with NGO service providers that were members of the Right Service Right Time Alliance and/or members of the Canterbury Social Service Aotearoa Network (41 of the 55 NGOs invited to participate in the survey responded, with a response rate of 75%); two focus groups; and four case study interviews.

This report summarises the key findings from this research Project.

### 2. NGO Services in Greater Christchurch: Overall Characteristics

The NGO service system in Greater Christchurch was characterised by respondents as having a strong and comprehensive presence in the region – a presence that was grounded in a deep understanding of the needs of communities and offering a varied continuum of primary (46%), secondary (73%) and tertiary (80%) prevention services. The data suggests that the majority of NGOs are small and horizontally structured with short lines of communication that enables them to respond flexibly and rapidly to clients' presenting and changing needs. The NGO sector was also

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<sup>1</sup> The earlier mapping reports accessed by this Project included: New Zealand Red Cross (2013) *Services in Schools*; Ministry of social Development (2014) *Mapping Earthquake Support Services*; Pegasus Health (date unknown) *Health-Related Mapping*; Selwyn District Council (2014) *Health and Social Service Needs Analysis*; New Zealand Red Cross (2014) *Wellbeing and User Journey*.

characterised by a strong work ethic and a history of collaboration that contributed to responsive and sustainable processes and impacts.

## **2.1 Location of NGO Services**

While the vast majority of respondent NGOs (85%) reported that they delivered their services within urban Christchurch, the reach of many of these services extended to districts beyond the urban area. For example, 61% of such services were also available to those residing in Banks Peninsula; 59% to those residing in the Selwyn District; and 66% to those residing in Waimakariri. Smaller numbers of NGOs also provided services for those residing in Hurunui, Ashburton and regions beyond Canterbury.

## **2.2 Range and Duration of NGO Services Directly Provided**

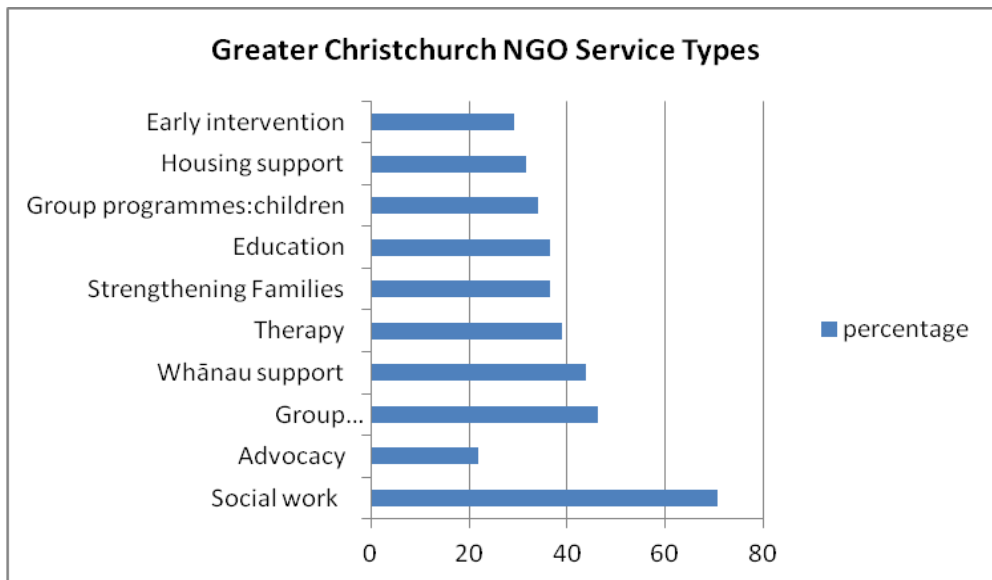
### ***Range of Greater Christchurch NGO Services***

The findings from the collation of data from the survey of a sample of Greater Christchurch NGO service providers showed that there were 32 identified, different service types supplied within the region. These service types ranged from those designed to meet:

- *Physiological needs*: housing support (32%); practical support (2.4%); nutrition (15%); budget advice (27%)
- *Health, mental health, disability and addiction needs*: mental health (20%); child health (20%); alcohol and drug (17%); disability support (15%); respite care (12%); problem gambling (2%)
- *Justice related needs*: supervised access (5%); family violence (7%); restorative justice (10%)
- *Education related needs*: education (37%); Early Childhood Education (ECE) - centre based (12%); ECE – in home (7%)
- *Specialist and general service needs across life stages*: group programmes – parents/caregivers (46%); whānau support (39%); therapy (39%); Strengthening Families (37%); group programmes – children (34%); family counselling – general (27%); youth work (27%); adolescent counselling - general (24%); child counselling – specialised (20%); adolescent counselling – specialised (17%); family counselling – specialised (17%); child counselling – general (17%); statutory care (5%)
- *General descriptions of service types*: social work (71%); advocacy (54%); early intervention (29%); community development (27%)

As shown in the following graph, of all the service types identified by the survey respondents, the top ten most prevalent services delivered by the NGO service providers included social work services (71%); advocacy services (54%); group programmes for parents/caregivers (47%); whānau support (44%); therapy (39%); Strengthening Families (37%); education (37%); group programmes for children (34%); housing support (32%); and early intervention (29%).

**Graph 1: Top Ten Greater Christchurch NGO Service Types**



The review of earlier mapping projects indicated that both the Ministry of Social and the Canterbury District Health Board were funding a range of social (for example, after school and holiday programmes; youth work; mentoring services; social work; family and sexual violence case management; counselling; adventure therapy) and health services (for example, mental health service clinical programme; health promotion services; vision and hearing services; public health nursing services; Nurse Maude School Nursing Service; Partnership Health Community Workers) within Greater Christchurch school settings.

Moreover, the data indicates that there has been an increase in the provision of NGO provided social services in some of the outer-lying districts of the Greater Christchurch region (for example, social work services; primary prevention parenting services; child and adolescent mental health services; family mentoring programme) – an increase that appears to have mirrored the population growth within such districts following the Canterbury earthquake events.

***Duration of Greater Christchurch NGO Services***

Survey respondents were invited to estimate the typical duration of service delivery for people who sought assistance to address their presenting needs. The findings showed that duration of service can range from one-two months to more than two years – a range that appeared to reflect the level with which clients engaged with services and the level of complexity of their presenting circumstances. Table 1 indicates that respectively about a quarter of respondent agencies delivered services for people over either a three to six month period or a seven to twelve month period; and about a fifth of respondent agencies delivered services for people over a period of more than two years.

**Table 1: Typical Duration of Service Delivery**

Service Duration	Number	Percent
<b>Less than 2 weeks</b>	-	-
<b>2-4 weeks</b>	-	-
<b>1-2 months</b>	4	10.8
<b>3-6 months</b>	10	27.0
<b>7-12 months</b>	9	24.3
<b>1-2 years</b>	6	16.2
<b>More than 2 years</b>	8	21.6

Overall, this data on the type and duration of services provided by the Greater Christchurch NGO Sector, suggests that while there are a wide variety of NGO service types present in the region to address the varying presenting needs of those seeking personal and other support services, those with the greatest presence focus on providing social work, advocacy and therapeutic services for families/whānau and children and are of medium- to long-term duration.

### **2.3 Demand for NGO Services: Pressure Points and Identified Service Gaps**

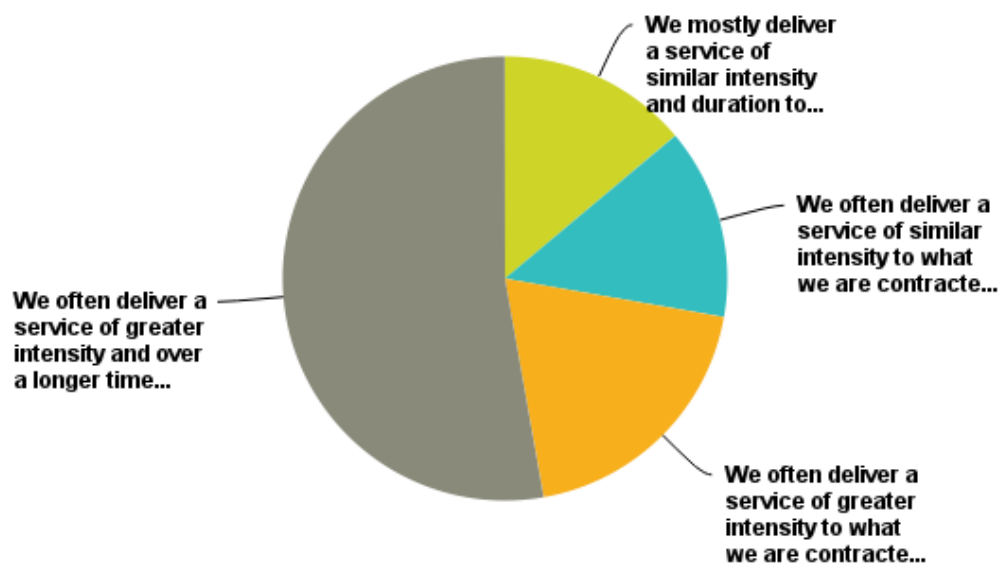
Of all the Greater Christchurch NGO survey respondents 53% (19) stated that the services they actually delivered were of greater intensity and over a longer time period than that specified under contract. Of the balance of responses, 14% stated they delivered the specified intensity of service but over a longer duration; 19% stated they delivered the specified duration of service, but at greater intensity; and 14% stated they delivered services of duration and intensity as specified within contracts.

Of the 19 NGO agencies (two of whom identified as Kaupapa Māori services) that delivered services of greater duration and intensity than that specified under contract, five were agencies providing a range of service types; three were services for youth; three were family violence services; two provided services for children with disabilities; and the rest variously provided alcohol and drug, budget advice, resettlement, mental health and early intervention services.

**Figure 1: Actual Intensity and Duration of NGO Services Compared to Service Specifications under Contract**

**Q16 Thinking about the services you deliver to vulnerable children and their whānau / families, how does the service you typically deliver compare with what you are contracted to deliver?**

Answered: 36 Skipped: 5



Drawing on the findings across the Ministry of Social Development (2014), New Zealand Red Cross (2014), Selwyn District Council (2014) and the Greater Christchurch (2015) service mapping data, several themes emerged concerning identified service gaps. These themes included:

- Gaps in services for children such as mental health services; behavioural support services, including anger management; counselling services; and services for parents and/or caregivers of school-aged children, for example parenting programmes, foster care programmes and respite care

- Gaps in services for young people such as alcohol and drug services; adventure therapy programmes; and programmes that catered for both young people and their families/whānau
- Gaps in services delivered within school settings such as social work and therapeutic services within early childhood education centres, deciles 4-10 schools and alternative education schools; school reintegration services for those experiencing truancy; services for those transitioning from intermediate to high schools; after-school care for 12-14 year olds; and leadership development programmes
- Gaps in services tailored to meet the needs of Māori, Pacific Peoples and those from Culturally and Linguistically Diverse Communities
- Gaps in 'maintenance services' for those using and/or experiencing family violence

#### **2.4 Innovation and the Greater Christchurch NGO Service System**

Just over 80% (33) of the Greater Christchurch NGO Service Mapping Project survey respondents identified service innovations implemented during the years 2012 to 2015. The findings indicate that such innovations have been largely resourced by other than government funding bodies, for example through sourcing funding from philanthropic trusts and more latterly through accessing financial resources from earthquake response funding pools. The vast majority of such innovations can be categorised according to the target client group; the setting in which the services were delivered; and/or the approach to practice. For example, a number of innovations:

- Seek to augment parenting practices (for example, supporting fathers in residential settings; Building Awesome Whanau; Watch, Wait and Wonder Infant Attachment programme; young parents breast feeding support group)
- Seek to enhance child-focused interventions (for example, child-centred play therapy; Theraplay; child counselling; social skills programme for children; access to behavioural management services)
- Seek to collaborate with others to provide system-wide responses and/or wrap-around and integrated intervention services (for example, an early intervention service working in conjunction with a budgeting service; a single parents with children service working in conjunction with Work and Income; a service supporting families of prisoners working with the Canterbury District Health Board to provide health clinic services; Canterbury Family Violence Collaboration)

- Seek to increase the accessibility of services by delivering them in people's natural environments, for example in schools, in communities and in people's homes (for example, providing counselling services in rural areas; whānau support services within Early Childhood Education settings; working with children and their families/whānau in homes and community settings)
- Seek to bring new and evidence-based approaches to existing practice (for example, introducing trauma-informed or family-directed or strengths-based or social work or crisis response practices to existing services)
- Seeking to increase people's access to services to meet their basic physiological needs (for example, initiating a veggie coop; providing winter warmer packs; providing housing support services)

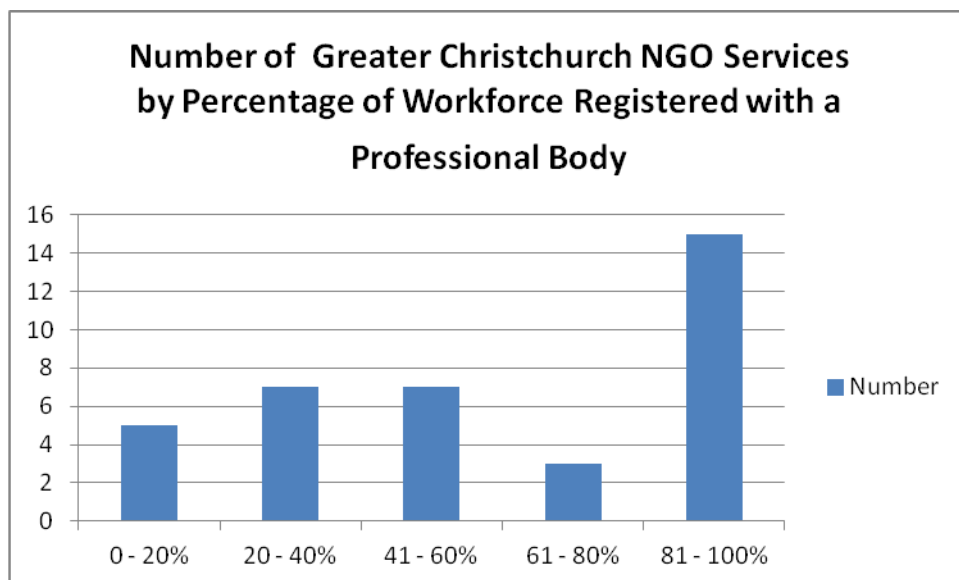
### **3. Greater Christchurch NGO Service System: Human Resource and Infrastructure Matters**

#### **3.1 Workforce Capacity and Capability**

Of the Greater Christchurch NGO respondent agencies, 54% employed less than 20 paid FTEs, with 26% employing seven or less paid FTE staff; and 46% employed 20 or more paid FTEs. About 15% employed 36 or more paid FTE staff. Only three NGO service provider respondents stated that their services included a volunteer workforce of more than ten FTEs – agencies that mainly relied on volunteers to provide transport, budgeting, food bank and practical support services for clients.

The Greater Christchurch NGO service respondents were asked to indicate the percentage of their paid and volunteer staff who were registered with a professional body, for example Psychologist Registration Board, New Zealand Association of Counsellors, New Zealand Association of Christian Counsellors or Social Workers Registration Board. Fifteen respondents stated that between 81-100% of their staff were registered with a professional body and this group of NGO service providers were either larger organisations or agencies that delivered services with a counselling or therapeutic focus. The NGO service providers with the lowest proportion of staff registered with a recognised professional body tended to deliver personal care or practical assistance services.

**Table 2: Number of Greater Christchurch NGO Services by Percentage of Workforce Registered with a Professional Body**



The findings showed that senior-level staff employed by the Greater Christchurch NGO services variously held a wide range of roles and responsibilities. While 14% (5) of respondent NGO services stated that their most senior staff were employed in clinical supervision or management positions, the balance were delivering a range of types of front-line services. Of the NGO senior practitioners delivering front-line services, 22% (8) worked across multiple programme types within their respective agencies. The other respondent NGO agencies' senior practitioners variously focused on delivering social work services; child and family services; counselling services; family violence intervention services; wrap-around early intervention services; whānau support services; and advocacy services.

### **3.2 Greater Christchurch NGO Sector Workforce and the Implementation of the Christchurch Children's Team**

A third of the Greater Christchurch NGO Services' survey respondents believed that the implementation of the Christchurch Children's Team would not present any human resource challenges for their services. The other respondents noted a range of human resource challenges that may need to be addressed during the design and implementation of the Christchurch Children's Team.

Of the general human resource challenges identified by the respondents, attracting and retaining a qualified workforce was noted by some respondents as an ongoing issue for the NGO Sector. This challenge was caused in part by the generally lower



salaries paid to the NGO workforce and the delays in confirming staff appointments caused by the more extensive vetting and screening processes required under the Vulnerable Children’s Act. In addition, respondents emphasised the importance of providing a range of professional development and career pathways for beginning-, intermediate- and senior-level staff; and providing regular supervisory support to maintain competence and prevent burnout.

A variety of training needs were identified for those practitioners involved in implementing the Children’s Team policy including:

- Recognising and responding to vulnerability
- Effective child-focused engagement and intervention
- Effective practices for reaching hard-to-reach and/or vulnerable people
- Cultural competence, particularly related to working with Māori, Pacific Peoples and those from Culturally and Linguistically Diverse Communities
- Collaborative and multi-disciplinary work
- Requirements under the Vulnerable Children’s Act; understanding the role and responsibilities of the Lead Professional, Children’s Action Network and Children’s Teams; and understanding the administrative aspects of implementing the Children’s Team, for example, procedures for making referrals

### **3.3 Policies and Procedures for Working with Vulnerable Children and their Families/Whānau**

The survey respondents were asked whether their respective NGO services had a child protection policy; a Children’s Rights policy; and policies and procedures to guide employees’ work with high risk families/whānau. Ninety-two percent (36) of NGOs had child protection policies; 89.5% (34) had policies and procedures for working with high risk families/whānau; and 64.1% (25) had a Children’s Rights policy.

**Table 3: NGO Respondents Policies and Procedures Related to Vulnerable Children and their Families/Whānau**

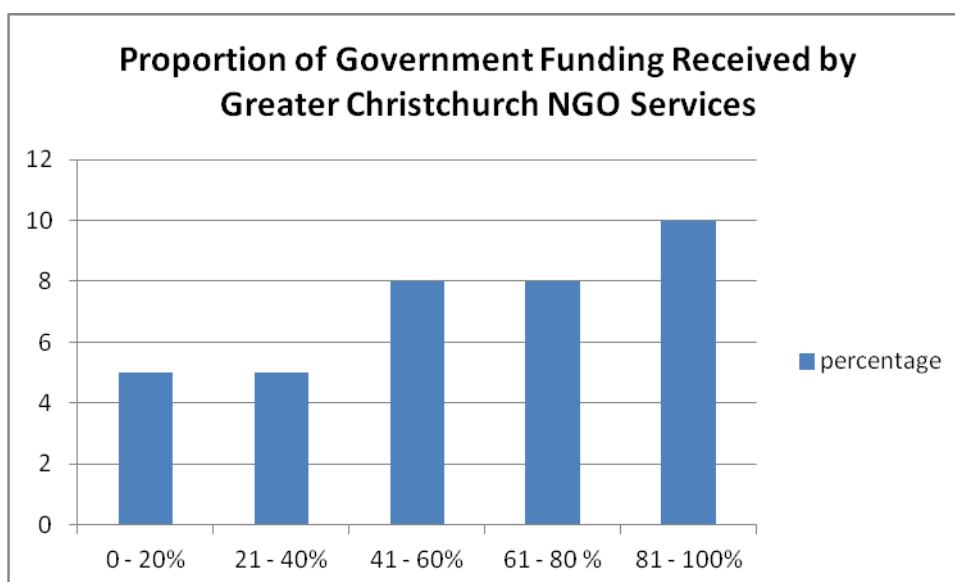
<b>Service Delivered</b>	<b>Yes</b>	<b>No</b>	<b>Not sure</b>	<b>N respondent s to question</b>

Child Protection policy	36 (92.3%)	3 (7.7%)	-	39
Children's Rights Policy	25 (64.1%)	11 (28.2%)	3 (7.7%)	39
Policies and procedures for service delivery to high risk families / whānau	34 (89.5%)	3 (7.9%)	1 (2.6%)	38

### 3.4 Funding Sources

The findings from the Greater Christchurch Service Mapping Project indicated that 36% (13) NGO service provider respondents received government funding for half of the services they delivered. For this group the balance of financial resources required to deliver services was sourced from philanthropic trusts (for example, Christchurch City Council; New Zealand Red Cross; Canterbury Community Trust; Lotteries; Wayne Francis Trust; Vodafone Foundation), fund raising, koha, user-pays fees, payroll giving and investments. A small number of respondents stated that some elements of their services were delivered by volunteers.

**Table 4: Proportion of Government Funding Received by Greater Christchurch NGO Services**



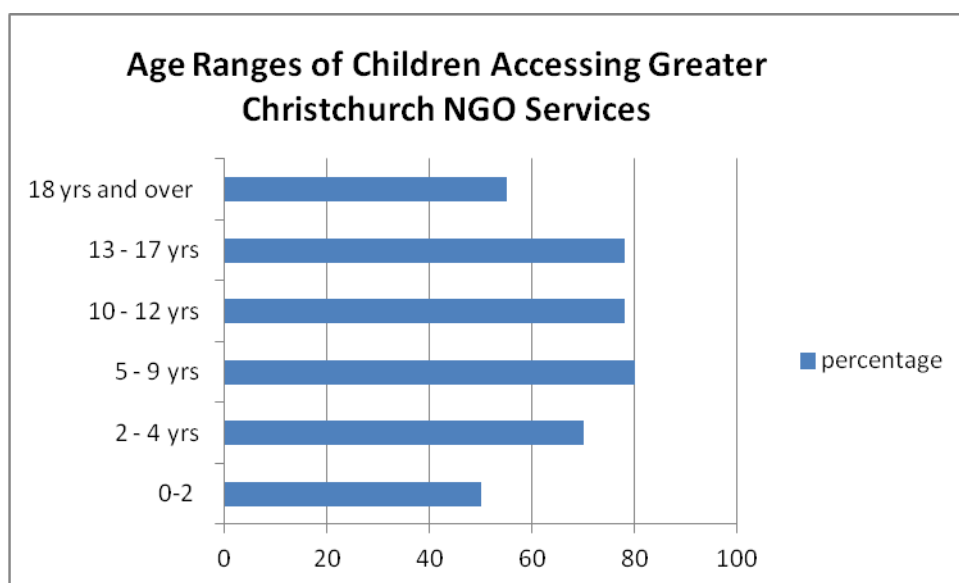
Of the NGO respondents who identified that their agencies' services received 80% or more of their funding from government sources, most received such funding from the Ministry of Justice or the Ministry of Health.

#### **4. Greater Christchurch NGO Services' Client Demographics; Social History; Vulnerable Children Served; and Capacity to Respond**

##### **4.1 Client Demographics across the Greater Christchurch NGO Service System**

Of the NGO service providers who responded to the Greater Christchurch NGO Service Mapping survey, the majority provided services for children aged between two and seventeen years. Just over half the respondents stated that their agencies provided services for children aged 0-2 years; and 55% stated that their agencies provided services for people aged over 18 years, including young people and young parents. The percentage of NGO services who provided services for children within specified age ranges is illustrated in Table 5.

**Table 5: Age Ranges of Children Accessing Greater Christchurch NGO Services**



##### **4.2 Client Social History Trends across the Greater Christchurch NGO Service System**

Many of this research's NGO respondents noted the increasing number of people presenting for service with multiple and complex needs – needs such as family and sexual violence; substance abuse; mental health issues; indebtedness; inadequate housing; poverty; interactions with the criminal justice system; parenting issues such as lack of attachment, bonding and child supervision ; and isolation and lack of family/whānau and community support. The Project report notes that for vulnerable

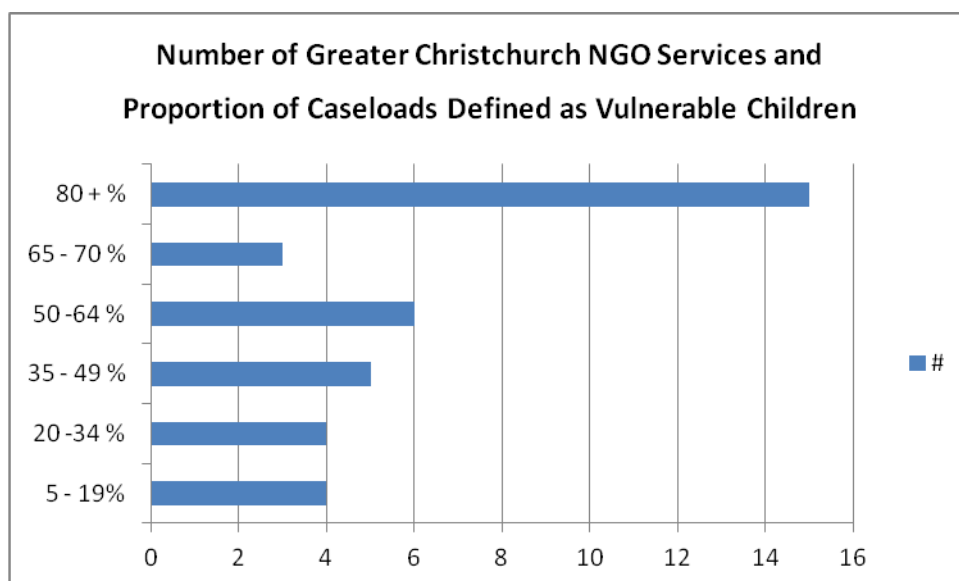
whānau in Canterbury, housing issues have contributed to the increased complexity of needs they experience. For example, overcrowding and cold and damp homes impact negatively on families'/whānau health, disconnection from support networks, and school and service transience. In summary, the data suggests that many more individuals and families/whānau are seeking different types of interventions from multiple services in order to achieve wellbeing.

While NGO respondents are generally agreed on the increased number of individuals and families/whānau presenting at their services with multiple and entrenched issues, they were also aware of a number of barriers to help seeking for many in the Canterbury community. Barriers to help seeking identified by the NGO respondents included: lack of awareness of the types and location of helping services and supports; difficulties navigating the pathways to help and support; lack of recognition of socio-economic issues experienced by individuals and families/whānau by some professionals across sectors – a lack of recognition resulting in missed opportunities to offer helping services and support; experiences of shame, fear and other psychosocial reasons resulting in people's reticence to disclose personal and family/whānau issues; unavailability of services in rural areas; lack of transport; and lack of child care.

#### **4.3 Vulnerable Children within the Greater Christchurch NGO Service System**

With reference to the definition of vulnerable children provided in the Vulnerable Children's Act, survey respondents were asked to give the proportion of their current service caseloads that were described as vulnerable children. Forty-one percent (15) of Greater Christchurch NGO Service survey respondents stated that 80% or more of their services' caseloads were comprised of vulnerable children. These 15 NGOs delivered specialist intervention services (specialist youth services; early intervention services; child residential services; services to address children's sexualised behaviours; services for children who had experienced sexual abuse). Of the other respondent services, three stated that 65-79% of their caseload were vulnerable children; six stated that 50-64% of their caseload were vulnerable children; five stated that 35-49% of their caseload were vulnerable children; and eight NGO respondent services had less than a third of their caseload comprising vulnerable children.

**Table 6: Number of Greater Christchurch NGO Services and Proportion of Caseloads Defined as Vulnerable Children**



#### **4.4 Vulnerable Children and the Greater Christchurch NGO Service System’s Capacity to Respond**

Respondents were also asked to describe their current capacity to provide services for vulnerable children and their families/whānau. Forty-six percent (17) of the respondents indicated that that their respective services were operating at or over capacity and that they could only increase the number of vulnerable children and their families/whānau served if further financial resources were provided to employ additional staff. Many of the respondents indicated that their services for vulnerable children and the ‘most complex and needy families’ had wait lists (for example, waiting time for service of between two and four months). However, just over a quarter noted that they had some capacity to provide services to ‘new vulnerable children.’ Such service capacity was usually associated with new service initiatives that were building caseloads at the time the survey was conducted.

## **Appendix:**

### **Right Service Right Time Alliance Partners and Social Service Providers Aotearoa Agencies: Respondents Invited to Participate in the Research**

Autism New Zealand (Canterbury)

Agape Trust

Aviva

Barnardos

Battered Women's Trust

Catholic Social Services

Champion Centre

Cholmondeley Children's Centre

Christchurch Budget Service

Christchurch City Mission

Christchurch Methodist Mission

Christchurch Resettlement Services

Community Wellbeing North Canterbury Trust

CCS Disability Action Canterbury West Coast

Early Start Project Ltd

Family Help Trust

He Waka Tapu

Home and Family Society Christchurch Inc

Kingdom Resources

LifeLinks

Open Home Foundation

Pacific Trust Canterbury

Petersgate Counselling Services

**PILLARS**

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Dr Lesley Campbell on behalf of Right Service Right Time Governance Group (13 September 2015)

Plunket

Presbyterian Support Services Upper South Island – Family Works

Problem Gambling Foundation

Purapura Whetu

Salvation Army Christchurch City Corps Community Ministries

Salvation Army Oasis Gambling Service

Single Women as Parents

Stand for Children

St John of God Hauora Trust, Waipuna

START

STOP

Stopping Violence Services (Christchurch)

Te Ora Hou Christchurch

Te Puawaitanga ki Otautahi Trust

The Parenting Place

YCD Youth and Cultural Development

Centrecare Counselling Waimate

He Oranga Pounamu

Male Survivors of Sexual Abuse

Pregnancy Help

Rata Counselling Centre