



ROTORUA COMMUNITY REPORT

2006

LOCAL SERVICES MAPPING
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*Strong caring families in a safe and connected
community - tackling youth offending.*



Foreword

On behalf of the Rotorua District Council, Family and Community Services and the Local Services Mapping Steering Group, I am delighted to present this Community Report. It explores four key local issues – alcohol and drugs, non-engagement in education, programmes and activities available to youth, and mental health issues – and their impact on youth offending in the Rotorua District.

This report, and its recommendation to tackle local issues by developing synergy between organisations, is the result of collaboration between the Rotorua District Council, Family and Community Services, the New Zealand Police and several stakeholder organisations. For all these participants, reducing criminal offending by young people is a priority.

It is encouraging to remind ourselves that Rotorua has a wealth of organisations, services and expertise to deal with various aspects of youth offending. There is a huge potential for our community to provide the support and momentum needed to further tackle this issue.

A handwritten signature in white ink on a dark red rectangular background. The signature appears to read "Kevin Winters".

Kevin Winters
MAYOR
Rotorua District



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1. Overview of this report

INTRODUCTION

This Community Report is the result of a partnership between the Rotorua District Council and the Ministry of Social Development's Family and Community Services.

It has been developed by a steering group made up of representatives from central government, local government and community agencies¹. All these participating agencies work with Rotorua's young people and the wider community. They also share a commitment to the principles of the Ministry of Social Development's Local Services Mapping (LSM) project, which aims to improve the quality and delivery of services to New Zealand families (see Appendix 2 for more about the LSM process).

¹ See Appendix 2 for a list of members.

This Community Report is the first step in the LSM process for Rotorua. It identifies four priority issues facing the community, and lists the social services currently available to address these issues.

This report thus provides the platform for the next LSM phase, in which the community, local authorities and central government will jointly develop an action plan to tackle the priority issues outlined here. The final phase will be to review the action plan when it is implemented, to assess the impact of the changes and to identify any further opportunities for improvement.

PRIORITIES FOR ACTION

This report takes as its starting point the Rotorua District Council's desire "to create a safe and caring community", particularly by supporting initiatives that reduce youth offending².

With this in mind, the LSM Steering Group developed its own vision for Rotorua: "strong caring families in a safe and connected community". Based on members' own experiences of working in Rotorua, and on the information gathered from the community and social service providers, the steering group has identified a list of key social issues related to youth offending:

² These aims are presented in the Rotorua District Council's Crime Prevention Plan (see Appendix 4).



- family violence
- parenting
- gambling
- parental and youth unemployment
- alcohol and drugs
- programmes and activities for youth
- non-engagement in education

- mental health
- support services – availability and accessibility.

All these important and often over-lapping issues will be addressed in the action planning phase that follows this report. However, the steering group considers four issues are particularly critical: tackling them first will have a positive impact on all the other issues listed.



THE FOUR PRIORITY AREAS RELATING TO YOUTH OFFENDING IN ROTORUA ARE

» *Alcohol and drugs*

Statistics for Rotorua suggest there is a direct relationship between youth offending, and alcohol and drug use. There is a perception the current services specifically targeted at young people are not sufficiently available or accessible, although knowledge about what is available is low. There is a perceived relationship between the drug and alcohol use of young people and that of adults – particularly those in a parenting or care-giving role. Some statistics confirm this.

» *Non-engagement in education*

Many providers and agencies believe truancy and intermittent school attendance are major factors in youth offending. The community's perception is that young people not attending school get bored, and crime becomes an appealing way to stave off boredom. In the absence of the structure and discipline associated with attending school, opportunities are created for offending.

There also seems to be a link between regular non-attendance at school and a low value placed on education and educational achievement by parents and/or caregivers. This may be a reaction to the difficulty some parents themselves had as students fitting into the school culture and the mainstream schooling system.

» *Programmes and activities for youth*

Practitioners and young people consistently commented on the lack of co-ordinated activities and programmes for youth. Existing facilities do not appear to be meeting the wide-ranging needs and interests of Rotorua's youth. Dealing with boredom, and the need for both physical and social activities, were common themes in the feedback from young people and those working with them. Some feedback described the planned and programmed activities for "youth at risk", but no programmes for young people who just wanted to have fun.

» *Mental health*

There appears to be a connection between young people with mental health issues, and an involvement in criminal activities. Anecdotal feedback suggests young people raised in an environment where a parent lives with mental health challenges may themselves suffer from mental health problems. Mental health is also linked to other priority areas, such as non-engagement in education, and drug and alcohol use.

LINKS TO OTHER INITIATIVES

While this report has been produced as part of the Ministry of Social Development's nationwide Local Services Mapping project, it connects with and complements several other local and national initiatives. These include:

- The Rotorua District Council's Crime Prevention Plan (2005-2006), whose objective is "to create a safe and caring community". As part of its strategy of enhancing community safety, the Rotorua District Council (RDC) has identified five major areas of focus – including reducing youth offending. (The plan is in Appendix 4.)
- The Government's national social service priorities, as outlined in its document *Opportunity for all New Zealanders* (2004). Over the next three to five years, government agencies will focus on services addressing³:
 - Educational under-achievement and its link to low socio-economic status
 - Barriers to participation in sustainable employment
 - Disease risks arising from unhealthy eating and lack of activity
 - Health and the social costs of tobacco, alcohol and other drug abuse
 - The incidence and impact of family violence, and abuse and neglect of children and older persons.

³ Ministry of Social Development. *Opportunity for all New Zealanders*. 2004.

INFORMATION SOURCES

This report draws its information from:

- authoritative statistical data, such as the 2001 Census
- interviews, questionnaires and workshops with social service providers, community groups, local residents and especially young people
- reports and other research already undertaken by central government agencies, and local organisations (eg Te Puna Rangatahi – the Rotorua District Council’s Youth Consultation Project).

READING THIS REPORT

This report begins with a brief profile of Rotorua; its history, its community and some broad social trends. This is based on information gathered by Statistics New Zealand in the 2001 Census, and by other central and local government agencies.

The body of the report is organised around the four priority areas the LSM Steering Group has singled out for immediate action. The discussion includes relevant statistics that shed light on the nature and scope of each issue and on how they contribute to youth offending. The relevant social services currently available in Rotorua to address each priority area are listed, but contacts or other detailed information about the service providers is not. This information can

be readily found in the Family and Community Services National Directory (www.familyservices.govt.nz/directory/index.jsp)

The final section of the report looks ahead to the next stage of the LSM process – the action plan. “Next steps: towards a supporting infrastructure” proposes the establishment of an inter-agency governance group for the Rotorua District, to be responsible for developing and implementing the action plan.

APPENDIX 1 is a detailed statistical profile of Rotorua, based largely on material from the 2001 Census (updated where possible). It covers population, the age of the community, education, ethnicity, income, employment, deprivation, family and household composition, and business and industry. Comparisons against national averages are included where available.

APPENDIX 2 gives a brief overview of the LSM process and how this report was compiled – who was involved, how information was gathered and analysed, and how the issues were identified and prioritised.

APPENDIX 3 has the community Stock Take questionnaire sent to service providers in the Rotorua District during the information-gathering phase of the LSM process.

APPENDIX 4 contains the Rotorua District Council’s Crime Prevention Plan for 2005-2006, whose vision of a “safe and caring community” was the starting point for the LSM Steering Group.



2. Rotorua - a brief profile

Situated in the heart of the Bay of Plenty, the Rotorua District centres on the city of Rotorua on the southern shore of Lake Rotorua. The district is bounded by four other territorial authorities: Western Bay of Plenty District to the north, Whakatane District to the east, Taupo District to the south, and South Waikato District to the west.



HISTORY

People from the Te Arawa canoe, which landed at Maketu after its journey from East Polynesia, were the first to settle in the Rotorua area. Te Arawa people established settlements around the geothermal lakes, including at Ohinemutu where the city of Rotorua would later grow.

The first European traders arrived in the 1820s, followed soon after by the missionaries. Many early European settlers struggled, as they did elsewhere in the Bay of Plenty. They found the land was unsuitable for running large flocks of sheep and the soil was poor. It was not until the early twentieth century that dairy farming began to thrive, thereby attracting greater numbers of Europeans.

During the wars of the 1860s and 1870s, Te Arawa took up arms to defend their customary lands, pledging allegiance to the Crown even though they had originally opposed the Treaty of Waitangi. Among Te Arawa's opponents was Te Kooti, who attempted to attack Ohinemutu in 1870.

After the wars ended, increasing numbers of tourists and investors were drawn to Rotorua by the area's spectacular geothermal activity, the famous Pink and White Terraces, and the curative properties of the thermal waters. Despite the setbacks to tourism presented by the Mt Tarawera eruption of 1886, the government developed Rotorua as a spa town, opening an imposing bath house in 1892 and establishing road and rail links to attract visitors.



Tourism has remained one of the area’s most important activities. Although there have been concerns about local Māori “losing economic control over the presentation of their culture and natural treasures to the world⁴”, Māori culture, crafts and entertainment occupy a central place in the local tourist industry.

Today, nearly 9% of Rotorua’s workforce work in tourism-related activities (such as accommodation and restaurants), nearly double the national average. Manufacturing, and agriculture, fishing and forestry are also important sectors.

PEOPLE

Rotorua District’s population, as at 30 June 1995, was estimated at 67,600. As with the Bay of Plenty region in general, the ethnic mix is significantly different from the country as a whole. In the 2001 Census, Māori made up more than a third of the district’s residents – almost two and a half

4 Malcolm McKinnon. “Bay of Plenty” Te Ara – the Encyclopaedia of New Zealand updated 02 December 2005 URL: <http://www.TeAra.govt.nz/Places/BayOfPlenty/BayOfPlenty/en>

times the national proportion. Similarly, there were fewer residents who described themselves as European – 72%, compared with 80% nationwide. Smaller ethnic groups, especially Asian and Pacific peoples, are present in Rotorua at a fraction of the national rate.

There is a slightly higher than average proportion of children under the age of 15 years in Rotorua. The 2001 Census recorded around 16,600 children, comprising 26% of the population (23% nationally).

As is the case across New Zealand, the most common family unit in Rotorua is couples with children. In 2001, they made up 41% of all families in the district. Another 24% of families had only one parent – a higher proportion than the 19% nationally.

Statistics New Zealand projects some interesting changes in the structure of Rotorua families in the coming years: by 2011, there will be more couples without children than those with children. Furthermore, while the number of two-parent families is expected to decrease over that period, the number of one-parent families will increase to around 4,800 (compared with 3,970 in 2001).



ECONOMIC SITUATION

In socio-economic terms, the Rotorua District is more deprived than New Zealand as a whole. In 2001, almost a third of all residents lived in decile 9 or 10 areas – those considered among the most deprived in the country. Conversely, fewer Rotorua residents lived in the least deprived areas (deciles 1-5) than nationally. There is a notable absence of people in the mid-range deciles.

This pattern lends weight to the comment made in a 1996 official government report about the Bay of Plenty as a whole: “[It] is a curious mix of economic prosperity, expansion and growth, and some of the most depressed areas in the country⁵.”

At the end of March 2005, 1,670 Rotorua residents aged 20-64 years were receiving the Unemployment Benefit. This was approximately 990 fewer than in 2002, reflecting the national fall in unemployment. The most common form of income support was New Zealand Superannuation, received by 6,800 Rotorua residents aged 65 years and over. At the same time, 470 Rotorua teenagers were receiving some form of income support, notably the Unemployment Benefit or the Domestic Purposes Benefit (DPB) Sole Parent. Teenagers receiving the DPB had between them around 150 children.

EDUCATION

Fewer Rotorua pre-schoolers are enrolled in early childhood education (59%) than the national average of 65%.

There are 47 schools in Rotorua, including full primaries, composite schools, intermediates, Kura Teina, secondary schools and a teen-parent unit. Their combined roll in mid-2004 was 14,651. Sixteen of these schools are classified as deciles 1 or 2 schools – among those in New Zealand with the highest proportion of students from low socio-economic communities. Six schools are classified as deciles 9 or 10 schools.

A 2004 survey showed Rotorua has higher-than-average truancy rates: 5.1%, compared with the national average of 3.4%. The truancy rate for secondary school students in Rotorua is nearly twice the national average.

From 2000 to 2004, Rotorua District schools stood down between 200 and 300 students a year. In each year, the stand down rate per 1,000 students in Rotorua was below the national rate. Physical assaults on other students was the main reason. Drugs, including substance abuse, accounted for 42% of the suspensions in Rotorua District over the five years. Drugs were also the main cause of exclusions over the period (130 Rotorua students) and expulsions.

The proportion of Rotorua students who leave school without qualifications has been consistently above the national average for the last 10 years. It peaked in 1996, when 30% of school leavers had no qualifications – nearly 11 percentage points above the national average. In 2004, the most recent year recorded, 13% of Rotorua school leavers were without qualifications compared with 10% nationally.

Fewer Rotorua school leavers go on to tertiary training than the national average. The most recent data shows that 55% of those leaving school in 2003 went straight to tertiary training or education, compared with 65% nationally. The biggest proportion (39%) went on to polytechnics, whereas more students nationally choose universities. Wānanga attracted 9% of Rotorua school leavers, three times the national proportion.



5 *A regional profile: Bay of Plenty*. Wellington, Statistics New Zealand. 1996. p 10. Quoted in M McKinnon.



3. Priority areas for action

PRIORITY 1: ALCOHOL AND DRUGS

Youth offending and illicit drug use are connected on many levels. Firstly, illicit drugs involve young people in criminal activities. Not only do people commit a crime by using such drugs or supplying them to other users; they may also commit other crimes to get money to support their drug habit.

Drugs adversely affect the lives of many more people than individual users alone. Excessive drug use can mean dysfunctional behaviour at home, which affects the behaviour of other family members at school or out in the community.

Rotorua has a number of programmes and resources for people who acknowledge their drug and/or alcohol use is creating problems, and who are prepared to do something constructive about it. However, it is much harder for service providers to reach those who are unwilling or unable to do this.

VOICES FROM THE FRONT LINE

"Wasting money on smoking, alcohol and drugs makes parents bad role models. Children copy the people around them." Student

"Peer pressure to drop out of school, do drugs and alcohol, makes it hard to make good decisions." Young person

"It's hard to stop people falling through the gaps when the criteria to access services are so strict. You can see that there's a need, but it doesn't fit in anywhere because it's either too serious or not serious enough." Nurse

"Most of us don't have the knowledge, skills or time to deal with the problem at school effectively. And we can't do anything if the student isn't willing to help themselves, especially if the parents aren't interested." Teacher

"Society's acceptance of drugs and alcohol in the community makes it hard to educate people." Community worker



WHAT THE STATISTICS SAY

- People aged between 15 and 24 years are more likely than any other group in the Rotorua population to have a potentially hazardous drinking problem or to smoke marijuana regularly. (Source: Midland Regional Mental Health and Addiction Needs Assessment, May 2005)
- Those who smoke marijuana regularly are more likely to be Māori than any other ethnicity. (Source: Midland Regional Mental Health and Addiction Needs Assessment, May 2005)
- Rotorua’s Police Youth Aid dealt with 1,358 people under 17 years in 2005. For 34 of these youths, the main offence was drink-driving; for 29, the predominant offence was drugs; and for nine youths, being drunk was the main offence. It is not known to what extent drugs and/or alcohol were involved in the remaining 95% of cases. (Source: Rotorua Police Youth Aid)
- During 2000-2004, schools in the Rotorua District suspended almost 540 students. Around 42% of these suspensions were caused by drugs, including substance abuse. A further 7% of the Rotorua suspensions were due to alcohol, compared with 4% nationally. (Source: Ministry of Education)
- In 2004, 32 students in the Rotorua District were stood down for incidents involving drugs. Of these, 19 students were at intermediate school, 11 were at secondary school, and two at primary school. Another 13 students were excluded from school for drug reasons, all of them secondary students. (Source: Ministry of Education)
- In the same period, action was taken against 23 students involved in alcohol-related incidents. All but two were stood down; the others were suspended. (Source: Ministry of Education)
- As at 13 February 2006, 2.6% of Invalid’s and Sickness beneficiaries in Rotorua received their benefits because of drug, alcohol or substance abuse. Ten percent of these people were aged 16-24 years. (Source: Work and Income IA Platform 13 February 2006)

The statistics appear to confirm the feeling in the community that drug and alcohol issues are as significant for young people in Rotorua as they are for the adult population, and that the problem is impacting across many sectors of the community.



STOCK TAKE OF SERVICES

STOCK TAKE OF SERVICES				
Service	Provider	Funder(s)	Description	Access
Children and Youth Alcohol and Drug Community Services	Care NZ Ltd	Lakes District Health Board	Alcohol and drug counselling in secondary schools in the Lakes DHB area	Accessed through Rotorua secondary schools
Drug Addiction Resource Centre	Te Utuhina Manaakitanga Trust	Lakes District Health Board	Education programme on alcohol and drugs; facts and consequences of substance abuse	Access by self-referral; open age, gender, ethnicity
Education and support	Narcotics Anonymous	Unfunded/volunteer	Literature, information, meetings, presentations, support; Helpline 0800 628 632	Open referrals from people seeking help
Health assessment and treatment	Child, Adolescent and Family Mental Health Services (CAFMHS)	Lakes District Health Board	Dual diagnosis for youth 15-19 years with alcohol and drug/psychiatric issues	Referral from schools, GP, other helping agencies, self-referral
Support group	Alcoholics Anonymous		Support for people wanting to recover from alcoholism; supported by 24-hour free phone 0800 229 6757; www.alcoholics-anonymous.org.nz	Open referrals from people who want to stop drinking
Safety	Drivewise Rotorua Trust	Rotorua District Council	Develops and delivers harm-reduction programmes focusing on alcohol, drugs and other substances (including drink drive campaigns and educational support); www.rdc.govt.nz	Referrals through courts, social services



PRIORITY 2: NON-ENGAGEMENT IN EDUCATION

Many factors affect young people's choices about attending school. The social circumstances of the young person and their family can play a major part – particularly unemployment and its related financial constraints, and the presence of addictions or mental health problems in the home.

Parenting skills, attitudes and values about education may also have a significant impact, but there is little local research on these factors. It is necessary to rely on anecdotal information in this area.

In Rotorua, the social service agencies working with young people who do not regularly attend school include Child, Youth and Family (CYF), the Ministry of Education (MOE) and schools.

Many factors affect young people's choices about attending school. The social circumstances of the young person and their family can play a major part.

Schools manage the disciplinary processes relating to school non-attendance, which sometimes end in suspensions and stand downs. The schools report their job is made much harder when they are unable to engage with parents and to work with them to resolve school attendance problems.

Inter-agency agreements, such as the CYF/MOE truancy protocol, provide ways of dealing with truancy and school attendance issues when they are linked to other family difficulties. However, the success of such agreements is dependent on staff understanding how to apply the inter-agency process, and on the relationships between the agencies involved. The capacity of each organisation to deliver is also critical to achieving successful outcomes for the family.

VOICES FROM THE FRONT LINE

"The education culture excludes parents. There is a lack of relationship between families and education." Workshop participant

"There is a lack of support for kids at home and in education." Young person

"Crime happens at school, so staying there won't stop kids getting into it." Youth

"Education needs to work for kids, with flexible alternatives and a proactive approach." Young person

"The first step in making a difference is getting the community working together. We have that now. The next step is to get schools to look at their own best practice and programmes." Guidance counsellor

"Kids are moaning about Truant Free Zones – there isn't anywhere to hang out." Teacher

WHAT THE STATISTICS SAY

- In August 2004, the truancy rate in Rotorua primary schools was only slightly higher than the national average (2.1% compared with 1.8%). However, the rates for composite schools (5.6%) and secondary schools (12.1%) were above the respective national averages of 3.3% and 6.9%. These gave Rotorua an overall truancy rate of 5.1%, considerably higher than the national average of 3.4%. (Source: Ministry of Education)
- In 2005, Police Youth Aid in Rotorua dealt with 164 truants. Of these, 108 (66%) were contacted in the period from September to December, following the employment of a Youth Aid Officer whose main focus is truancy. This followed on from the 267 truants dealt with by Police Youth Aid in 2004 – more than double the number in any of the four preceding years. The 2004 figure reflected the allocation of three Youth Aid staff to work specifically with truants. (Source: Rotorua Police Youth Aid)
- As at 15 March 2006, 26 young people were receiving the Independent Youth Benefit in Rotorua. Of these, three were at school, and eight were on a training course. Two had medical certificates indicating they were too ill to be in an activity. The remaining

13 (50%) were looking for work, or were having their circumstances checked.

The number of young people receiving the Independent Youth Benefit has been falling steadily since February 2004, when 90 people aged 16 and 17 years were receiving it. (Source: Work and Income Rotorua 13 March 2006)

- At the end of 2005, 466 young people were registered with the Rotorua Youth Transition Service. Of those, 36 were under the age of 15 years, and 12 were over 17 years. Sixty percent (280) were either receiving intense support or waiting for one on one assessment. (Source: Rotorua Youth Transition Service)

Truancy has been an ongoing issue in the Rotorua community, especially when compared to the national picture. The proactive approaches being taken by a number of agencies working together seem to be having a positive impact.

STOCK TAKE OF SERVICES AND INITIATIVES

Rotorua Truancy Action Plan: This multi-agency project involving the community and central and local government stakeholders started as a Strengthening Families project. Its aim is to better manage truancy and non-enrolment by pooling key stakeholders' resources, so activities such as communication and research can be handled

jointly. Focus areas include establishing a truant-free city, and dealing with recidivist truants.

Nga Ara Totika: This project is funded by the Rotorua Energy Charitable Trust. It targets 10-13 year-olds at primary and intermediate schools, whose families require help from health, welfare, police and education providers. A facilitator independent of any of the stakeholder agencies helps families to access appropriate services and to stay involved with the helping agencies.

Rotorua Police Youth Development: This early-intervention programme targets young people aged from 8-12 years who have been identified by Police Youth Aid as first or second time offenders. Its aim is to reduce the risk of re-offending by strengthening the foundations of the family, through a focus on education, health and welfare issues.

Rotorua Boys High School Attendance Initiative: This school-wide initiative is part of the nationwide "Super 8 Boys Schools" scheme. It aims to increase attendance at school by developing and reviewing best practice, ongoing professional development, providing sports and cultural activities, and freely sharing information and stories about the positive things happening. The initiative focuses on engaging students and developing programmes that help boys learn.



STOCK TAKE OF SERVICES

STOCK TAKE OF SERVICES				
Service	Provider	Funder(s)	Description	Access
District Truancy Service	Rotorua secondary schools	Ministry of Education	Helps schools to improve school attendance	Accessed through secondary schools
Assistance and Education	Ahu Whakatika - Challenge Violence Trust	Te Waiariki Pura Trust, through Youth Transition Services, Child, Youth and Family for individuals	Youth at Risk programme for young people not at school, that focuses on family violence but also deals with drugs and alcohol, anger, empowerment and self-esteem	Child, Youth and Family, Youth Transition Services; open referrals
Attached unit education	Awhina Activity Centre	Ministry of Education	Learning centre for secondary school students not succeeding in mainstream school; targets years 9-11 students	Managed through Rotorua Boys High School; referrals by schools, CYF
Child and adult social services	Mana Social Services	Ministry of Māori Development (Te Puni Kōkiri)	Student Restorative: deals with cases where there has been harm to teacher/student or damage to property, before stand down/suspension process in place	Targets 9-13 year-olds attending school; referrals directly from schools
		Unfunded	Clean Anger: bullying and aggression, including verbal abuse	9-13 year-olds at school, through student restorative programme
		Crime Prevention Unit, Ministry of Justice	Adult Restorative: mostly with domestic violence cases	Attendance directed by courts
		New Zealand Police	Diversion: for adults over 17 years; first-time offenders of lower tariff offences	Referred by Police, courts
		Child, Youth and Family	Counselling: including parenting, sexual abuse, grief etc	5 years and over; GP, self-referral, Police, Citizens Advice Bureau
		Child, Youth and Family	Social Worker In Schools: any whānau who needs social work support accessed through the school	Primary school-aged children based at Malfroy and Sunset schools
		Child, Youth and Family	Demand Management Strategy (Differential Response): assessment and support, such as parenting, anger management	Any official notification to CYF, not category 1 and 2
		Unfunded	Drug and Alcohol Awareness Education	Referred through restorative programme, for 9-13 year-olds at school
School attendance	NETserve	Ministry of Education	Helps non-enrolled students to re-engage in education, including PTE, alternative education, school, work, training or correspondence	Students aged 6-16 years, central Bay of Plenty area; referrals from schools, MOE and other helping agencies
Nga Ara Totika	Multi-agency governance team	Rotorua Trust; Child, Youth and Family; inter-agency "in kind"	Improving educational outcomes for young people aged 10-13 years by addressing educational, health and social circumstances through independent facilitation and sustained whānau engagement with support agencies	Referrals through schools, MOE/GSE, CYF, health and other agencies
Student support	Ministry of Education	Ministry of Education	Improving support for students and families through development of collaborative networks across health, education and social services	Targets school-aged children; contact made through schools or self-referrals; www.minedu.govt.nz

STOCK TAKE OF SERVICES CONTINUED

Service	Provider	Funder(s)	Description	Access
Alternative education	Secondary schools, under MOU with Ministry of Education	Ministry of Education	Alternative education for students 13-15 years-old who meet criteria; managed by secondary schools under MOU	Alternative education places managed by secondary schools; school based to community providers, e.g. Maatua Whangai
Restorative justice	John Paul College (JPC)	JPC, through Ministry of Education	Restorative process involving student and family	JPC students
Te Korowai Whakaora	Mokoia Intermediate	Ministry of Education	A 10-week programme to assess student need, to provide programme intervention and to help at-risk students in their transition back to base schools; targets years 7 and 8 students, male, predominantly Māori	Referrals from Mokoia, Rotorua, Sunset and Kaitao Intermediates
Youth Transition Services	Te Waiariki Pura Trust	Ministry of Social Development	Intervention and support to keep young people engaged in education, training or employment; available for young people aged 15-17 years	Referrals from schools, PTEs, Police, CYF, NETS
Outdoor services	Te Waiariki Pura Trust	Rotorua Trust	Outdoor services, team building, adventure-based learning	Youth groups from all districts; referrals from schools, kura and non-government organisations
Conservation Corp		Ministry of Youth Development	20-week training programme focusing on self-esteem, confidence and skill development	15-25 year-olds; referrals from Work and Income, Youth Transition Services
Te Arawa Journey		Child, Youth and Family	Preventative youth work course, includes weekend activities and school holidays	10-15 year-olds; referrals from whānau, schools, non-government organisations
E Kare		Child, Youth and Family		14-17 year-olds; referrals from CYF
Strengthening Families	Te Whare Hauora o Ngongotaha	Ministry of Social Development	Inter-agency case management for families with children, who have interaction with more than two agencies; allows agencies to see the big picture, and the family to receive more co-ordinated and prioritised services	Referrals through any helping agency, schools, GP; self-referrals also acceptable; www.strengtheningfamilies.govt.nz
Whānau-based services	Te Runanga o Ngati Pikiāo	Child, Youth and Family	After-school youth programme, whānau support and counselling by a skilled social worker	General community, open referrals; www.pikiāorunanga.org.nz
Information line	Wellington Community Law Centre		Provides parents with information about children's rights at school, including discipline, suspensions, truancy, privacy etc; parent advocacy available	Parents/carers of school-aged children; 0800 499 488
Early intervention service	Group Special Education (GSE), Ministry of Education	Ministry of Education	Provides a range of early childhood and school-based services for children and young people with high levels of need, including severe behaviour, communication, sensory and learning difficulties	Referral forms available from GSE for children with special education needs, and their whānau; referrals must be signed by a parent; www.minedu.govt.nz
Literacy and numeracy	Literacy Rotorua Inc	COGS, Lotteries, Tertiary Education Commission, through Literacy Aotearoa	One to one help for adults for reading, writing, spelling and maths	Anyone who has left school; open referrals; www.literacy.org.nz

PRIORITY 3: PROGRAMMES AND ACTIVITIES FOR YOUTH

Rotorua has several facilities for young people, including the Sk8 Park, Aquatic Centre, Da Bomb Shelter (a community youth centre), bike tracks and playing fields.

However, the demand for organised activities for young people is increasing. There are also concerns about the safety aspects of existing facilities, with some facilities attracting groups of youths – some as young as 8 years-old – to stay out late at night.

There appears to be no shortage of adults willing to help organise young people’s events and activities, and to secure funding for them. However, young people themselves do not seem to participate fully or to be included in planning and organising such activities.

The establishment of a Youth Advisory Group to lead and help develop strategies would benefit young people and the wider community, although careful consideration needs to be given to how such a group would fit into existing structures.

VOICES FROM THE FRONT LINE

“Kids need activities, like stories or a play to perform. Bored kids need more to do.” Young person

“We need a hall – a bigger version of the youth shelter, with compulsory learning programmes and more facilities for a wider range of activities.” Young person

“Events like concerts, workshops, haka, sports and competitions, and family events like those run on the marae.” Youth worker

“Give kids responsibility through community projects, like building a playground at a school or kohanga.” Youth mentor

“Kids need to get more involved in extra activities. Organise after school games and get an adult to ref them.” Intermediate school student

“There is a lack of holiday programmes at a reasonable cost, with prior promotion of programmes.” Workshop participant

“There are plenty of organisations who do work with youth ‘on referral’ for the ‘youth at risk’ basket. Apart from church groups and Da Bomb Shelter, there is really no-one who just does programmes and activities for the fun of it.” Youth co-ordinator



STOCK TAKE OF SERVICES

STOCK TAKE OF SERVICES				
Service	Provider	Funder(s)	Description	Access
Youth services directory	Rotorua District Council (RDC)	Rotorua District Council	Provides details of organisations offering services and programmes for young people	Access on RDC website www.rdc.govt.nz or in hard copy through RDC
Youth activities support	Youth Projects Trust	Rotorua District Council; Rotorua Trust	Funding/support for planning and delivery of programmes and events, by youth for youth, that promote participation, positive attitudes and healthy lifestyles	Young people aged 13-25 years; access through schools, self-referrals
Contact and information centre	Te Waiariki Parea Trust	Ministry of Social Development	Free facilities for young people, including a meeting room, basketball/touch rugby, table tennis and pool tables, music, planned competitions	Open access and referrals
Youth centre	Rotorua Community Youth Centre (Da Bomb Shelter)	Rotorua District Council; Rotorua Trust; community (pub charities, lotteries etc)	Drop-in centre; programmes including vocational, creative arts, and holiday; music events, free youth health, counselling, tattoo removal	Open to all young people and their whānau; www.dabombrotorua.com
Youth Transition Services	Te Waiariki Parea Trust	Ministry of Social Development	Offers a transition service to 15-17 year-olds no longer at school, with a focus on moving to further education, employment or training; includes information about health, employment, training providers and education options	Referrals from schools, PTEs, Police, CYF, NETS
Community space	Rotorua Arts Village (RAVE)	Rotorua District Council; Rotorua Trust; fee charges	Activities for young people, school-holiday programmes for children and young people; night art classes and weekend workshops, shop and gallery; space available for events, meetings, exhibitions etc	Open access to any interested parties
Youth participation	Rotorua Youth Council, RDC	Rotorua District Council	Comprises 15 young people, and gives young people an opportunity to learn the functions and processes of council; provides for youth input into council	Nominations accepted from schools and the general public annually; www.rdc.govt.nz
Information and activity promotion	Te Papa Takaro o Te Arawa	SPARC; Rotorua District Council	Focus on iwi development and wellbeing using physical activity as a vehicle; provides co-ordination of iwi events in the Te Arawa area	Open referrals; contact can be made in person or online; www.papatakaro.org.nz

The establishment of a Youth Advisory Group to lead and help develop strategies would benefit young people and the wider community, although careful consideration needs to be given to how such a group would fit into existing structures.

PRIORITY 4: MENTAL HEALTH

A 2005 New Zealand health survey provided national estimates of the prevalence of serious mental disorders. Applying its findings to the Bay of Plenty region, it can be estimated that 19,067 people in the region (2.5% of the population) have been diagnosed with a serious mental disorder at some time in their lives. An estimated 14,491 people (1.9%) have been diagnosed with a depressive disorder; 3,813 people (0.5%) have been diagnosed with a bipolar disorder; and 1,525 people (0.2%) have been diagnosed with schizophrenia.

There is little firm evidence about how many of Rotorua’s young offenders are affected by mental illness or mental health challenges. However, anecdotal feedback from Police Youth Aid suggests mental health problems – including drug and alcohol use, gambling and depression – may contribute to many offences.

Young people themselves seldom identify mental health problems as a factor in their criminal or antisocial behaviour. Mental health is also often overlooked by parents, caregivers and whānau, who tend to see behavioural problems as part and parcel of “young people today”.

VOICES FROM THE FRONT LINE

“Parents need to talk to kids more, and be role models.” Young person

“Kids aren’t treated with respect by Police. Kids feel bullied. Police need to talk to us more.” Young person

“Kids need to talk to their parents, teachers, family.” Intermediate school student

“Problems are happening at a younger age, and parents feel powerless.” Community worker

“There are severe health issues, unrecognised or unidentified health needs in families” Workshop participant

“Problems for youth are a family problem, not just a youth [problem].” Workshop participant

WHAT THE STATISTICS SAY

- In 2001, 1,590 residents in Rotorua started mental health treatment in the public health system. Thirteen percent of these new mental health clients were children, compared with 12% nationally. Young people aged 15-29 years made up 26% of the new clients, compared with 29% nationally. (Source: New Zealand Health Information Service)
- The 2,100 new clients from Rotorua seen by public mental health teams in 2001 were divided between the following specialist teams:
 - Community: 57% of clients (43% nationally)
 - Child, Adolescent and Family: 11% of clients (12% nationally)
 - Kaupapa Māori: 9% of clients (3% nationally)
 - Youth Specialty: 5% of clients (2% nationally)
 - Psycho geriatric: 4% of clients (the same nationally)
 - Inpatient: 4% of clients (8% nationally).

(SOURCE: *New Zealand Health Information Service*)

- Of the total number of people receiving Invalid’s and Sickness benefits in Rotorua, 40% (811 people) do so for psychological conditions (stress, depression, bipolar, schizophrenia, intellectual and other psychiatric/ psychological conditions). Of that number, 14% (115 people) are aged 16-24 years. (Source: Work and Income IA Platform 13 February 2006)
- In 2001, 1,590 residents in Rotorua started mental health treatment in the public health system. Of those, 51% (813 people) were female compared with 48% of the national number. (Source: New Zealand Health Information Service)

The number of children and young people entering the mental health system in Rotorua is lower than in the rest of the country. Overall, the number of mental health clients in the Rotorua population is relatively low (about 3%), but mental health issues drive a high demand for services across all age groups, particularly for youth.

STOCK TAKE OF SERVICES

STOCK TAKE OF SERVICES				
Service	Provider	Funder(s)	Description	Access
Mental health intervention and prevention	Rau o te Huia Trust	Ministry of Health	24-hour psychiatric residential care for 0-17 year-olds, Māori and non-Māori; whānau motivation supports, cultural needs assessments, care plans	Fax referrals to 07 349 0323
Counselling	Rotovegas Youth Health	Lakes District Health Board	For young people aged 15-24 years with mild-medium psychological issues	Referrals through Rotovegas Health Centre
Counselling	Counselling Centre	ACC; Employee Assistance programme; Work and Income and CYF for individual clients	Counselling for children, adolescents and adults for sexual/physical abuse, suicide, relationships; ACC approved	Referrals through GP, ACC and other agencies, and self-referrals
Internet assistance	Webhealth - Linkage Trust	Lakes District Health Board	New young people's service to support clients with mental health problems	www.webhealth.co.nz
Mental health assessment and intervention	Child, Adolescent and Family Mental Health Services (CAFMHS) /YSS	Lakes District Health Board	Assessment and therapeutic intervention for children 0-14 years and youth 15-19 years with serious mental health issues and their families	Referrals accepted from Rotorua area as far as Kaingaroa
Recovery and residential support	Bainbridge House		Residential support for people experiencing mental health difficulties, focusing on recovery; targets people who have suffered long-term mental illness	Referrals through Te Ngako or hospital
Specialist training	Te Aratu Training	Lakes District Health Board	Specialist training for people recovering from severe mental illness; offers National Certificate in Employment Skills and National Certificate in Work and Community Skills	Referrals through DHB
Counselling	Waiariki Institute of Technology, Health and Counselling Centre	Waiariki Institute of Technology through amenity component of student fees	Free confidential health and counselling service for students and staff	Open referrals; www.waiariki.ac.nz
Residential care	Te Aroha o Hinemaru	Lakes District Health Board	Four-hour residential care (level 4) services to people with complex and enduring mental disability; includes individual and whānau activities, social, cultural and occupational activities	Referrals through DHB, mental health agencies
Contact centre	Rotorua Contact Centre		Advocacy and recreational programmes for users and consumers of mental health services	Open referrals

STOCK TAKE OF SERVICES CONTINUED

Service	Provider	Funder(s)	Description	Access
Mental Health Services Matawhaura Oranga	Te Runanga o Ngati Pikiao	Lakes District Health Board	Community-based mental health referral and support service, including advocacy, counselling, career planning, transition into work	Open referrals; www.pikiaorunanga.org.nz
Marae-based	Tuhourangi Runanga a Iwi		Mental health programmes, advice, advocacy and information for whānau and individuals over 15 years-old	Open referrals
Maternal mental health	Post Natal Therapy Service Ltd		Comprehensive assessment, support and advocacy, as well as an eight-week therapy group for women with post-natal depression	Referrals through GP, Plunket, Tipu Ora, Community Mental Health
Addiction services	Te Utuhina Manaakitanga Trust (Addiction Resource Centre)	Lakes District Health Board; Te Kahui Hauora Trust	Early intervention, education, support and advocacy for people affected by addiction and substance abuse and their families	Open referrals
Mental health support services	Supporting Families in Mental Illness (SF)	Lakes District Health Board	Support, education, advocacy and information for family and whānau of those affected by mental illness; focus on promoting best quality of life	Open referrals; www.sfnat.org.nz
Residential	Karldon Trust		Residential home for mental health consumers; includes an active recovery programme	Referrals through Psychiatric Emergency Team, Te Ngako or psychiatric ward
Children's Health Camp	Princess of Wales Children's Health Camp	Ministry of Health	Individually tailored programmes for children aged 5-12 years and their whānau, focusing on improving health, personal development and emotional wellbeing	Referrals through GP, schools and agencies; www.healthcamps.org.nz
Employment support	Supported Employment Agency	Ministry of Social Development, through Workbridge	Finds paid employment and on the job training for people with severe physical or mental disabilities	Referrals from Work and Income or self-referrals



STOCK TAKE OF SERVICES CONTINUED

Service	Provider	Funder(s)	Description	Access
Addiction - gambling	Problem Gambling Foundation of New Zealand		Counselling and support for individuals and families; free treatment by specialist practitioners; early intervention Gambling Health testing	Open referrals; www.pgfnz.co.nz
Care Services	Healthcare New Zealand Ltd	Lakes District Health Board	Care and support services through community mental health services	Referrals through GP, social worker, needs assessors, medical staff and other agencies
Education and clinical services	Family Planning Association Rotorua Education Service		Education on sexual orientation and gender issues, adolescent, disability and early childhood sexuality, puberty and anatomy	Open referrals; www.fpanz.org.nz
Income support and employment services	Work and Income	Ministry of Social Development	Income support, allowances, supplements, subsidies and work search programmes, including Sickness and Invalid's benefits from 15 years-old, and Work Track	Open referrals subject to criteria; 0800 559 009; www.msd.govt.nz www.workandincome.govt.nz
In-patient services	Rotorua Hospital	Lakes District Health Board	In-patient mental health hospital services for the community, including needs assessment and service co-ordination, and intensive mobile treatment service	GP, Psychiatric Emergency Team referrals
Respite care	Youth Horizons Trust	Lakes District Health Board	A new service to provide a break in care for families living with young people with mental health problems; staff work with the individual and family for up to six weeks	Service to start in Rotorua shortly; referrals through Child and Adolescent Mental Health Services; www.youthorizons.org.nz
Sexual health services	Rotorua General Practice Group Ltd	Lakes District Health Board	Family planning and sexual health education and services, including school-based clinic services	Open referrals
Offending youth health assessment	Korowai Aroha Trust	Lakes District Health Board	Comprehensive six-hour assessment to young offending people	Police, CYF, GP referrals





4. Next steps: towards a supporting infrastructure

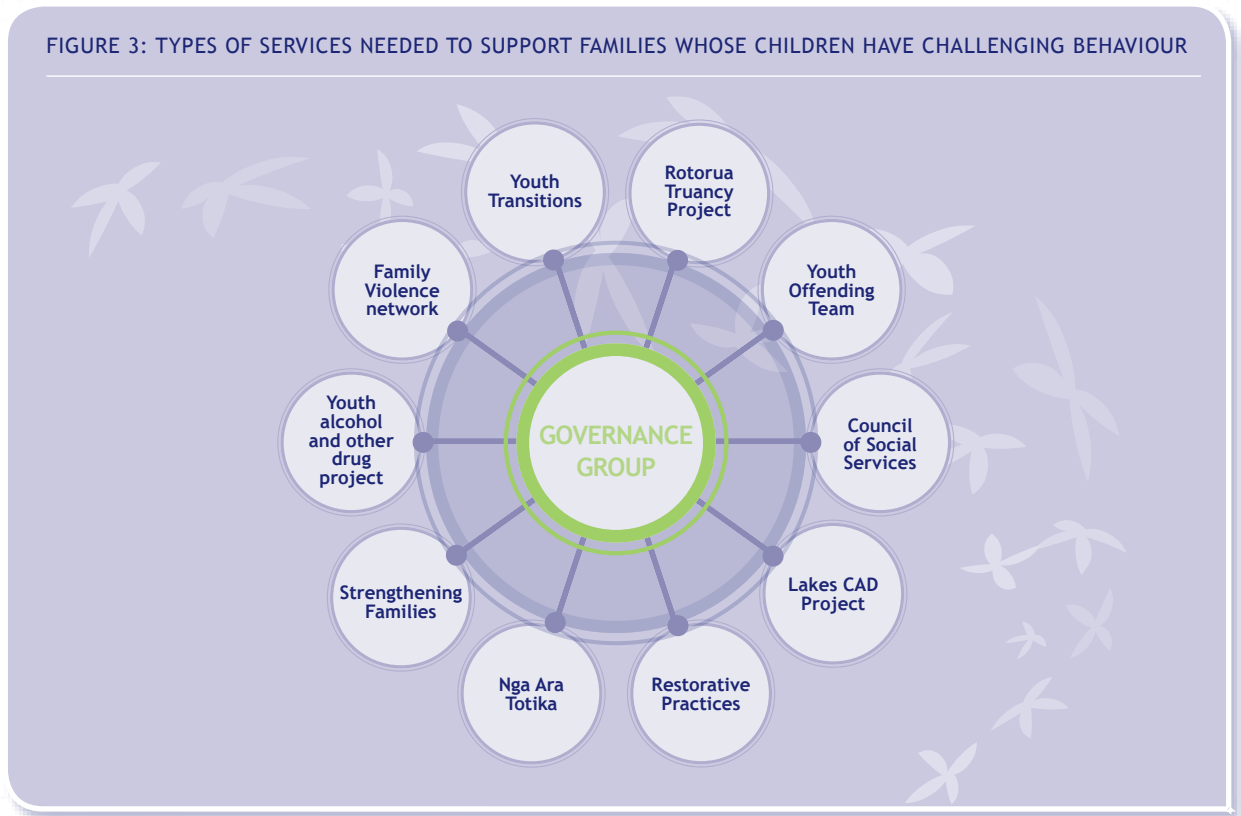
The LSM Steering Group acknowledges the issues relating to youth offending, as outlined in this report, can seem overwhelming. Where to begin? Who should be responsible for which steps, and how should their efforts be co-ordinated? What is achievable?

There are already several projects, initiatives and positive steps underway in the Rotorua District, some of which are described in this report. Unfortunately, the good work being done in many sectors is not generally understood or recognised. As a result, activities tend to be fragmented, isolated and poorly co-ordinated.

To overcome these problems, the steering group suggests the establishment of a governance group for social services in Rotorua. Such a group would co-ordinate the cross-sectoral work already happening - activities, funding, planning and evaluation - as well as generate new projects, initiatives and ideas. It would be both a catalyst, and the centre of a wheel.



FIGURE 3: TYPES OF SERVICES NEEDED TO SUPPORT FAMILIES WHOSE CHILDREN HAVE CHALLENGING BEHAVIOUR



As this diagram suggests, the Governance Group would be the hub holding together and giving impetus to the various work programmes, initiatives, projects and other opportunities (the spokes in the wheel). When the wheel encounters a pothole in the form of a problem or a challenge, the spokes are less likely to buckle or break due to the strength provided by the other spokes and by the firm support of the hub.

The LSM Steering Group considers this approach to tackling the issues associated with youth offending in Rotorua offers many advantages:

- It allows interested parties to work together formally in a co-ordinated way.
- It maximises the value of strong existing inter-agency relationships.
- It creates opportunities to review and reflect on initiatives, both successful and unsuccessful. What contributed to their success/ demise? How can good work be duplicated and applied elsewhere?
- It allows a joint approach to new projects and initiatives. They can be planned to contribute to the whole picture, rather than to a single agency's work.

Appendix 1:

Community profile

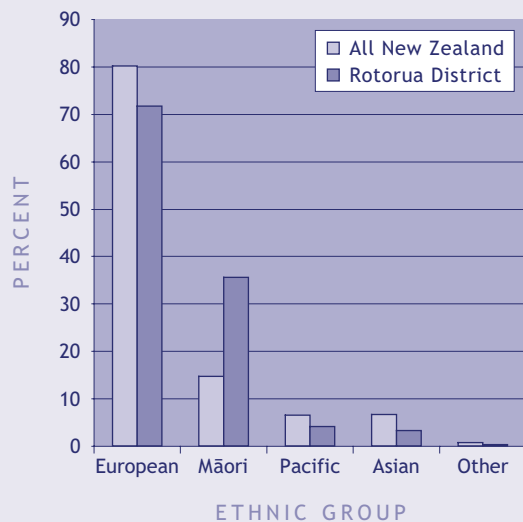
POPULATION

2001 - At the time of the 2001 Census, the Rotorua District was home to 64,470 people. Between the censuses of 1996 and 2001, the district's population fell by a tiny fraction (0.1%). Nationally, there was 3.3% growth over the five-year period.

2005 - By 30 June 2005, the resident population was estimated to have risen to 67,600.

2016 AND 2026 - Statistics New Zealand projects that Rotorua District's population will climb to 71,100 by 2016, and by 2026 it will have increased further to 72,800⁶.

ETHNIC GROUP PERCENTAGES, 2001:
ALL NEW ZEALAND AND ROTORUA DISTRICT



SOURCE: *Census of Population and Dwellings, 2001*

ETHNIC DIVERSITY

Rotorua District has a different ethnic composition from the country as a whole. At the 2001 Census, 72% of the population identified as "European" – a considerably smaller proportion than the 80%

nationwide. Māori made up more than one-third (36%) of the district's residents – almost two and a half times the national proportion. Smaller ethnic groups were present in Rotorua at a fraction of their national rate. Four percent of the district's residents belonged to a Pacific ethnic group – around two-thirds of their national proportion. Three percent were of Asian ethnicity – just under one-half of this group's national representation.

Other smaller ethnic groups were present at less than half their national rates.

OVERSEAS BORN

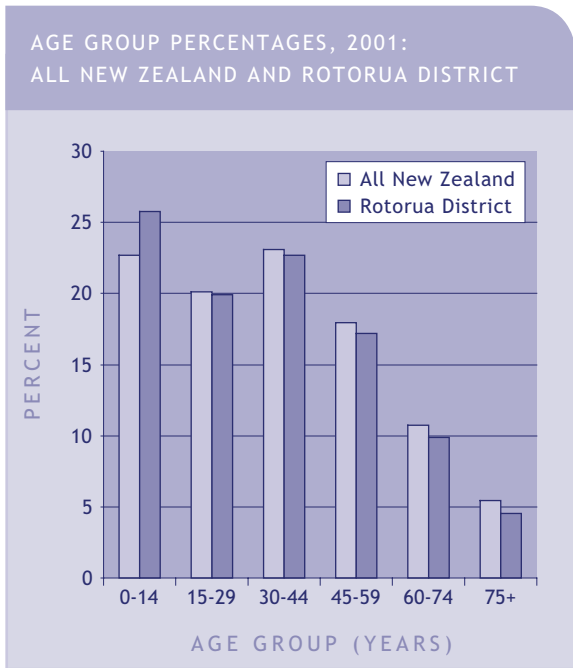
In 2001, just 13% of Rotorua District's residents were born overseas – a considerably smaller proportion than the 19% nationwide. Asia and the Pacific Islands were the most under-represented birthplaces. The UK and Ireland were the overseas birthplaces of the largest proportion of residents (5% compared with 6% nationally).

AGE GROUPS

The age distribution of Rotorua's population differs from New Zealand's in only one major respect. At the 2001 Census, children under the age of 15 years made up a higher-than-average proportion of the population (26% compared with 23% nationally). All other age groups were slightly under-represented in the district, but by less than one percentage point.

People aged 15-29 years made up 20% of both the local and the national population, while 30-44 year-olds accounted for 23%. Middle-aged people (45-59 year-olds) made up 17% of Rotorua's residents (18% nationally). Those aged 60-74 years accounted for 10% of the district's population (11% nationally), and Rotorua's oldest residents, those aged 75 years and over, made up the final 5% (6% nationwide).

⁶ These population projections assume medium rates of fertility, mortality and migration.



SOURCE: *Census of Population and Dwellings, 2001*

The 2001 Census recorded around 16,600 children aged under 15 years living in the Rotorua District:

- 5,410 children under 5 years
- 5,610 aged 5-9 years
- 5,590 aged 10-14 years.

FAMILIES

In 2001, the Rotorua District was home to around 16,460 families⁷. The most numerous family type in the territorial authority was couples with children. Numbering around 6,720, they constituted 41% of all families in the district – similar to the 42% nationally. Around 5,810 of those families had dependent children at the time of the Census. Couples with children were most numerous in Springfield (around 560 families). Other area units containing more than 250 families with children were Lynmore, Western Heights, Owkata West, Ngongotaha North, Pukehangi South, Tikitere and Hamurana.

⁷ In the Census, a family is defined by the presence, in one household, of a “family nucleus” (a couple, or parent(s) and child(ren)). Child dependency is not a component of the definition. This means that a 90 year-old woman living with her 60 year-old daughter, who does not have children of her own in the same household, would be classified as “one parent with children”.

Couples without children were the second largest family group in Rotorua in 2001. At around 5,750 couples, they made up 35% of the district’s families – a smaller proportion than the 39% nationally. Couples without children were also most numerous in Springfield, with that area unit containing around 500 such couples at the 2001 Census. Two area units, Lynmore and Glenholme East, had over 300 couples without children. Other area units containing more than 250 such families were Hamurana, Tikitere and Ngongotaha North.

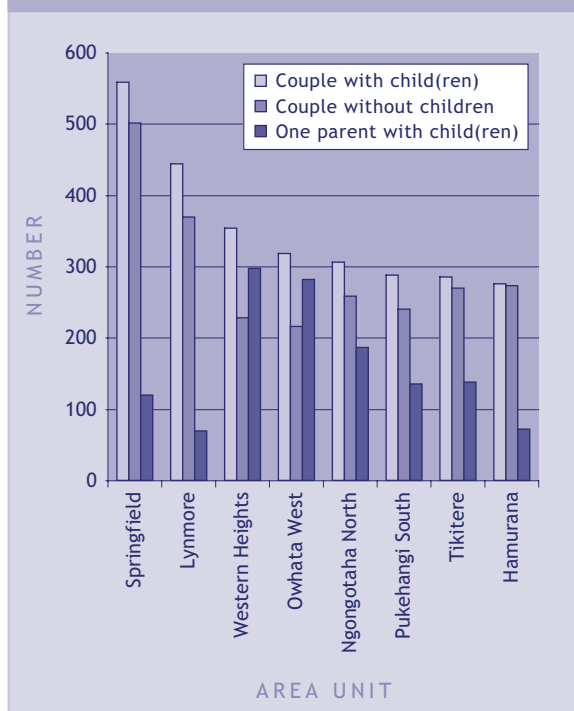
Families consisting of one parent and children numbered 3,970 in Rotorua in 2001. They made up 24% of all families in the district, a larger proportion than the 19% nationally. Around 3,250 of the one-parent families had dependent children at the time of the Census. Western Heights was the area unit containing the greatest number of one-parent families (300), with Owkata West and Fordlands containing more than 200. Other area units with more than

Statistics New Zealand projects the number of couples without children to increase to 7,800 in 2011, by which stage it will have overtaken the number of two-parent families.

150 one-parent families were Koutu, Pukehangi North, Ngongotaha North, Fairy Springs, Glenholme West and Mangakakahi.

Statistics New Zealand projects the number of couples without children to increase to 7,800 in 2011, by which stage it will have overtaken the number of two-parent families. By 2021, couples without children are projected to number 9,300 – an estimated 45% of the district’s families. Two-parent families are projected to decrease to 6,900 in 2011, and then to fall again to 6,200 by 2021. One-parent families, on the other hand, are projected to increase to 4,800 in 2011, and then to increase again to 5,300 by 2021.

FAMILIES BY TYPE AND MAIN AREA UNITS, 2001: ROTORUA DISTRICT



SOURCE: Census of Population and Dwellings, 2001

By 2021, couples without children are projected to number 9,300 - an estimated 45% of the district's families. Two-parent families are projected to decrease.

HOUSEHOLD SIZE AND COMPOSITION

In 2001, the average household size in the Rotorua District was 2.8 people, just above the 2.7 national average. Seventy-one percent of Rotorua households had one family, with or without others – slightly higher than the 69% nationally. Individuals living alone occupied 22% of the district's households (23% nationwide). Other multi-person households were slightly under-represented in the district (4% of households compared with 5% nationally).

ECONOMIC SITUATION

SOCIO-ECONOMIC DEPRIVATION

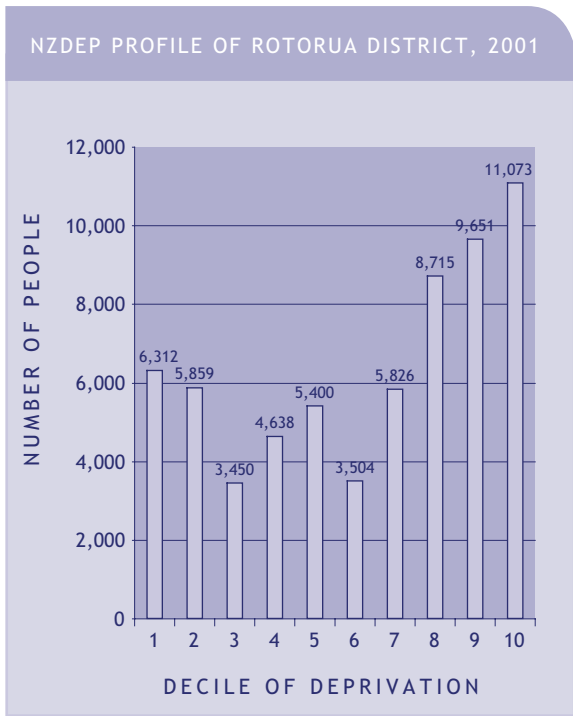
The NZDep2001 index of deprivation⁸ shows the Rotorua District is more socio-economically deprived than New Zealand as a whole. Across the country, equal numbers of people live in areas at each of the 10 levels of deprivation. But, whereas 50% of New Zealand's population lived in decile 1 to 5 areas (the less deprived areas in the country) in 2001, 40% of Rotorua's population lived in those deciles at the time of the 2001 Census.

The profile below shows the skew in Rotorua's population towards the right-hand (more deprived) end of the deprivation scale and, in particular, the concentration of residents in the highest-numbered (most deprived) deciles. In 2001, 17% of the district's residents lived in areas considered among the 10% most socio-economically deprived in the country (decile 10), and almost one-third (32%) of the

The Rotorua District is more socio-economically deprived than New Zealand as a whole.

population lived in decile 9 or 10 areas combined. The profile also shows that Rotorua is a district lacking people in the mid-range deciles. While close to the expected 20% of Rotorua residents live in areas assessed as deciles 1 or 2, relatively few live in areas judged to be deciles 3 to 6.

⁸ The NZDep2001 index of deprivation was created from data from the 2001 Census of Population and Dwellings. The index describes the deprivation experienced by groups of people in small areas. Nine deprivation variables were used in the construction of the index, reflecting eight types of deprivation. The variables used were the proportions of people: aged 18-59 years receiving a means-tested benefit; aged 18-59 years unemployed; living in households with equivalised income below an income threshold; with no access to a telephone; with no access to a car; aged less than 60 years living in a single-parent family; aged 18-59 years without any qualification; living in households above equivalised bedroom occupancy threshold; and not living in own home.



SOURCE: *Degrees of Deprivation in New Zealand 2nd edition, p 108*

Although the process of averaging can mask some substantial variation in deprivation among small areas, it can be useful to look at average deprivation statistics for census area units. In the Rotorua District, seven area units out of 40 were identified as being among the 10% most deprived areas in New Zealand: Fordlands, Glenholme West, Kaingaroa Forest, Koutu, Kuirau, Selwyn Heights and Victoria. Another nine area units were ranked as decile 9. Just eight area units were in deciles 1, 2 or 3, with Lynmore and Springfield the only two to be assessed as decile 1 (among the 10% least socio-economically deprived areas in the country).

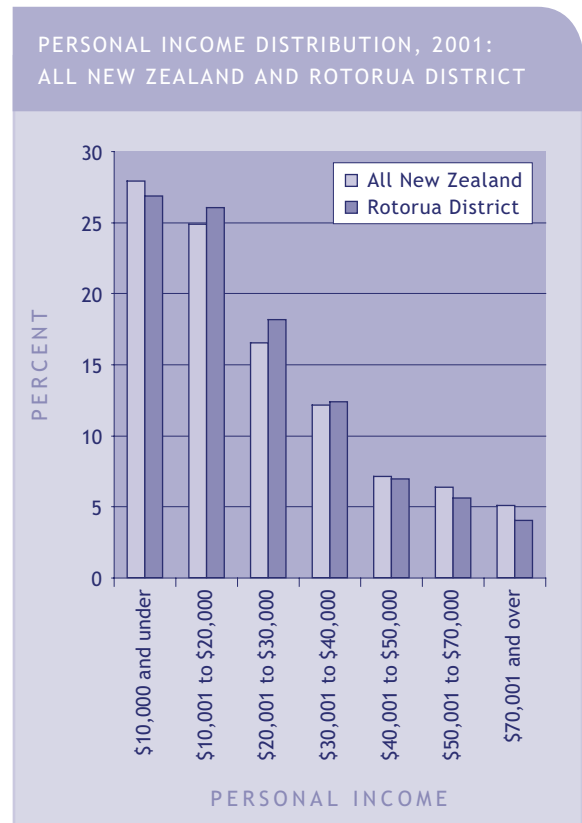
INCOME

At \$18,600, Rotorua District residents aged 15 years and over had a median personal income very close to the 2001 national median of \$18,500. This resulted from the district having a similar income distribution to the country as a whole.

While a slightly smaller-than-average proportion of Rotorua’s adults earned \$10,000 or under in 2001, a slightly higher-than-average proportion received between \$10,001 and \$20,000. Overall, 53% of the district’s adult population received \$20,000 or under – the same proportion as nationally. The only

other differences in income distribution involved people receiving incomes between \$20,001 and \$30,000 (18% of Rotorua’s adults compared with 16% nationwide), and those receiving incomes in the highest brackets. In the Rotorua District, 10% of residents aged 15 years and over received more than \$50,000. Across New Zealand, just over 11% reported incomes of that size.

The Working for Families package has four components including increasing family incomes and making work pay, providing assistance with housing and childcare costs. This package is intended to provide families with more income. The 2006 Census is likely to reflect some of the impact of this policy package, but not all of the changes will have been in place and be picked up through the 2006 Census. An evaluation is underway to look at the effects of Working for Families on household incomes and employment.



SOURCE: *Census of Population and Dwellings, 2001*

INCOME SUPPORT

PEOPLE AGED 65 YEARS AND OVER

At the end of March 2005, just under 6,800 Rotorua District residents aged 65 years and

over received New Zealand Superannuation⁹. This number was slightly up on each of the three preceding years. Of those New Zealand Superannuitants, around 1,820 were also receiving a Disability Allowance and just over 300 were getting an Accommodation Supplement.

PEOPLE AGED 20 TO 64 YEARS

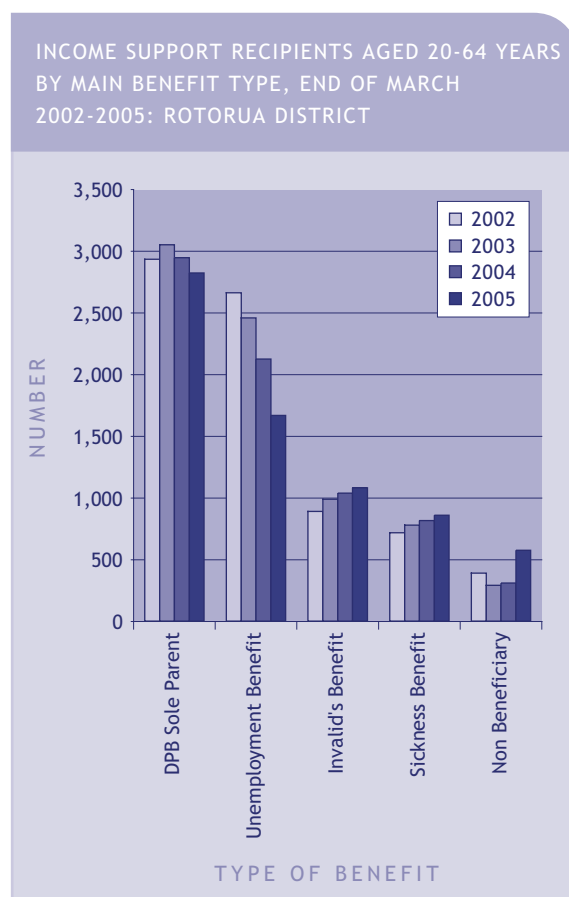
At the end of March 2005, the income support payment most commonly paid to 20-64 year-olds in the Rotorua District was the Domestic Purposes Benefit (DPB) Sole Parent¹⁰. Around 2,820 people received this benefit – a slightly smaller number than in any of the previous three years.

Unemployment Benefit¹¹ recipients aged between 20 and 64 years numbered around 1,670 in March 2005, approximately 990 fewer than in 2002. The Unemployment Benefit has been the second most commonly received benefit by this age group since 2002, but the number has fallen consistently over the last few years, in keeping with the fall in unemployment across New Zealand.

The Invalid's Benefit was the next form of income support most commonly received by 20-64 year-olds in Rotorua at the end of March 2005. At around 1,080, the number increased each year from the end of March 2002 when just over 890 were received. An upward trend was also evident for Sickness Benefit¹² recipients, who numbered around 860 at the end of March 2005 (up from around 710 in 2002).

Non-beneficiaries¹³ were the next largest Work and Income client group in the Rotorua District. At the end of March 2005, they numbered around 580 – a rise of 88% since March 2004, at least partially because of the expansion of

eligibility for supplementary benefits arising from the Working for Families package.



SOURCE: Ministry of Social Development

At the end of March 2005, Rotorua District's DPB recipients aged 20-64 years were responsible for around 5,380 children. Of those Domestic Purposes beneficiaries with children, almost half (47%) had youngest children aged under 5 years, 29% had youngest children aged 5-9 years and 15% had youngest children aged 10-13 years. In the remaining 8% of cases, the youngest child was aged 14 years and over.

Unemployment Benefit recipients aged between 20 and 64 years numbered around 1,670 in March 2005, approximately 990 fewer than in 2002.

9 New Zealand Superannuation is not income tested for recipients aged 65 years and over. Supplementary benefits (eg Accommodation Supplement, Disability Allowance) are, however, subject to an income test, so their receipt indicates clients with low incomes.

10 Includes DPB Sole Parent and Emergency Maintenance Allowance.

11 Includes Unemployment Benefit and Unemployment Benefit Hardship.

12 Includes Sickness Benefit and Sickness Benefit Hardship.

13 Non-beneficiaries are low-income people who do not receive an income-tested benefit or a pension from Work and Income, but who do receive a Work and Income supplementary benefit (eg Accommodation Supplement, Childcare Subsidy).

PEOPLE AGED UNDER 20 YEARS

At the end of March 2005, 470 Rotorua teenagers were receiving some form of income support, including supplementary benefits. Just over one-third of them (161 people) were receiving the Unemployment Benefit¹⁴, 29% (134 people) were in receipt of the DPB Sole Parent¹⁵, another 10% (49 people) were receiving the Sickness Benefit¹⁶, 9% (42 people) were receiving the Invalid's Benefit, and 8% (37 people) were receiving the Independent Youth Allowance. Between them, Rotorua's teenage DPB recipients had around 150 children.

HOUSEHOLD FACILITIES

The percentages of Rotorua households with access to a telephone, the internet, or a vehicle in 2001 were:

- 94% of Rotorua households had a telephone, compared with 96% nationwide
- 33% had internet access, compared with 37% nationally
- 90% had access to a motor vehicle, the same proportion as nationally.

EMPLOYMENT

At the time of the 2001 Census, the labour force participation rate in Rotorua District (i.e. employed plus unemployed as a proportion of the population aged 15 years and over) was 68.3% – just above the 66.7% national rate.

The 2001 Census recorded 8.9% of the Rotorua labour force as unemployed, higher than the 7.5% national average at the time.

In 2001, 28,320 residents of Rotorua District were employed. Around 22,520 of them (94% of those who gave an identifiable workplace address) lived and worked in the same district. The South Waikato District was the second most popular work location, absorbing 1% of Rotorua District's employed residents. That was followed by the Taupo, Kawerau and Tauranga Districts.

14 Includes Unemployment Benefit and Unemployment Benefit Hardship.
 15 Includes DPB Sole Parent and Emergency Maintenance Allowance.
 16 Includes Sickness Benefit and Sickness Benefit Hardship.

As well as the 22,520 workers sourced locally, Rotorua attracted just over 200 workers from each of the Tauranga, Western Bay of Plenty and Taupo Districts, 160 from the Whakatane District and around 100 from Hamilton City.

MAIN LOCATIONS FOR ROTORUA DISTRICT RESIDENTS TO BE EMPLOYED, 2001

Location of Employment	Number of Rotorua District Residents Employed
Rotorua District	22,520
South Waikato District	280
Taupo District	140
Kawerau District	130
Tauranga District	120
Auckland City	100
Whakatane District	100

SOURCE: *Census of Population and Dwellings, 2001*

In 2001, 23,910 people were employed within Rotorua District's boundaries. As well as the 22,520 workers sourced locally, Rotorua attracted just over 200 workers from each of the Tauranga, Western Bay of Plenty and Taupo Districts, 160 from the Whakatane District and around 100 from Hamilton City.

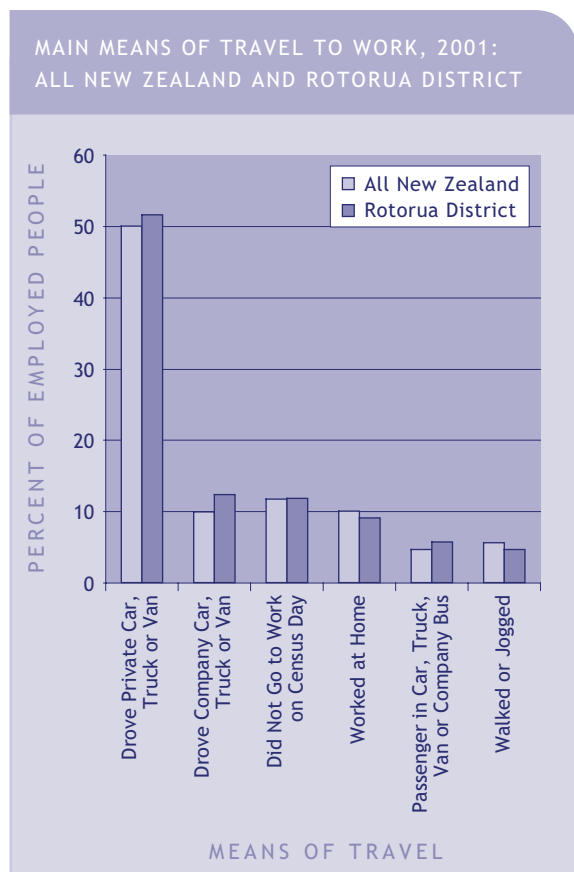
TRAVEL TO WORK

As was the case with workers across New Zealand, driving a private vehicle was by far the single most popular way for Rotorua District residents to travel to work on the day

of the 2001 Census. Just over half (52%) of employed Rotorua residents drove a private vehicle to work, a slightly larger proportion than the 50% of workers nationwide.

Road travel of some type provided the main means of transport for almost three-quarters (74%) of all employed Rotorua residents. This is slightly higher than the national figure of 71%. As well as private vehicle drivers being slightly over-represented in Rotorua, comparatively more people drove a company vehicle to work (12% compared with 10% nationally), and a slightly higher-than-average proportion of residents were passengers in vehicles (6% compared with 5%).

Road travel of some type provided the main means of transport for almost three-quarters (74%) of all employed Rotorua residents.

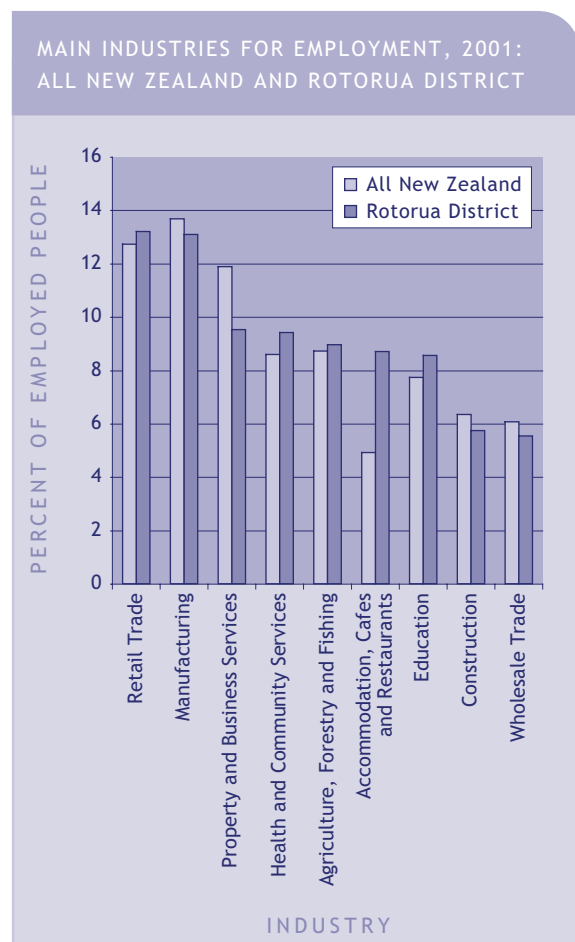


SOURCE: Census of Population and Dwellings, 2001

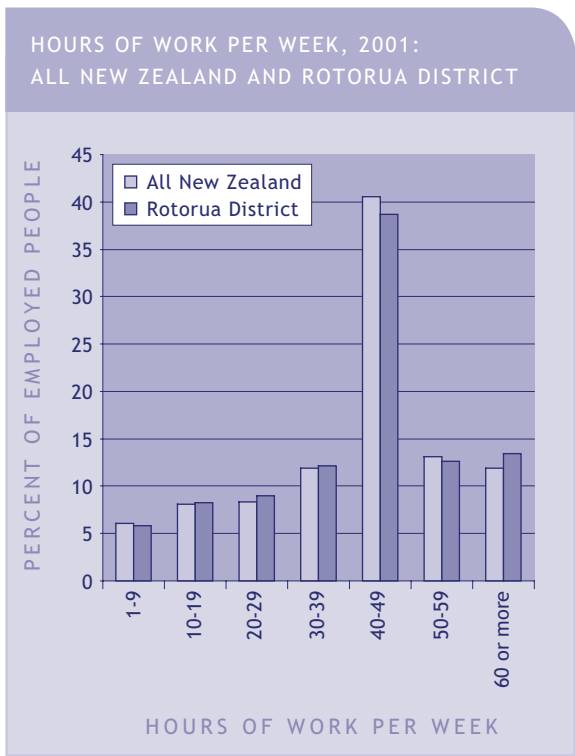
INDUSTRY

In 2001, retail trade and manufacturing were Rotorua District's main employers, both employing 13% of the district's residents in paid work. Property and business services was the third main employer, both locally and nationally, although this industry employed a slightly smaller proportion of workers in Rotorua than it did nationwide (10% versus 12%).

Health and community services and agriculture, forestry and fishing were the next two largest employers in Rotorua in 2001, with each employing 9% of the district's working residents. These were similar proportions to nationally. The impact of tourism on Rotorua was evident in the district's sixth largest employer. Accommodation, cafes and restaurants employed just under 9% of Rotorua's residents in paid work compared with 5% nationwide. The education industry also employed just under 9% of Rotorua's working residents – one percentage point more than the national figure. At 6% each, construction and wholesale trade were Rotorua's next largest employers – similar to the proportions employed by these industries nationally.



SOURCE: Census of Population and Dwellings, 2001



SOURCE: Census of Population and Dwellings, 2001

HOURS OF WORK

At the 2001 Census, Rotorua District residents had a pattern of hours of work similar to New Zealanders as a whole. They were fractionally more likely than average to work part time (under 30 hours a week) – 24% of all workers in the district compared with 23% across New Zealand. Also, they were slightly less likely than average to work between 40 and 59 hours a week, but slightly more likely to work 60 or more hours (13% compared with 12% nationally).

HOUSING

TENURE

In 2001, 66% of the households in Rotorua District owned their dwellings – a slightly smaller proportion than the 68% nationally. A slightly higher-than-average proportion of Rotorua households owned their dwellings with a mortgage (37% compared with 35% nationally). Conversely, a lower-than-average proportion owned their dwellings freehold (30% compared with 33% across New Zealand). The proportion of households living in rented accommodation was around

average (30% compared with 29% nationwide), while the 3% of households living rent-free was the same proportion as nationally.

STATE HOUSING

At the end of 2004, Housing New Zealand Corporation (HNZC) managed 692 dwellings in the Rotorua District. Fordlands and Glenholme West had the largest number of HNZC properties (23% and 22% respectively). They were followed by Pukehangi North (12%), Hillcrest (9%), Kawaha Point (6%) and Western Heights (5%). Three-bedroom dwellings were the most common type of property, making up 48% of Rotorua District’s State-housing stock. Two-bedroom properties were the next most common, at 40%.

RENTS

Tenancy Services data for the six months ending October 2005 showed three-bedroom houses were the most popular rental properties in Rotorua. Rents in the district were below the national average. Nationally, across all three-bedroom houses for which bonds were received between May and October 2005, the mean weekly rent was \$276. In Rotorua, the average weekly rent for a three-bedroom house ranged from \$205 in Ngongotaha/Pukehangi, to \$220 in Sunnybrook/Glenholme and \$222 in Fenton/Owhata. The weekly average for a three-bedroom house in rural parts of the district was \$219.

ACCOMMODATION SUPPLEMENT

At the end of March 2005, around 5,970 Rotorua District residents were being paid the Accommodation Supplement – a drop of around 340 on the number paid at the end of March 2002. This downward trend was evident in each of the years from March 2002, despite the Working for Families package expanding the number of Accommodation Supplement recipients around the country.

In March 2005, 6% of the Accommodation Supplement recipients in Rotorua were under the age of 20 years, 89% were aged 20-64 years,

and 5% were aged 65 years or over. Almost four in every 10 of the district's Accommodation Supplement recipients (39%) were receiving the DPB Sole Parent or Emergency Maintenance Allowance. The next largest group was Unemployment Benefit and Unemployment Benefit Hardship recipients (21%), followed by Sickness Benefit and Sickness Benefit Hardship recipients (11%) and Invalid's Benefit recipients (10%). Non-beneficiaries¹⁷ made up 9% of the recipients, followed by New Zealand Superannuitants (5%). In Rotorua, the majority of Accommodation Supplement recipients (61%) were in rented accommodation, 26% were boarding, and 13% owned their own home.

CRIME

RECORDED CRIMINAL OFFENCES

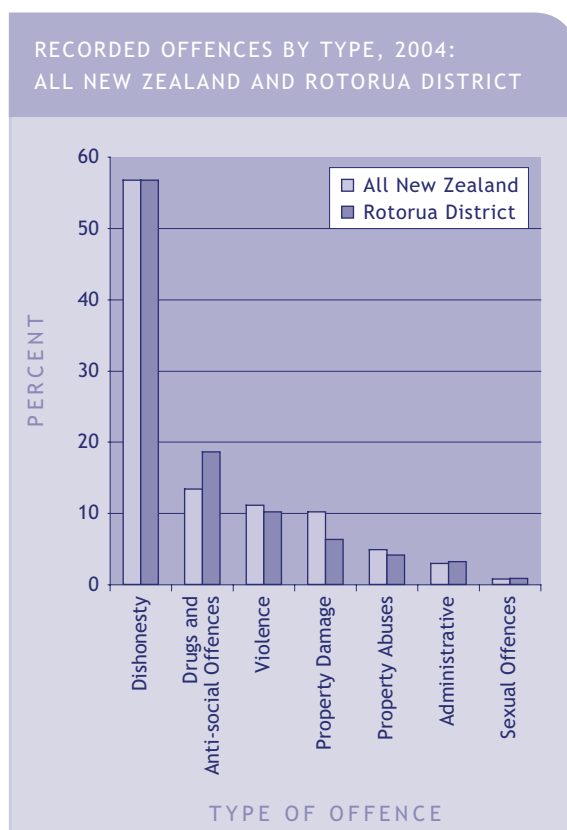
Police administrative boundaries do not necessarily match to territorial authority boundaries. The statistics that follow are for Rotorua police station. This has been used as the "scene station" (ie the police station within whose boundaries criminal offences¹⁸ were recorded by police). This area may not correspond exactly to Rotorua District but it is the 'best fit' available.

In 2004, Rotorua police station area was estimated to have contained a resident population of 67,200, around 1.7% of New Zealand's estimated population. In that year, around 11,370 criminal offences were recorded (2.8% of the country's total).

In 2004, dishonesty made up 57% of all recorded offences in Rotorua – the same proportion as nationally. Within that category, theft was the most commonly recorded offence type (around 3,380 in Rotorua in 2004), followed by burglary (1,860) and car conversion (870).

¹⁷ Non-beneficiaries are low-income people who do not receive an income-tested benefit or a pension from Work and Income, but who do receive a Work and Income supplementary benefit (eg Accommodation Supplement, Childcare Subsidy).

¹⁸ It is possible that multiple offences will be recorded in association with a single incident. For example, where an occupant is assaulted during a burglary, offences of burglary and assault will both be recorded.



SOURCE: New Zealand Police

Drugs and anti-social offences were Rotorua's next most commonly recorded category of crime in 2004, just as they were across the country. However, at 19% of the year's total, drugs and anti-social offences accounted for a considerably higher proportion of recorded offences in the district than the 13% nationally. Within this offence category, the most numerous offences recorded in the district were against the Sale of Liquor Act 1989. Around 850 were recorded in 2004 – more than ten times the number recorded in any of the preceding eight years. They were followed by almost 680 disorder offences and 400 cannabis offences.

Violent crime made up 10% of the offences recorded in Rotorua in 2004 (11% nationally). These offences included 470 serious assaults, 260 minor assaults and 250 intimidation/ threats. Property damage was the next most recorded category of crime, accounting for 6% of Rotorua's total that year (10% nationwide). Almost all offences in this category consisted of destruction of property.

The remainder of the offences recorded in Rotorua District in 2004 consisted of property abuses (4%), administrative offences (3%), and sexual offences (just under 1%). All of these were similar to their national proportions.

Between 1996 and 2004, the number of offences recorded across New Zealand fell by 15%. However, in Rotorua District recorded crime went against that trend, with the number of recorded offences increasing by 17%. The only category of offence to record a drop in number between 1996 and 2004 was sexual offending (a 13% fall to around 90 offences). The largest increase, both numerically and proportionately, occurred in drugs and anti-social offences. Almost 950 more of these offences were recorded in 2004 compared with 1996 – the vast bulk of the 81% increase being breaches of the Sale of Liquor Act 1989. Other large increases were recorded in property abuses (up 150 offences, or 46%), and violence (up 340, or 42%).

In all of the years from 1996 to 2004, the recorded offence rate per 10,000 population in Rotorua District was considerably higher than the national rate. In 2004, 1,691 offences were recorded for every 10,000 people, compared with the national rate of 1,000 offences per 10,000 people. Even with continuous population growth across the country, the national rate fell over that time period – reflecting the nationwide decrease in recorded crime. However, the Rotorua rate in 2004 was above the 1996 level of 1,466 offences per 10,000 people.

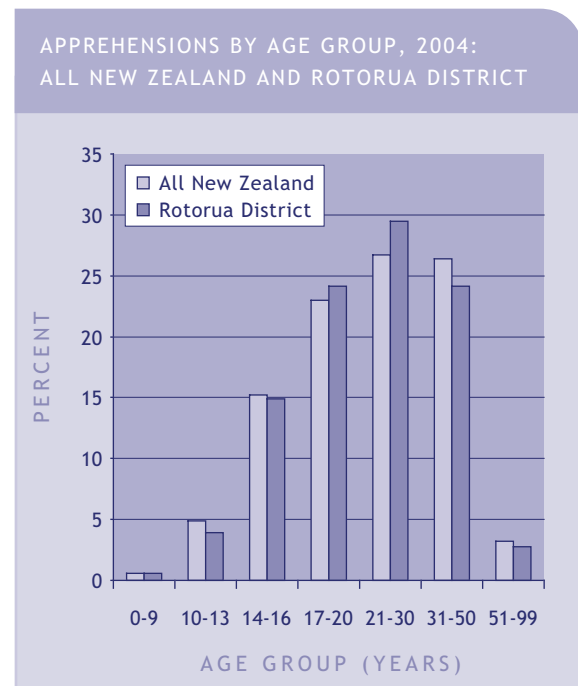
APPREHENSIONS

In 2004, there were 5,940 apprehensions¹⁹ in Rotorua District (3% of the country's total). Despite the last Census showing children and youths to be over-represented in Rotorua's population, they made up slightly smaller proportions of the district's apprehensions than they did nationally. Under-17 year-olds accounted for 20% of apprehensions in Rotorua in 2004 compared with 21% across New Zealand.

The main differences between Rotorua and New Zealand-wide apprehensions in 2004 were the contributions of adult age groups. Younger adults accounted for larger-than-average proportions of apprehensions while

19 The number of apprehensions is not the same as the number of offenders. Apprehensions do not count distinct individuals as a person apprehended for multiple offences will be counted multiple times in the data. An "apprehension" means that a person has been dealt with by police in some manner to resolve an offence.

older adults made up smaller proportions than average. People aged 17-20 years accounted for 24% of Rotorua apprehensions (23% nationally) and 21-30 year-olds contributed 30% compared with 27% nationwide. Conversely, 31-50 year-olds accounted for just under one-quarter (24%) of Rotorua apprehensions in 2004 compared with 26% nationally. People aged over 50 made up less than 3% of apprehensions in the district, slightly below the national rate.



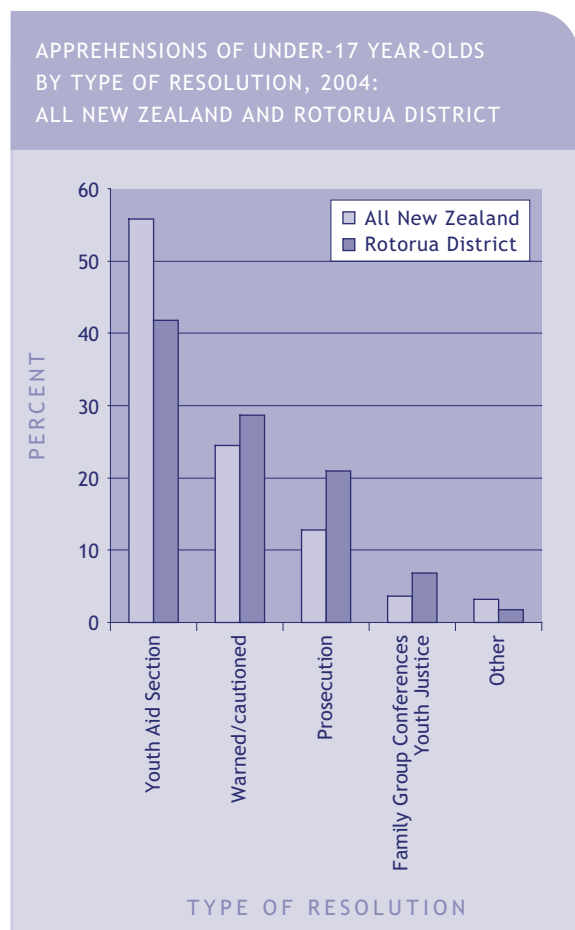
SOURCE: New Zealand Police

RESOLUTION OF APPREHENSIONS

In 2004, there were 4,790 apprehensions of adults (aged 17 and over) in Rotorua District. In that year, 85% of them resulted in prosecution – a considerably larger proportion than the national 74%. Warning or cautioning was the second most used form of resolution but it was less common than average, resolving 13% of Rotorua adult apprehensions in 2004 compared with 18% nationally. 'Other' means²⁰ resolved 3%, half the national proportion. Diversion was hardly used at all in Rotorua in 2004, whereas it resolved just over 2% of adult apprehensions nationally.

20 These means include all the ways police may deal with an apprehension other than the formal categories. For example, they may find that the offender has a mental condition, is already in custody or has died. In those cases, no further action is taken other to document the offence.

In 2004, Rotorua District saw 1,150 apprehensions of children and youths under the age of 17 years. Referral to Youth Aid was the main resolution method, accounting for 42% in Rotorua (a considerably smaller proportion than the 56% nationally). Warning or cautioning resolved another 29% (24% nationally). A larger-than-average proportion was resolved through prosecution (21% compared with 13% nationwide). Family Group Conferences Youth Justice were also used more often than average in the district, resolving 7% of the apprehensions of under-17 year-olds in 2004 compared with 4% across New Zealand. "Other" means accounted for the final 2% (3% nationally).



SOURCE: New Zealand Police

CHILD, YOUTH AND FAMILY (CYF) INVOLVEMENT

In the year ended 30 June 2004, CYF's Rotorua service delivery unit received 1,199 referrals and notifications relating to Rotorua as a service delivery location. These involved 906 Care and Protection Services notifications and

293 Youth Justice Services referrals. Throughout that year, there were 23 Youth Justice clients in placement or detention, with the number standing at five by 30 June 2004.

In the year ended 30 June 2004, 227 plans and orders were completed for Rotorua. These consisted of 135 Youth Justice plans, 63 Youth Justice orders, 15 Care and Protection Services plans, and 14 Care and Protection Services orders. Through the year, 60 clients entered into care in Rotorua and six exited. Two Family Group Conferences for Care and Protection were held in Rotorua, along with six informal conferences. The year ending June 2004 saw 35 family whānau agreements signed in Rotorua.

FAMILY VIOLENCE

Police can provide statistics on the number of recorded offences that involved some degree of family violence²¹, as determined by the attending officer. The statistics that follow relate to Rotorua police station as the "scene station" (ie the station within whose boundaries family violence offences occurred and were recorded).

In each of the nine years from 1996 to 2004, the recorded family violence offence rate in Rotorua District was higher than the national rate. In 2004, the district's rate was 113 family violence offences per 10,000 population compared with 64 per 10,000 nationally.

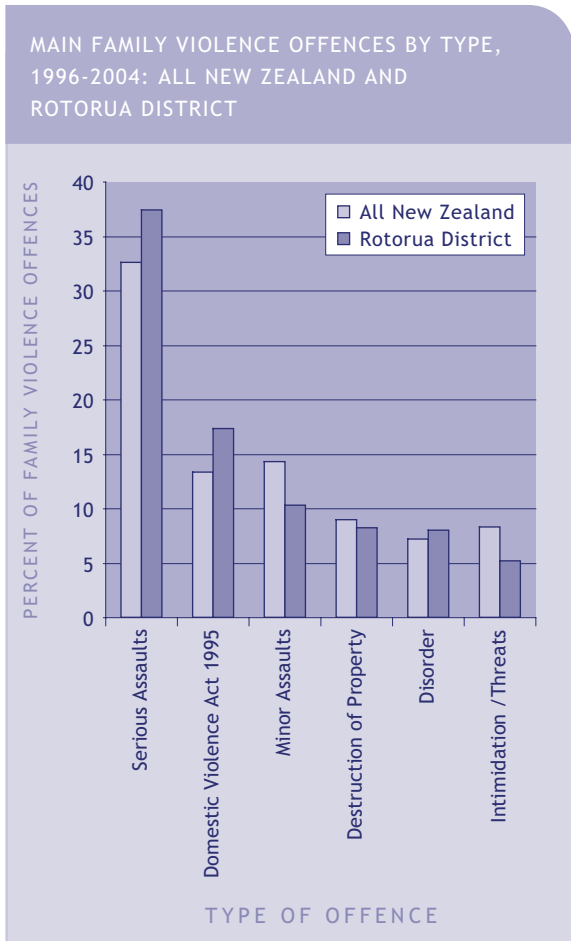
From 1996 to 2004, family violence offences recorded within Rotorua police station boundaries totalled 4,860, an average of 540 per year. As was the case across the country, serious assaults were the most common form of family violence recorded in Rotorua (37% of all family violence offences recorded in the district compared with 33% nationally). The large majority of these offences were "assault by male on female".

Breaches of the Domestic Violence Act 1995 were the second most commonly recorded

21 The term "family violence" includes violence that is physical, emotional or psychological, plus sexual abuse, and it includes intimidation or threats of violence. The term "family" includes such people as parents, children, extended family members and whānau, or any other people involved in relationships.

This definition applies irrespective of the type of offence that occurred.

family violence offence, making up 17% of all the family violence offences recorded in Rotorua over the nine years (13% nationally). They were followed by minor assaults (10% in Rotorua compared with 14% nationwide). The destruction of property and disorder each made up 8% of Rotorua's total (compared with 9% and 7% respectively). Intimidation / threats accounted for 5% of the district's recorded family violence compared with 8% nationally.



SOURCE: New Zealand Police

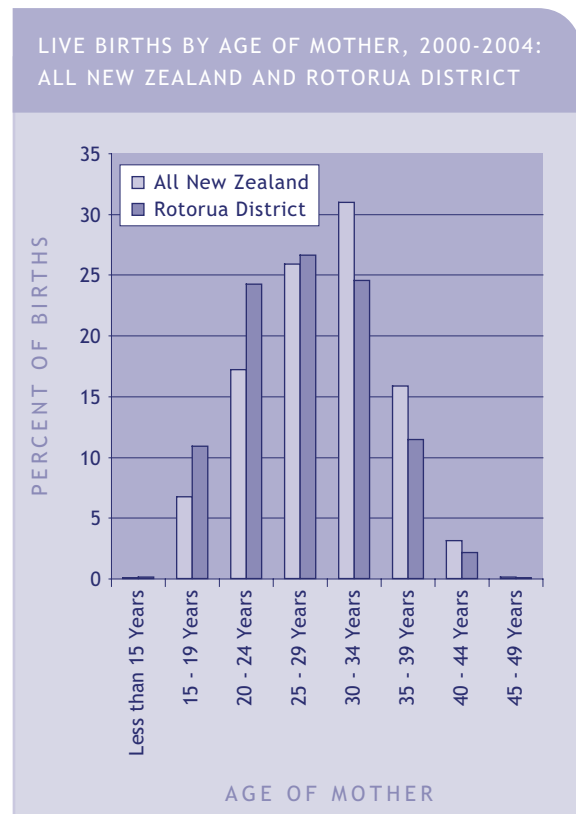
HEALTH

BIRTHS

Between 2000 and 2004, 5,480 live births were registered to women living in Rotorua District – an average of 1,095 per year. The district exhibits a younger pattern of childbearing than the country as a whole, reflecting, at least in part, the fertility patterns of the large proportion of Māori in the resident population. Across New Zealand, women aged under 30 years were responsible for 50% of the live births

registered between 2000 and 2004. In Rotorua, they produced well over half (62%) of the newborns.

Over the five-year period, Rotorua women aged 25-29 years produced the greatest number of babies (27%). The two age groups either side – 20-24 year-olds and 30-34 year-olds – were a close second and third on 24% and 25% respectively. Nationally, women aged 30-34 years were the most productive, giving birth to 31% of the babies registered from 2000 to 2004. This was clearly a peak, with the next closest age group a full 5 percentage points behind.



SOURCE: Statistics New Zealand

From 2000 to 2004, teenagers accounted for 11% of the live births registered to mothers living in Rotorua District – a considerably larger proportion than the 7% born to teenagers across New Zealand. In the five-year period, there were half a dozen births registered to girls under the age of 15 years. These represented 0.1% of the total – the same proportion as nationally.

PLUNKET INFORMATION

The Royal New Zealand Plunket Society estimates that it provides Well Child Services to around 92% of the country's newborns. In 2004, the society reported around 880

“new baby” cases in Rotorua (76% of the total live births registered to mothers in the district that year). Almost one-half (46%) of the Plunket babies in Rotorua were Māori.

Plunket records showed that in 2004, 17% of the district’s newborns were living in an NZDep decile 10 area (the 10% most socio-economically deprived in the country). A further 34% were living in decile 8 or 9 areas.

In 2004, the Royal New Zealand Plunket Society made 830 referrals in Rotorua District. The most common reasons for referral were nutrition (10%), child behaviour (9%), child health and illness, community linkages and parenting practice (all 8%), and growth and suspected hearing loss or impairment (both 6%).

IMMUNISATION

Based on reports from parents Plunket assessed that in 2004, 68% of Rotorua children were fully immunised. This is considerably lower than the 79% national figure. Another 22% had incomplete immunisation (15% nationally).

PUBLIC HOSPITAL DISCHARGES

In the financial year ending 30 June 2001, there were 15,400 public hospital discharges of Rotorua District residents²². Using 2001 Census figures to calculate an approximate hospital discharge-to-people ratio, Rotorua’s population had more hospitalisations than the national average (239 discharges per 1,000 people as opposed to 209 per 1,000 nationally).

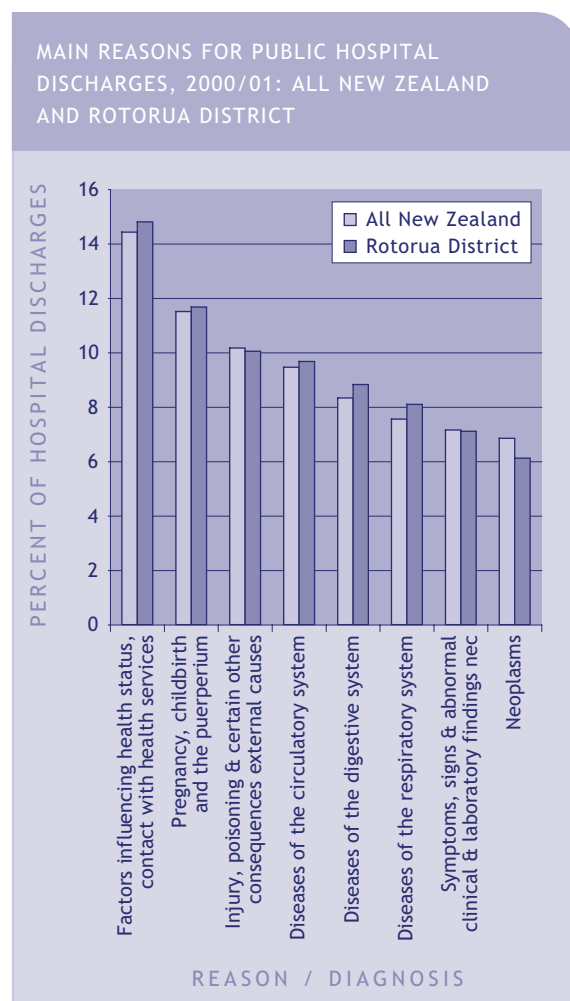
In 2000/01, the main reasons for Rotorua residents to be admitted to, and discharged from, public hospital were the same as nationally, varying little in proportion between the district and the country as a whole. The main reason for discharge was “factors influencing health status, contact with health services”. This covers circumstances other than a disease, injury or external cause, and includes people encountering health services for examination,

²² These statistics count all discharge events rather than individuals so if a person was discharged from hospital several times during the reference year, they will count more than once in the statistics.

investigation, specific procedures and health care. In 2000/01, this was the reason behind 15% of the public hospital discharges in Rotorua (14% nationwide).

Pregnancy and childbirth were the second main reason for Rotorua residents to be hospitalised (12% both locally and nationwide). Accidental injury made up 10% of the district’s public hospital discharges in 2000/01, the same proportion as nationally. Diseases of the circulatory system also made up 10% (9% across New Zealand). At 9% and 8% respectively, diseases of the digestive and respiratory systems were close to their national average.

The diagnostic category “symptoms, signs and abnormal clinical and laboratory findings” was behind 7% of the district’s public hospital discharges in 2000/01 – the same proportion as nationally. Neoplasms (cancers) followed at 6% compared with 7% nationwide.



FOOTNOTE: nec = not elsewhere classified

SOURCE: New Zealand Health Information Service

For most age groups in Rotorua, their proportionate contribution to total public hospital discharges in 2000/01 was similar to the national picture. However, children under the age of 5 years made up a slightly larger proportion of the district's discharges (17% compared with 16% nationally), and the contribution of 15-19 year-olds was also slightly larger in Rotorua (5% compared with 4%). Middle-aged people 45-64 years made up 18% of Rotorua's discharges compared with 17% nationally. At the upper end of the age scale, residents aged 65 and over constituted just 23% of public hospital discharges in 2000/01 compared with 28% nationwide.

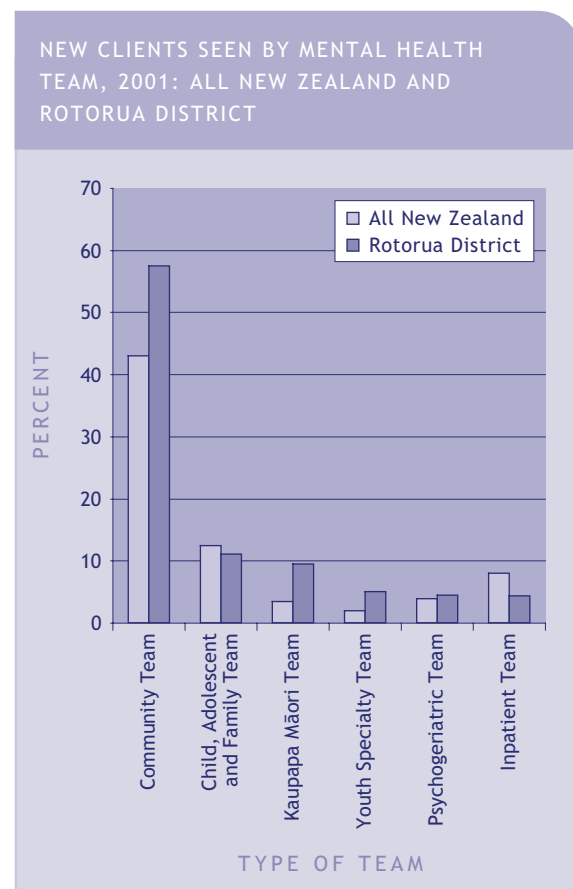
MENTAL HEALTH

In 2001, 1,590 Rotorua District residents commenced mental health treatment within the public health system. Females made up 51% of the Rotorua total that year compared with 48% of all clients commencing treatment around the country. Just over one-third (34%) of the new clients in Rotorua were Māori – a slightly smaller proportion than the 36% of the local population identifying as Māori at the time of the 2001 Census.

Despite the Census showing them to be over-represented in the population, Rotorua children under the age of 15 years made up an average proportion of new mental health clients in the district in 2001 (13% compared with 12%). Young people aged 15-29 years were under-represented as new mental health clients in Rotorua, making up 26% of all clients commencing treatment in the district in 2001 compared with 29% nationally. Residents aged 30-44 years were the largest group of new clients, both locally and nationwide. They constituted 35% of the year's new clients in Rotorua in 2001 compared with 33% nationally. Residents aged 45-59 years were also slightly over-represented (18% of the district's new mental health clients versus 16% nationally). The district's oldest residents, aged 75 years and over, made up 3% of the year's new clients (4% nationwide).

The Community Team saw 57% of the clients commencing treatment in Rotorua in 2001 – a considerably larger proportion than the 43% nationwide.

Mental health teams had 2,100 Rotorua clients commence treatment during 2001²³. The use of mental health teams in Rotorua varied from the national pattern, although the team seeing the largest proportion of clients was the same locally and nationally. The Community Team²⁴ saw 57% of the clients commencing treatment in Rotorua in 2001 – a considerably larger proportion than the 43% nationwide.



SOURCE: New Zealand Health Information Service

23 One person can be seen by more than one team so the number of clients seen by teams will be larger than the number of individual clients from a territorial authority.
 24 Community teams provide non-residential assessment and treatment services, including outpatient services.

The Child, Adolescent and Family Team²⁵ had the next largest workload, seeing 11% of the Rotorua clients commencing treatment in 2001 (12% nationally). As might be expected in a district with a high Māori population, the Kaupapa Māori Team²⁶ saw a higher-than-average proportion of new clients (9% compared with 3% nationally). The Youth Speciality Team²⁷ also saw a relatively large proportion of new clients (5% in Rotorua compared with 2% nationwide). The Rotorua Psychogeriatric²⁸ and Inpatient²⁹ teams each saw 4% of new clients in 2001. In the former case, this was around the national average while the latter was considerably under the 8% of new clients seen nationally.

One major difference between the use of mental health teams locally and nationally in 2001 occurred with the Alcohol and Drug Team³⁰. Across New Zealand, this team saw 15% of the clients commencing mental health treatment that year but just 2% of the new clients from Rotorua District.

DEATHS

From 1992 to 2000, an average of 466 Rotorua District residents died each year. Over those nine years, most age groups contributed similar proportions to the district's deaths

25 Child, Adolescent and Family Teams provide assessment and treatment services to people aged 0-19 years inclusive. This category includes inpatient, residential or community-based child, adolescent and family teams.

26 Kaupapa Māori teams provide assessment and treatment services to people within a Māori kaupapa. Includes inpatient, residential or community based teams within a Māori kaupapa (including child, adolescent and family, youth specialty and psychogeriatric services).

27 Youth specialty teams provide assessment and treatment services to people aged 15-19 years inclusive. Includes inpatient, residential or community-based youth specialty teams.

28 Psychogeriatric teams provide assessment and treatment services to people aged 65 and older with some flexibility based on the nature of the presenting problems. Includes inpatient, residential or community-based psychogeriatric teams.

29 Inpatient teams provide services in a medical environment such as a hospital to eligible persons who are in need of a period of close observation, intensive investigation or intervention.

30 Alcohol and drug teams provide assessment and treatment services to people with alcohol and other drug problems. Includes inpatient, residential or community based alcohol and drug teams.

as they did nationally. However, differences were evident at the upper end of the age scale. Rotorua residents aged 50-64 years accounted for 17% of the district's deaths from 1992 to 2000, compared with 14% nationally. Conversely, people aged 75 years and over accounted for 46% of the district's deaths compared with 54% nationally. This reflects the age structure of the population and the shorter life expectancy of the district's residents.

Statistics New Zealand estimates that life expectancy at birth for a Rotorua male is 74 years (2.5 years below the national average). A newborn girl in Rotorua District can expect to live 78.5 years (2.9 years fewer than the female average across New Zealand).

In 2001, the main causes of death for Rotorua District residents were the same as those experienced across the country. Diseases of the circulatory system were the main cause of death that year, accounting for 42% of Rotorua deaths compared with 45% nationally. Neoplasms (cancers) were the second main cause of death at 32% (1 percentage point above the national proportion). They were followed by diseases of the respiratory system, which accounted for 11% of deaths in the district (9% nationally).

SUICIDES

In the 10 years from 1992 to 2001, a total of 98 Rotorua District residents took their own lives. While that produced an average of 10 suicides per year, the number fluctuated over the 10 years, from a high of 13 in 1995 to six in 2000.

Between 1992 and 2001, 26 of the suicide deaths were young people aged between 15 and 24 years. Annual numbers of youth suicides ranged from eight in 1995 to zero in 2001.

EDUCATION

EARLY CHILDHOOD EDUCATION

At 1 July 2004, there were 3,250 children on the regular rolls of early childhood education service providers in the Rotorua District³¹.

31 Early childhood education statistics count enrolments and not children. It is possible for one child to be enrolled in two services at the same time and be counted twice.

Excluding the small number of enrolments of 5 year-olds, this was 59% of the estimated number of children aged 0-4 years. Across New Zealand, early childhood enrolments equated to 65% of children aged under 5 years.

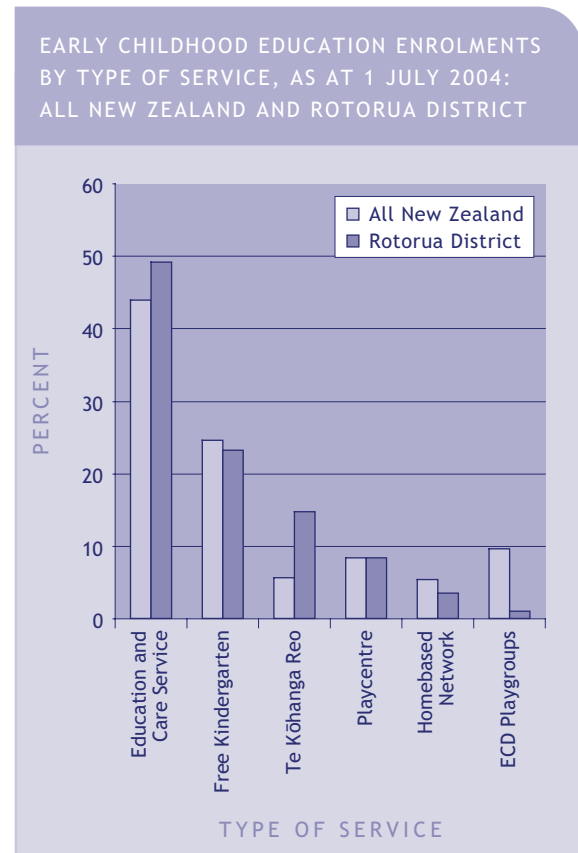
As was the case nationwide, 4 year-olds made up the largest proportion of early childhood enrolments in the Rotorua District in mid-2004 (33%), with 3 year-olds making up another 28%. These enrolments equated to 86% of the estimated number of 3 year-olds and 92% of the estimated number of 4 year-olds in Rotorua at that time.

At 1 July 2004, there were 3,250 children on the regular rolls... this was 59% of the estimated number of children aged 0-4 years. Across New Zealand, early childhood enrolments equated to 65% of children aged under 5 years.

In mid-2004, early childhood education in the Rotorua District was dominated by three types of providers which, between them, were responsible for 87% of all regular enrolments. The 43 education and care centres³² in Rotorua accounted for almost half (49%) of the district's enrolments in 2004, more than education and care centres nationally (44%). The district's 11 free kindergartens had 23% of all regular enrolments, just under the national proportion of 25%. Reflecting the large proportion of Māori in the district, kōhanga reo were the

³² Education and care centres provide either sessional, all-day, or flexible-hour programmes for children from birth to school age. They can be privately owned, non-profit making, or operated as an adjunct to the main purpose of a business or organisation.

third largest provider-type in Rotorua, with 21 kōhanga accounting for 15% of the district's enrolments – more than two-and-a-half times the national proportion of 6%.



SOURCE: Ministry of Education

The district also had three smaller types of services: 11 play centres with 8% of the enrolments (the same as the national average); two home-based networks that accounted for 3% of regular enrolments (5% nationwide); and one ECD playgroup, which was responsible for 1% of the district's regular enrolments compared with 10% nationwide.

ROTORUA DISTRICT SCHOOLS

The Rotorua District contains 14 full primary schools, one special school, 18 contributing schools (offering education up to intermediate school level), three intermediate schools, two composite schools (combining primary, intermediate and secondary education), one kura teina composite, one restricted composite school, one teen-parent unit and six secondary schools offering education up to year 15. In July 2004, the roll totals of these schools were as follows.

NUMBERS AND TYPES OF SCHOOLS WITH ROLLS IN ROTORUA DISTRICT, JULY 2004

School Type	No. of Schools	Years	Rolls
Full primary	14	1-8	1,542
Special	1		29
Contributing	18	1-6	5,867
Intermediate	3	7-8	1,554
Composite	2	1-13	290
Kura teina composite	1	1-13	21
Restricted composite	1		72
Teen-parent unit	1		28
Secondary	6	7 or 9-15	5,248
Total			14,651

SOURCE: Ministry of Education

For funding purposes the Ministry of Education attaches a decile rating to each school³³. This indicates the extent to which a school draws its students from low socio-economic communities. Decile 1 schools are the 10% of schools with the highest proportion of students from low socio-economic communities, whereas decile 10 schools are the 10% of schools with the lowest proportion of these students.

In July 2004, four schools in the Rotorua District were in decile 1. These schools – judged to be among the 10% of New Zealand schools with the highest proportions of students from low socio-economic communities – were responsible for 2% of the district’s students. Another 12 schools, with 18% of the district’s students on their rolls, were in decile 2. At the other end of the scale, two schools were in decile 10 and another four were decile 9 schools. These six schools had 7% of the district’s students on their rolls.

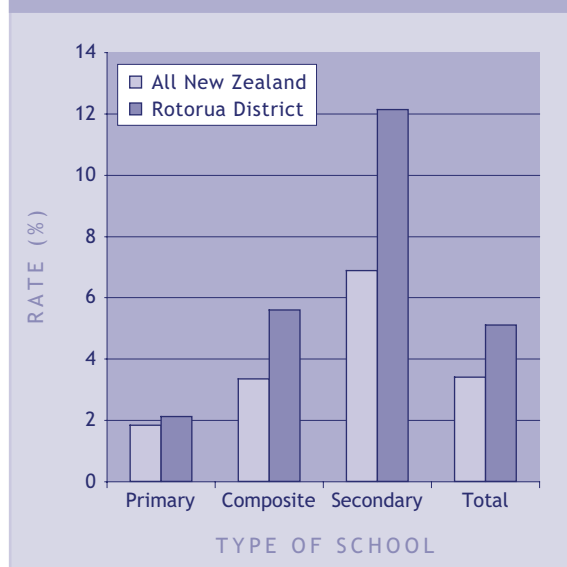
33 Six factors are used in determining a school’s socio-economic indicator. Five of these (household income, parents’ occupations, household crowding, parents’ educational qualifications, and parents receiving income support) are based on families with school-age children within the catchment area of the school. This information is combined with the sixth factor, school ethnicity data (the proportion of Māori and Pasifika students, and refugee students receiving ESOL support) to determine the school’s socio-economic indicator and thus the school’s decile.

TRUANCY

In August 2004, the Ministry of Education surveyed all state and state-integrated schools to capture student attendance and absence over one week³⁴. The survey produced results for primary, composite and secondary schools, and showed the Rotorua District had higher-than-average truancy rates across all types of schools.

While the truancy rate in Rotorua primary schools was only slightly higher than average (2.1% compared with 1.8%), it was markedly higher in the two other types of schools. Composite schools in Rotorua had a truancy rate of 5.6% compared with 3.3% nationally, and Rotorua secondary schools had a truancy rate of 12.1% compared with 6.9% nationwide. This gave Rotorua an overall average truancy rate of 5.1%, considerably higher than the national average of 3.4%.

TRUANCY RATE, 2004: ALL NEW ZEALAND AND ROTORUA DISTRICT



SOURCE: Ministry of Education

STAND DOWNS AND SUSPENSIONS

Schools have a variety of methods available to deal with student behaviour, and stand downs and suspensions are just two of the choices

34 The survey achieved an 87% response rate. During the week under study, schools classified absences into justified, unjustified and intermittent unjustified. Truancy was defined as the sum of the last two categories, and a truancy rate was calculated as the average (mean) daily unjustified absence for the week per 100 students.

available. Both are seen as a last resort when other options have proved unsuccessful, and only a small number of schools in any territorial authority stand down or suspend students in any one year.

From 2000 to 2004, the number of students Rotorua District schools stood down fluctuated between a low of just over 200 in 2003 to just under 300 in 2000. These numbers meant a stand down rate of 14 cases per 1,000 students in 2003 (which was just over half that year's national average of 27 per 1,000), and 21 cases per 1,000 students in 2000 (also below that year's national average of 24 per 1,000 students). In each of the five years, the stand down rate in Rotorua was below the national rate. Physical assault on other students was the main reason for stand downs, accounting for 27% in the district over five years. Continual disobedience (19%) and verbal assaults on staff (15%) were the next most common reasons. Nationally, these were also the most common reasons to stand down students, with the first and second in reverse order.

Schools have a variety of methods available to deal with student behaviour, and stand downs and suspensions are just two of the choices available.

The number of suspensions is far lower than stand downs. From 2000 to 2003, Rotorua District schools had between around 100 and 110 suspension cases each year (a rate of 7 suspension cases per 10,000 students – the same as the national average). In 2004, the number of suspensions increased to just over 120, resulting in a suspension rate of 8 per 10,000 students (compared with the national rate of 7). Drugs was the main reason for suspension (42% of the Rotorua total from 2000 to 2004), followed by physical assault on other students (16%) and continual disobedience (11%). Across New Zealand drugs was also the main reason followed quite closely by continual disobedience.

EXCLUSIONS AND EXPULSIONS

Following a suspension, a school's Board of Trustees can lift the suspension (with or without conditions), extend the suspension (with conditions), or end the student's enrolment at the school. If the student is aged under 16 years, the board may decide to exclude him or her from the school, with the requirement the student enrolls elsewhere. If the student is aged 16 years or over, the board may decide to expel him or her from the school, and the student may enrol at another school.

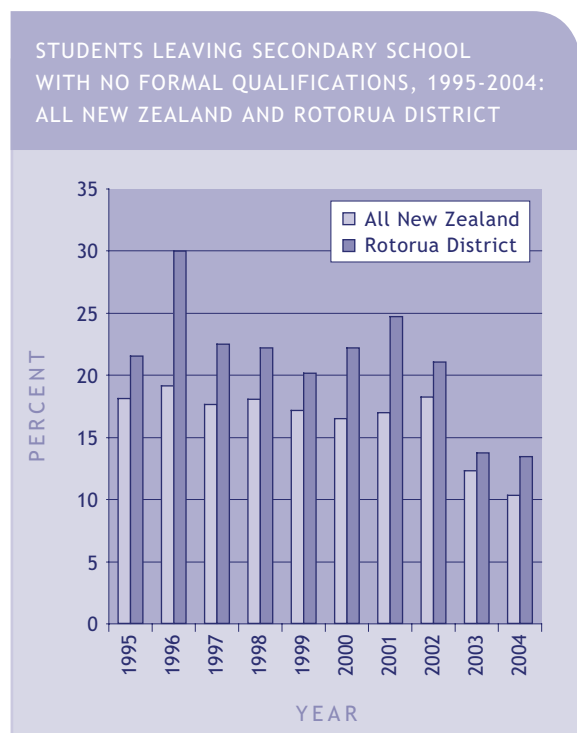
Following a suspension, a school's Board of Trustees can lift the suspension (with or without conditions), extend the suspension (with conditions), or end the student's enrolment at the school.

In the five years from 2000 to 2004, 130 students in the Rotorua District were excluded – an average of 26 a year. Drugs including substance abuse was the main reason for exclusions, followed by physical assaults on other students or staff. Lower numbers of Rotorua District students were expelled over the five-year period. The highest annual total was seven in 2004. Physical assaults and drugs were the most common reasons for expulsion, with alcohol, vandalism, verbal assaults and weapons also featuring on the list.

SCHOOL LEAVERS WITH NO QUALIFICATIONS

In all of the 10 years from 1994 to 2004, the proportion of Rotorua District students leaving school with no formal qualifications was above the national average. The greatest difference was in 1996, when the Rotorua rate

peaked at 30% (almost 11 percentage points above the national average). The smallest difference occurred in 2003, when the Rotorua rate was 14%, just over one percentage point higher than New Zealand's. In 2004, the percentage of students leaving Rotorua schools with no formal qualifications was 13% compared with 10% nationally.



SOURCE: Ministry of Education

EARLY LEAVING EXEMPTIONS

Between 2000 and 2004, around 420 students from schools in the Rotorua District were granted an early leaving exemption – an annual average of 84. Over the five years, the large majority (82%) of the exempted students left school for a training provider course. Around 16% went into full-time employment, while a handful of students enrolled at a polytechnic or left school for some other reason.

TERTIARY DESTINATIONS

The proportion of Rotorua District students who left school between 2000 and 2003 and went straight on to tertiary training lagged behind the national average. Over the four years, Rotorua school leavers carrying on to higher

education averaged 51% compared with 59% nationally. The most recent year's data shows 55% of the students who left a Rotorua District school in 2003 went straight on to tertiary education and training, compared with 65% nationally.

Rotorua District students who leave secondary school for tertiary education make slightly different choices from students nationwide. Nationally, people who started tertiary education and training immediately after leaving secondary school between 2000 and 2003 were most likely to attend university (44%), followed by polytechnics (33%) and private training establishments (PTEs) (19%). However, of the young people leaving Rotorua schools in any of those four years to undertake tertiary education, the largest number (39%) enrolled at polytechnics, 32% went to universities, and 19% enrolled at PTEs. Wānanga attracted 9% (three times the national proportion), and the remaining 1% commenced training at colleges of education.

Particular institutions stood out as attracting students from the Rotorua District. Of the 820 students who left a Rotorua school between 2000 and 2003 to study at a polytechnic, 52% enrolled at the Waiariki Institute of Technology and 13% at the Bay of Plenty Polytechnic. Of the 660 young people who left a Rotorua school in any of the four years and went straight on to a university, 34% enrolled at the University of Waikato. In addition, 15% went to the University of Otago, 13% chose Massey University, and 12% enrolled at each of the University of Auckland and the Victoria University of Wellington.

Appendix 2:

Local Services Mapping in Rotorua - process and methods

MEMBERS OF THE ROTORUA LSM STEERING GROUP

Juanita Seymour	Rotorua District Council
Hine Loughlin	Lakes District Health Board
Linda Johnston	Toi Te Ora Public Health
Ann Mackay	Work and Income
John Chand	Strengthening Families
Greg Goessi	New Zealand Police
Kevin Austin	Te Utuhina Manaakitanga Trust
Alison Struthers	Ministry of Education
Suse Sligo	Child, Youth and Family
Peter Wrigley	Work and Income
Natasha Cianci	Open Home Foundation
Julie Gilchrist	Child, Youth and Family
Steve Holmes	Rotorua Community Youth Centre
Tania Pinfold	Rotorua Youth Health Centre
Florence Brady	HYPE Trust Youth Workers Network
Julie Hill	Work and Income
Carol Buckley	Family and Community Services

THE LSM PROCESS

Local Services Mapping (LSM) is a cross-sectoral process facilitated by the Ministry of Social Development's Family and Community Services (FACS). Its purpose is to improve the development, planning, delivery and funding of social services to families in communities. Its aim is to improve the quality, efficiency and effectiveness of service delivery to families.

It is intended the following benefits will arise from this more collaborative approach:

- better processes
- improved relationships
- improved service planning co-ordination between government and non-government agencies
- a greater capacity to respond to local needs
- more efficient use of resources.

LSM IS DESIGNED AS A THREE-PHASE PROCESS:

1. The first phase of LSM focuses on doing local research to develop a community report that informs government, non-government providers and funders, and other community services about gaps and overlaps in services, and identifies local needs and opportunities. The community report will highlight priority issues to be addressed in that community.
2. In the second "action planning" phase, LSM aims to help provider and funder organisations to improve, both separately and collectively with other partners, the quality and effectiveness of services for families. The action planning that takes place will build on the issues and areas of focus that emerged from the community report.
3. The third phase will ensure the actions identified in the community's action plan are implemented according to an agreed timeline and lead to the desired outcomes.

LSM IN ROTORUA

- The initial briefing about LSM was held at the Rotorua District Council chambers on 2 June 2005. A wide range of government and non-government stakeholders was

invited. The presentation about the LSM process was followed by a discussion of the information gathered from three questions asked in a workshop format:

- What do you believe are the issues facing families in Rotorua that contribute to youth offending?
- In terms of services for families and youth, what is working well in Rotorua?
- What do you consider to be the three key priority areas to be addressed?
- Nine one-on-one interviews were carried out at Da Bomb Shelter (Rotorua Community Youth Centre) on 22 July 2005. Seven young people aged 12-18 years were interviewed, along with the two adult staff based at the centre. The questions were:
 - What are the things happening in Rotorua families that lead kids into committing crime?
 - What good stuff is there in Rotorua to help stop kids getting into crime, or to go to for support if they are already into it?
 - What three important things need to happen in Rotorua to stop kids getting into crime?
- A workshop was run on 19 August 2005 with 15 young people aged 11-13 years at Kaitao Intermediate School. The questions asked were similar to those listed above, with the following addition:
 - What could you and your friends do to reduce the number of kids getting into crime?
- A community stock take questionnaire was developed and distributed. It was:
 - Handed out at the Strengthening Families Knowledge Forum for Practitioners on 14 October 2005.
 - Posted, mainly to government agencies that were more likely to complete and return the documentation.
 - Hand delivered, to people attending forums and meetings attended by FACS staff.
 - Used as a basis for information collection in one-on-one interviews.

See Appendix 3 for a copy of the questionnaire.

- The steering group met at regular intervals to agree on the project's direction, and to review the progress of the stock take of services. Advice was given about the best approach to take, who to include, and how to access funding information. The steering group also gave feedback on two draft versions of this report.
- The list of key social issues contributing to youth offending was established by identifying the emerging themes from steering group feedback, and information and data collected throughout the LSM process.
- The four priority areas covered by this report were determined by the steering group on a majority-vote basis. Steering group members were asked to individually identify the areas they would most likely be able to contribute to first, taking into account their core work roles, resources, energy and willingness to make a difference to youth offending in Rotorua.

Appendix 3:

Community Stock Take Questionnaire

STOCK TAKE QUESTIONNAIRE - PART A - GENERAL INFORMATION

Name of Project/ Organisation:	
Contact Person:	
Position:	

Postal address:	Physical address:

Phone:		Fax:	
Email:			

Mission or purpose of Project/ Organisation

List the services/programmes you provide to families in Rotorua, along with the service category (e.g. Disability Support; Alcohol and Drugs; Education; Domestic Violence; Family/Whānau Support; Parent Education/Support; Counselling; Advocacy etc). Please continue on a separate page if necessary.

Service/Programme Name	Service Category

STOCK TAKE QUESTIONNAIRE – PART B – SERVICES STOCK TAKE

Service

Target Group (age, ethnicity, geographic etc)

No. Clients per year	Waiting list	Y	N

Referrals: Source and criteria

Staff resource allocated to this service

Service Delivery (where, hours available, course times etc)

Funding			
<i>Government</i>	Y	N	
<i>Govt Agency/ Agencies</i>			
<i>Grants</i>	Y	N	
<i>Fees</i>	Y	N	
<i>Fundraising</i>	Y	N	
<i>Volunteer Labour</i>	Y	N	
Details:			

Service

Target Group (age, ethnicity, geographic etc)

No. Clients per year		Waiting list	Y	N
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Referrals: Source and criteria

Staff resource allocated to this service

Service Delivery (where, hours available, course times etc)

Funding			
<i>Government</i>	Y	N	
<i>Govt Agency/ Agencies</i>			
<i>Grants</i>	Y	N	
<i>Fees</i>	Y	N	
<i>Fundraising</i>	Y	N	
<i>Volunteer Labour</i>	Y	N	
Details:			

Service

Target Group (age, ethnicity, geographic etc)

No. Clients per year		Waiting list	Y	N
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Referrals: Source and criteria

Staff resource allocated to this service

Service Delivery (where, hours available, course times etc)

Funding			
<i>Government</i>	Y	N	
<i>Govt Agency/ Agencies</i>			
<i>Grants</i>	Y	N	
<i>Fees</i>	Y	N	
<i>Fundraising</i>	Y	N	
<i>Volunteer Labour</i>	Y	N	
Details:			

STOCK TAKE QUESTIONNAIRE – PART C – STATE OF PLAY

1. Has the demand for your service changed over the past 12 months? Please give details.

2. What are the key issues affecting your ability to deliver services effectively to those who need it?

3. Outside of your organisation or project, what other measures would improve the delivery of services to the families you work with? (i.e. service or communication gaps, collaborative approaches etc).

4. Does your project/ organisation work with other agencies? If so, with whom and how often?

5. What would you consider the most important thing to occur for your organisation or project, to make a direct positive impact on youth offending in Rotorua?

Thank you for your participation in this project. Your help is greatly appreciated.

Carol Buckley, Family and Community Services
2nd Floor, 1207 Pukuatua St, Rotorua
Private Bag 3016, Rotorua. Ph 029 2821-736 or 921-8170

Appendix 4:

Rotorua District Council's Crime Prevention Plan

ACTION PLAN 1 JULY
2005-30 JUNE 2006

INTRODUCTION

*"Safe and caring community" –
the highest priority for the next 10 years*

The Rotorua District Council's (RDC's) three-year Crime Prevention Plan is part of a broader 10-year community safety strategy. It was created with the RDC's number one community outcome at the forefront: creating a safe and caring community.

The Plan focuses on activities within Rotorua's central business district (CBD) and surrounding reserves, and seeks to address issues around youth offending, tourists as victims, and alcohol and drug misuse.

The Plan focuses on activities within Rotorua's central business district (CBD) and surrounding reserves, and seeks to address issues around youth offending, tourists as victims, and alcohol and drug misuse within this geographical space.

The overall objective of the RDC's Crime Prevention Plan is to create a safe and caring community. On the basis of consultation with key stakeholders, the council has

agreed to take action in five areas of concern as part of its broader strategy for enhancing community safety:

1. To foster community safety in the CBD and surrounding reserves.
2. To support initiatives which reduce tourism-related crime.
3. To support initiatives that reduce youth offending.
4. To support initiatives addressing alcohol and drug issues.
5. To support and build capacity for neighbourhood and community initiatives.

The activities set out in the RDC's Crime Prevention Plan aim to meet the expectation of building a safe and caring community, and to achieve a measurable reduction in the CBD and surrounding area.

The activities set out in the RDC's Crime Prevention Plan aim to meet the expectation of building a safe and caring community, and to achieve a measurable reduction in the CBD and surrounding area in:

- Thefts from and of cars
- Burglaries
- Violence and intimidation
- Youth offending
- Property damage and abuse.

Activity/Output	Action(s) for Completion July 2005-June 2006	Status of Action Point	Work undertaken 1 July 2005 -30 June 2006
1. Action Plan to Reduce Crime in the CBD and Surrounding Reserves			
1a. More community-wide surveillance in the CBD and adjacent reserves	* Continued participation by Community Safety Projects Officer (CSPO) in Police briefing sessions and community safety forums		
	* Continued contribution to discussions on improving systems and protocols for information-sharing between Police and RDC staff (eg parks personnel)		
	* In partnership with the Police, Retail Rotorua and other stakeholders, lead the development of an information strategy to support informal surveillance for crime prevention in the CBD and surrounding reserves (eg retailer newsletters)		
	* In partnership with key stakeholders, develop an action plan and budget to support ambassadorial patrols around the CBD		
	* In partnership with the Police, Retail Rotorua and other stakeholders, establish a measuring and monitoring programme to evaluate the effectiveness of crime prevention initiatives in the CBD and surrounding reserves		
1b. More widespread and frequent application of Crime Prevention through Environmental Design (CPTED) principles for public space planning in the CBD and adjacent reserves	* Participation by CSPO in key RDC decision-making processes relating to District Plan, urban design, reserve management etc		
1c. Training, resourcing and monitoring of accommodation providers and tourism operators in relation to CPTED principles, plus increased tourism-industry education about visitor safety	* Lead the development of an information strategy to promote Safety By Design to tourism attractions, accommodation operators and retailers (possibly link with 1a)		
1d. More effective and strategic use of existing crime prevention cameras	* Develop and help with the implementation of an action plan to improve the structures and protocols for more proactive crime prevention surveillance using the existing camera network		
	* Develop and oversee an external contract to strategically plan the expansion of the camera network in partnership with key stakeholders		

Activity/Output	Action(s) for Completion July 2005-June 2006	Status of Action Point	Work undertaken 1 July 2005 -30 June 2006
2. Action Plan to Reduce Youth Offending			
2a. Community mapping of Rotorua youth offending networks and initiatives	* Work with Police and other key stakeholders to develop a youth offending profile		
	* Work with partners to compile a map of Rotorua services and networks that focus on youth offending, including an analysis of inter-agency capacity		
2b. Funding and support to build the capacity of youth offending services to more effectively deal with truancy issues	* Promote and facilitate a key stakeholder workshop (including schools, Police and youth offending services) on the topic of "improving Rotorua's capacity to deal with truancy issues"; develop a truancy-focused action plan in partnership with key stakeholders		
	* Work in partnership with identified key stakeholders to develop a two-year action plan for building the capacity of youth offending services to deal with truancy issues, including a measurement and monitoring system, systems for liaison with Police and other agencies, and the establishment of a community education and awareness campaign		
2c. Funding and support to build the capacity of youth offending services to more effectively measure and monitor truancy and youth offending	* As above		
2d. Funding and support to build the capacity of youth offending services to better liaise with Police and other agencies	* As above		
2e. Funding and support to build the capacity of youth offending services to establish a community education and awareness campaign in relation to truancy and youth offending issues	* As above		
3. Action Plan to Address Community Attitudes to Alcohol and Drugs			
3a. A focus in association with appropriate non-government and Government organisations to develop capability between and within local organisations	* Partner with other agencies and organisations to host a key stakeholder workshop on "promoting positive lifestyles and resiliency amongst Rotorua young people"		

Activity/Output	Action(s) for Completion July 2005-June 2006	Status of Action Point	Work undertaken 1 July 2005 -30 June 2006
	* Work in partnership with identified key stakeholders to develop a two-year action plan to promote positive lifestyles and promote resiliency among Rotorua's young people, including a measurement and monitoring system		
	* Partner with other agencies and organisations to establish a network or forum for information-sharing about the provision of services to promote positive lifestyles and resiliency amongst Rotorua's young people		
4. Action Plan to Build Community and Agency Capability for Crime Reduction			
4a. A three-year focus working with key community agencies to facilitate increased communications and skills for dealing with priority community safety issues	* Undertake a community safety audit of the Rotorua District Council area for the 2005/2006 fiscal year		
	* Refer 1, 2 and 3 above		
5. Activities to Promote Sustainability and Evaluation of the Crime Prevention Plan			
5a. Seek additional partnership support and funding	* Seek partnerships with key potential funder-stakeholders, including Rotorua Energy Charitable Trust, Occupational Safety and Health, Accident Compensation and others, to develop, establish and resource at least two new strategic community safety initiatives for 2004-2007		
5b. Establishment of evaluation structures and processes in partnership with key agencies	* Refer 1a, 2b, 3a above		

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