

# City Wellbeing

Many factors affect individual, community and city wellbeing. The environment, housing, educational attainment, income, health, crime, leisure, and family relationships are a few of the related factors that come together to create our wellbeing.

Over the last few years there has been increasing involvement of community groups, local agencies, the Council and government agencies in working together in wellbeing issues. Developing local solutions on a joint basis has become known as the “Waitakere Way”.

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Wellbeing is affected by many factors that often have long-term impacts. Through a combination of very broad indicators of people’s feelings of wellbeing and specific measurements of some of the factors that contribute to wellbeing, a picture of city wellbeing starts to emerge. For example, 35% of residents believe that Waitakere City is a great place to live (June 2001).

This chapter highlights the following key issues:

1. **SOCIO-ECONOMIC STATUS**
2. **HOUSING**
3. **SAFETY AND CRIME**
4. **HEALTH**
5. **LEISURE**
6. **EDUCATION**

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 Updates @ www.waitakere.govt.nz

## KEY INDICATOR

Proportion of school leavers with qualifications: 76.2% in 2000.

As we move into a “knowledge economy”, educational attainment becomes increasingly important as a contributing factor in employment, income and community wellbeing.

“Waitakere has a higher rate of school leavers without qualifications than the rest of New Zealand.”

**Table 1: Proportion of school leavers by Qualification (2000)**

School Leavers Qualifications (2000)	Waitakere City	Auckland Region	New Zealand
A or B Bursary	12.1%	25.6%	19.2%
University Entrance	10.0%	7.4%	7.6%
Higher School Certificate	12.0%	10.2%	10.2%
National Certificate	0.1%	0.5%	0.4%
Sixth Form Certificate	24.2%	24.9%	26.2%
School Certificate	17.9%	16.0%	17.7%
No Formal Qualifications	23.8%	15.5%	18.7%

Ministry of Education, 2000

However, Waitakere still has a higher rate of school leavers without qualifications than the rest of New Zealand. This higher proportion of school leavers without qualifications combined with a lower participation rate in early childhood education at state funded pre-schools does not auger well for the community’s preparedness for participation in a knowledge economy.

## 1. SOCIO-ECONOMIC STATUS

Socio-economic status can affect access to good quality housing, education and employment. Waitakere is a middle-income city - the median household income is \$46,426 and the median personal income is \$20,785. Indicators such as personal and household income are discussed more fully in the chapters “Who lives in Waitakere” and “Work and Income”.

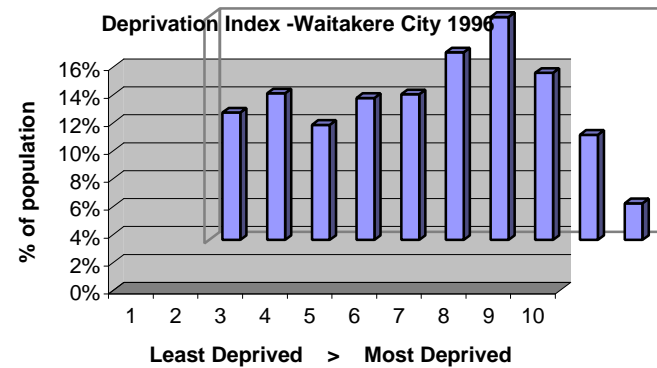
- **SOCIAL DEPRIVATION INDEX**

An indicator of socio-economic status is the New Zealand Social Deprivation Index. The social deprivation index combines a range of key socio-demographic factors from the 1996 Census and estimates an overall score of material and social deprivation for a particular area, on a scale of 1 (regarded as being least deprived) to 10 (regarded as being the most deprived or experiencing considerable hardship). Social deprivation scores generally reflect the ability of households in an area to achieve positive outcomes in areas such as health, education and employment.

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The graph below shows the proportions of the population in Waitakere City with each rating of the social deprivation index:

Waitakere City has a ‘bulge’ in the deprivation deciles 6 to 8. As decile 10 indicates the most deprived population, this graph reflects Waitakere’s share of lower socio-economic areas in the City with a high degree of social need.



## 2. HOUSING

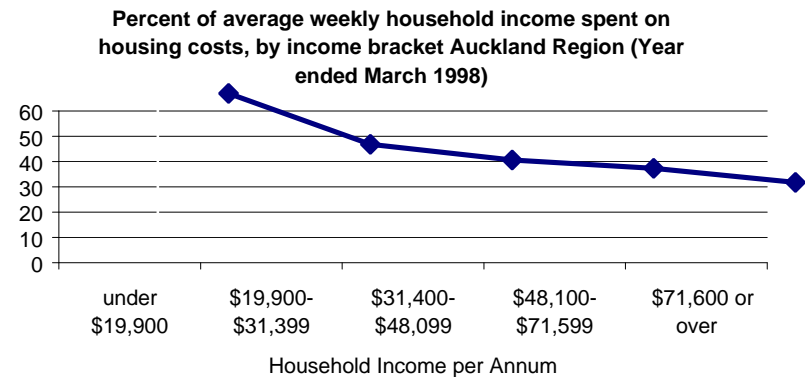
The cost of housing is the major single item of expenditure for most households and can impact on ability to own or rent homes. Poor quality housing and overcrowding can have negative impacts on health, education, employment and community wellbeing.

- **COST OF HOUSING**

Home ownership in the City (and nationally) has been declining. Waitakere City has a relatively high level of home ownership with 69% of residents owning their homes with or without a mortgage in 2001, (down from 75% in 1996 and 81% in 1991). The cost of home ownership in Waitakere City is still lower than the rest of the Auckland Region, and while home ownership rates are declining they are still higher than the regional average.

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In 1991, 19% of Waitakere households were renting and by the 2001 Census this had increased to 31%. Overall, median rents have not fluctuated greatly in New Zealand between 1998 and 2000. The cost of housing impacts more heavily on lower income residents. The following graph shows that the lower the household income, the higher the proportion of income that is spent on housing costs.



Source: Household Economic Survey (Year Ended March 1998), Statistics New Zealand

### 3. SAFETY & CRIME

- PERCEPTIONS OF SAFETY**

Perceptions of safety are an important facet of community wellbeing. 88% of residents believe that Waitakere is a safe place to live.

*(From a telephone survey of a sample of residents in May 2001, with an estimated margin of error of +/- 5%).*

Earlier results indicated that 86% of Waitakere residents feel safe at home during the day (compared to 78% who feel safe at home after dark). 91% feel safe in their neighbourhood during the day (65% after dark).

*(From a telephone survey of a sample of residents in May 2000, with an estimated margin of error of +/- 5%).*

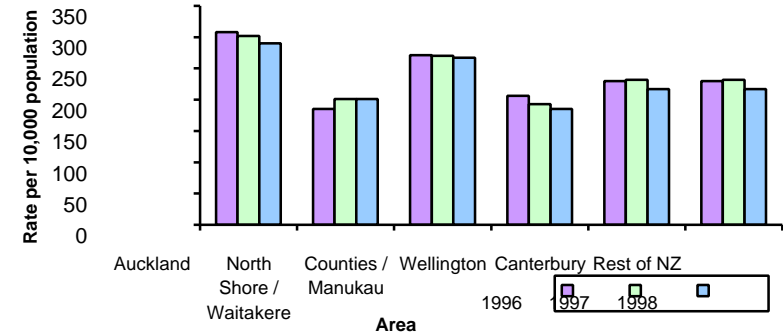
In 1999, Waitakere City gained World Health Organisation accreditation as a “Safe Community”, the first New Zealand city to achieve this distinction, and at that time, one of only 46 WHO accredited Safe Communities around the world.

- RATE OF CRIME**

Incidence of burglary influences community perceptions of safety. Overall, the rate of recorded burglaries within most police districts has generally decreased between 1996 and 1998 (see graph below), although the North Shore/Waitakere District is an exception. This trend is also reflected in national statistics, which show a drop of 5.1% in total recorded crime for the year ending December 1999, and a 5.5% drop for burglary, representing 4,300 fewer offences.

●● In 1999, Waitakere City gained World Health Organisation accreditation as a ‘Safe Community’, the first New Zealand city to achieve this distinction

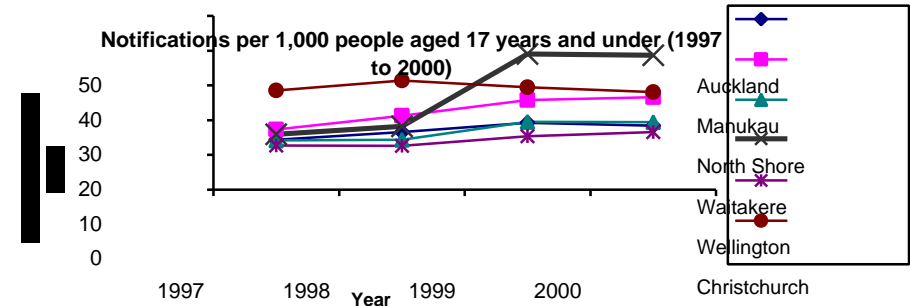
Rate of recorded burglaries per 10,000 population, by police district (1996 to 1998)



Source: NZ Police

- PROTECTION OF CHILDREN**

The protection of children from abuse and neglect is an important issue for families and the wider community. The rate of care and protection notifications to Child Youth and Family Services in Waitakere City is the highest in New Zealand and has been steadily increasing since 1997.



Data Source: Child Youth and Family Services

An increase in notification does not necessarily reflect increasing levels of child abuse as increased reporting can be influenced by a range of factors such as increased awareness of services and support amongst the community and professionals, preventative programmes, and improved accessibility to services.

That said, the high number of serious abuse cases in Waitakere, and elsewhere in New Zealand, are a major concern.

#### 4. HEALTH

- **PERCEPTIONS OF HEALTH**

Health outcomes can be difficult to measure, as most measures of health tend to be of the incidence of medical conditions. However, perceptions of individual health can generate a sense of community wellbeing and in 1996, a health survey done for the Wellbeing Report showed that nine out of ten residents described their health as excellent or good. This survey will be repeated in 2001 so that we can get a sense of changes over time.

- **ACCESS TO HEALTH SERVICES**

The location and number of health services can impact on residents' health status – ease of access can result in more positive health outcomes whereas difficulties in accessing services can result in illness becoming more severe and therefore more difficult to treat.

A lower rate of GPs per population indicates greater difficulty with accessing primary health care and may be associated with higher rates of hospitalisation. Waitakere has one of the lowest rates of GPs per population in the country, with an average rate of 65 GPs per 100,000 people.

Hospital admissions data indicates that only 13% of Waitakere residents' use of hospital services was within Waitakere City (1999/2000 Waitakere Hospital admissions data), which means that most residents need to travel outside Waitakere for inpatient hospital services. This is a reflection of the fact that Waitakere Hospital does not provide full services on site. Waitakere Hospital is currently undergoing an upgrade to a Sub-district Hospital with a wider range of services than is currently available. The upgrade will incorporate "Eco Hospital"

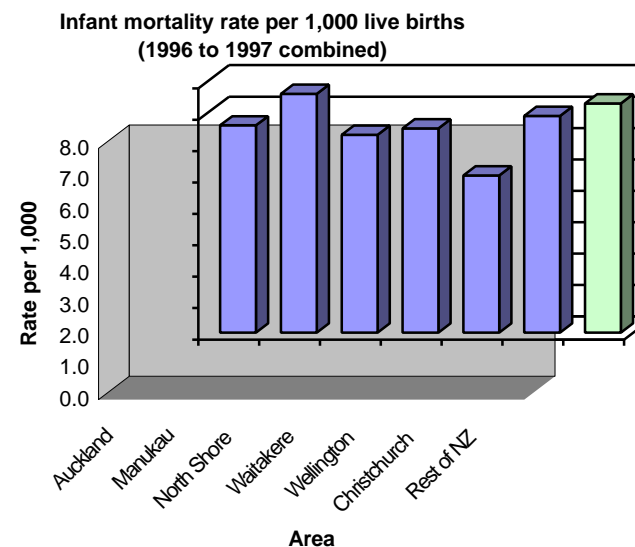
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principles - energy efficiency, patient and family friendly, and taking an holistic approach to the role of a hospital in the community.

- **INFANT HEALTH**

Birth weight of babies is affected by the overall health of the mother and her environment, and the quality of and level of access to prenatal care. A low birth weight baby weighs 2500 grams or less and is at greater risk of death within the first month of life as well as increased risk of illness, disability and health problems in later life. On average, during 1996 and 1997, Waitakere City had 64 low birth weight babies per 1000 live births.

Deaths in infancy are recognised internationally as a sensitive indicator of social and economic conditions and the adequacy of health services, and as seen in the graph below, the rate of infant mortality in Waitakere is lower than in Manukau and comparable with the other two major cities in the Auckland Region.



Data Source: Health Information Service

● **SUICIDE**

Suicides and attempted suicides are usually the result of a complex interplay of longer-term risk factors and stressful immediate events. New Zealand has the highest suicide rate in the world for males between 15 and 24 years old according to the Injury Prevention Research Centre at the University of Auckland. While considerable attention has been given to youth suicide in recent years, it is also a concern amongst other age groups. The following table shows the critical age groups for Waitakere City are 15 to 24 years old and 25 to 39 years old.

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**Table 2: Total suicides, by age (1993 to 1997)**

	10-14 yrs	15-24 yrs	25-39 yrs	40-59 yrs	60 yrs and over
Auckland	1	51	91	45	29
Manukau	3	49	47	34	19
North Shore	0	14	32	31	20
Waitakere	0	40	44	22	19
Wellington	0	34	39	36	16
Christchurch	1	79	91	65	33

Data Source: NZ Health Information Service

The following table shows that the total number of suicides in Waitakere City is increasing. In 1997 the problem in Waitakere City was the 3<sup>rd</sup> most serious of the cities in New Zealand.

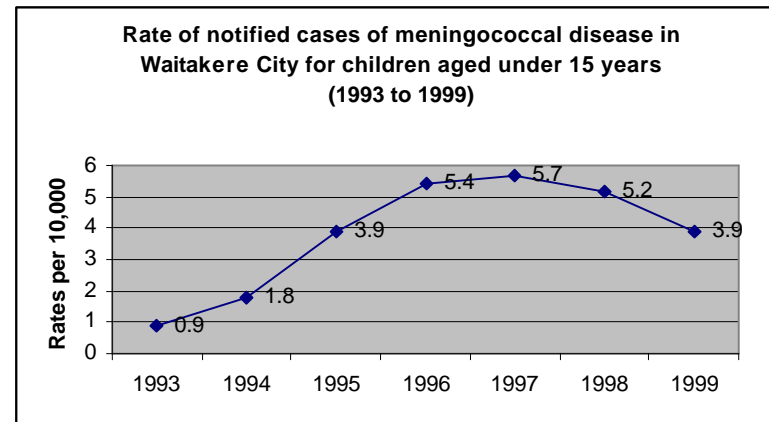
**Table 3: Number of suicides (1993 to 1997)**

	1993	1994	1995	1996	1997
Auckland	42	40	53	36	46
Manukau	21	31	34	39	27
North Shore	9	17	22	24	25
Waitakere	17	19	38	21	30
Wellington	27	23	29	31	15
Christchurch	49	54	50	52	64

Data Source: NZ Health Information Service

● **MENINGOCOCCAL DISEASE**

Household crowding is a significant risk factor for meningococcal disease in children, particularly those aged less than five years. The rate of meningococcal disease in Waitakere City is 3.9 per 10,000 children under the age of fifteen years (1993 to 1999). This is lower than Auckland and Manukau Cities. (Rates have been calculated using 1991 census data for 1993 to 1995 and 1996 census data for 1996 to 1999.)



Source: Environment Science and Research Ltd.

● **PUBLIC HEALTH**

Public health is an important factor in city wellbeing and food poisoning is one of the risks that we can minimise. 92% of food premises in Waitakere City complied with food hygiene regulations at first inspection in 1999/2000 and this is up from 81% in 1998/99.

Swimming pool fencing can contribute to minimising the rate of drowning. A three-year inspection programme has commenced to ensure swimming pool fencing complies with regulations. Of the Waitakere City premises with swimming pools that were inspected in January 2001, 50% complied with pool fencing requirements at first inspection.

## 5. LEISURE

Participation in leisure activities is a significant factor in the health and wellbeing of a community.

78% of Waitakere residents surveyed in 2002 feel that the leisure facilities and activities in Waitakere City meet their needs. (From a telephone survey of a sample of residents in May 2002, with an estimated margin of error of +/- 5%).

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The trend in New Zealand is towards increased informal leisure and recreation and lower participation in formal organised leisure activities. Most of Waitakere City’s community facilities are utilised for informal leisure and recreation rather than organised sport or club activities.

### • OPEN SPACE

Waitakere City is a predominantly urban residential community with a minority of residents living in rural communities along the West Coast. However, due to the presence of the Waitakere Ranges and West Coast beaches and access to parks and community facilities, residents have a ratio of open space that exceeds four hectares per 1,000 people. See the City Form and Design chapter for a map of open spaces, parks and facilities in Waitakere City.

## 6. EDUCATION

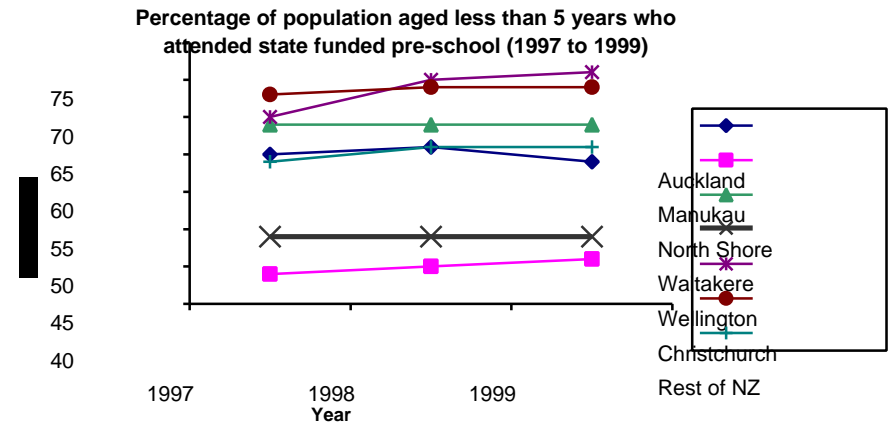
### • A YOUNG POPULATION

In 2001, a quarter of Waitakere’s population was under the age of fifteen and almost 8% was under the age of five. This “baby blip” is the result of the “baby boomers” born in the late fifties and early sixties now having children. The Waitakere City “baby blip” peaked in 1991 and has ongoing implications for

planning education services. For example, the “baby blip” has entered intermediate school in 2001-02 and will enter high school in 2003-04.

### • EARLY CHILDHOOD EDUCATION

The stimulation of learning at an early age has an important bearing on future educational achievement and education and socialisation in the formative stages of growth (up to 8 years old) has a significant effect later in life. Over the period 1997 to 1999, only 50% of children aged less than 5 years attended state funded pre-schools. This proportion is significantly lower than other cities in New Zealand, as indicated in the following graph (Total population figures for the 1997, 1998 and 1999 years are based on medium growth projections calculated by Statistics New Zealand for each year).



Data Source: Ministry of Education

### • SCHOOL DECILE RATINGS

There are strong links between socio-economic status and the level of educational participation and achievement. Over the long term, poor educational performance at school will tend to make it harder for some groups to achieve

good levels of income, with attendant implications for health, housing quality, and eventually the educational outcomes for their own children.

The decile rating of a school is determined by the Ministry of Education and takes account of a number of factors including the socio-economic status of the families of the pupils at the school. A low decile rating indicates a school with a significant number of disadvantaged children (although there may still be many less disadvantaged children at that school).

Children at low decile schools face difficulties other than the level of resources at the school itself. Their families may be disadvantaged and the parents may have difficulty supporting the learning process.

Waitakere City has 57% of children in lower decile (1 to 4) schools in 2002, which is an improvement from 60% in 1999. There may be connections between lower socio-economic status, which is reflected in the school deciles, lower participation in early childhood education, and high levels of school leavers with no qualifications..

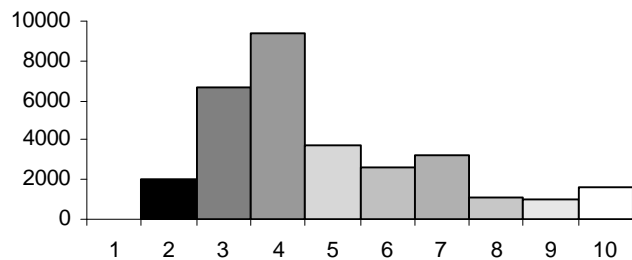
Waitakere City has 60 to 57% of children in lower decile (1 to 4) schools

restrict a person's employability and their ability to generate a liveable income. The trend towards on-going education and life long learning has seen many residents enrol in community education to learn new things. Community education includes post secondary school study, but not study for degree or higher level qualifications<sup>1</sup>. Waitakere City Workers' Educational Association provides information on adult and community education in Waitakere City.

30% of residents attended an education course in the past 12 months.(From a telephone survey from a sample of residents in May 2002 with an estimated margin of error of +/-5%)

Data Source: Ministry of Education.

Decile Rankings of Waitakere City Schools 2002



Data Source: Ministry of Education

• **COMMUNITY EDUCATION**

The shift to a knowledge and information based economy has required people to up-skill and re-skill to meet the needs of employers. No, or low, qualifications can

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<sup>1</sup> Community education data is collected by the Ministry of Education and covers a wide variety of subjects, for example: English for speakers of other languages (ESOL); school subjects, - eg. School Certificate English and Sixth Form Accountancy; art, music and crafts. – eg. Pottery, guitar, carving and photography; business office skills – eg. Word processing and spreadsheets; fitness, sport and recreation – eg. Aerobics and self defence; transport certificates – eg. Defensive driving and boatmasters.

**City Wellbeing**

**C A S E S T U D Y**

**KELSTON SUBURB**

The Kelston suburb is an example of a Waitakere City community working to improve wellbeing outcomes for residents. Kelston has a strong community infrastructure, such as its Pacific Island networks.

The area has a high proportion of Maori (19%) and Pacific Islands (21%) people compared to Waitakere City as a whole, which has 14% Maori and 11% Pacific Islands residents.

Kelston also has a young age profile. According to the Social Deprivation Index, Kelston is a lower socio-economic area with a Deprivation Index Average of 7.2, indicating more areas of high social need (1 being low social need and 10 being high social need).

Notwithstanding, there is strong community ownership of health and education programmes in Kelston. A strong and growing self-help culture has developed as residents have worked with each other and service providers to improve wellbeing in their communities.

In the 1990s, residents have come together to work with schools and other agencies on a range of programmes focusing on the young people in the area.

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These programmes include:

- the Kelston Cluster, a joint schools project;
- a Road Safety project;
- a Home Instructional Pre-school programme (“HIPPY”) for early childhood education;
- Health Promoting Schools; in-house health-related programmes run in the secondary schools;
- a Kelston Youth Worker working with the community;
- the Kelston Trust;
- Kelston Pride Day (involving 500 children from 5 schools, organised by the Kelston Upgrading and Development by Our Schools “KUDOS” in partnership with Keep Waitakere Beautiful and the Council - see below).



**WHAT THE COUNCIL IS DOING:**

The national policy framework is changing, with more chances for local and central government to work with communities to plan and implement services and resources. In Waitakere City, these partnerships can be seen in:

- Wellbeing: the Council facilitates the Wellbeing strategy and process and supports the Community Wellbeing Network
- Education - Council's role with the Waitakere Education Sector Trust; support for a Whare Wananga, and local tertiary education.
- Employment - Council's role on the Local Employment Co-ordination Group and in the Regional Economic Development Strategy
- Health - Council's role in the Waitakere Health Plan and Health Link
- Voluntary sector strengthening - through WADCOSS and the Community Resource Centre.
- Cultural - building on the partnerships in place with Maori (both with iwi and with Te Taumata Runanga) and with the Pacific Islands Advisory Board ;and putting in place mechanisms to involve other ethnic communities in decisionmaking
- Arts - promoting arts and culture and developing events and festivals
  
- The Council works in a collaborative way (the "Waitakere Way") with other agencies such as Sport Waitakere, Waitemata Health, West Auckland District Council of Social Services, Te Whanau o Waipareira, Waitakere City Workers' Educational Association and Enterprise Waitakere, as well as central government agencies to facilitate specific projects such as an Eco Hospital or a tertiary institute that can contribute to wellbeing of residents in Waitakere City.
- The Waitakere City Council contributes to community wellbeing through services such as libraries, community facilities such as community centres, houses and halls, parks, holiday programmes, funding of community groups and regulating and monitoring public health.

- The Council also adopts policies such as First Call for Children and the Leisure Strategy and is currently reviewing its role in housing and developing a Youth Leisure Strategy.

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