

**140**

**YEARS OF SERVICE**

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*140 Years of Making a Difference*

**Anniversary Report**

September 2024



**Presbyterian  
Support**  
Northern

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**Published**

2024

**Acknowledgements**

Presbyterian Support Northern warmly acknowledges those who kindly gave up their time and provided input.

**Conflict of Interest Declaration**

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## Acknowledgements

Presbyterian Support Northern (PSN) would like to express its sincere gratitude to all individuals, organisations, and stakeholders who have contributed to the creation of this report. Your voice, support, insights and collaboration have been invaluable in shaping the message and content of this report.

## Acronyms

CFC - Communities Feeding Communities

IF - Individualised Funding

IPV - Intimate Partner Violence

PiP - Parenting in Prison

PTS - Parenting Through Separation

PSN - Presbyterian Support Northern

SWiECE - Social Worker in Early Childhood Education

SWiS - Social Workers in Schools

YWISS - Youth Workers in Secondary Schools

# Foreword

It is with great pride and a deep sense of accomplishment that we present this report, celebrating 140 years of dedicated service by Presbyterian Support Northern (PSN). Since our inception in 1884, PSN has grown from a small, community-focused initiative into one of New Zealand's largest and most respected health, disability and social service providers. Our journey has been marked by a steadfast commitment to supporting and advocating for the most vulnerable members of our society.

Throughout the years, PSN has adapted and evolved to meet the changing needs of the communities we serve. Our programmes and initiatives have been designed with a focus on community engagement, and empowerment, reflecting our core values and our commitment to honouring Te Tiriti o Waitangi. We have consistently worked towards fostering resilience, inclusion, and dignity, making a significant and lasting impact on the lives of countless individuals and families.

This report offers an overview of PSN's rich history, highlighting key milestones and achievements that have shaped our organisation. It also provides an insight into our current programmes and initiatives we deliver to address pressing community needs. Furthermore, it explores some trends and challenges that lie ahead and outlines our ongoing commitment to addressing these and supporting broader efforts to lift living standards for all New Zealanders.

The reflections and stories shared by our staff, both past and present, are a testament to the dedication and passion that drive our organisation. Their unwavering commitment has been instrumental in delivering high-quality services and in forging the deep connections we have within local communities.

As we celebrate this remarkable milestone, we extend our heartfelt gratitude to all those who have been part of our journey. Your support and collaboration have been crucial to our success and will continue to be vital as we navigate the challenges and opportunities that the future holds.

We invite you to join us in reflecting on our past, celebrating our present, and looking forward to a future where PSN continues to be a beacon of hope and support for those in need.

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# 1.0

## Introduction





# 1.0 Introduction

Presbyterian Support Northern (PSN) is proud to present this report, celebrating 140 years of dedicated service to local communities. This notable milestone offers a chance to reflect on the organisation's rich history. The report will provide a glimpse of past milestones and achievements, an overview of current programmes and initiatives, and an insight into the trends and challenges that will likely impact New Zealand society. It also seeks to reflect the voice of PSN's staff, both past and present, who have kindly shared their reflections and stories. Finally, it is hoped this piece of work will serve as a testament to PSN's long-standing commitment to making a positive impact in local communities.

PSN has delivered practical compassionate support to New Zealanders and their communities for more than 140 years. We remain steadfast in our mission to support and empower individuals and families, striving to make a meaningful difference in the communities we serve.

Thank you for your continued support and partnership as we work together towards a brighter future for all.



**Pam Elgar**

Interim CEO - Presbyterian Support Northern

## 1.1 CEO and Leadership Message

As Interim CEO of Presbyterian Support Northern, I am pleased to present this report as part of our organisation's 140 Year Anniversary. The whakapapa of this organisation is grounded in Duncan Macpherson's quote "with our eyes wide open we seek to do good."

That has meant that we have sought to provide hope for a better life for everyone. We have committed to programmes in response to the needs we have seen at the time and as with all organisations this report charts the changes in our journey and shows the changes in society also.

I am incredibly proud of the legacy that Presbyterian Support Northern has of service to the most vulnerable in our society. I want to acknowledge all past and present staff and board members who have served our communities.



## 1.2 About Presbyterian Support Northern

PSN is the largest of seven Presbyterian Support organisations located around Aotearoa, New Zealand. It aims to support everyone, especially those who are most vulnerable. As a charitable health, disability and social services provider, PSN has brought practical, compassionate support to New Zealanders and communities for 140 years. With approximately 840 staff across 25 services centres, PSN works with communities right across the upper North Island, from Taupō to Whangārei (see Figure 1). The organisation enjoys a long-standing relationship with the Presbyterian Church in New Zealand; however, it remains distinct and autonomous from the church.

PSN is a values-driven organisation dedicated to improving lives through the delivery of high-quality services. It is guided by its vision, mission, and core values. The current 2023-2026 Strategic Plan focuses on six key areas, or pou, which together form the foundation of PSN's wharenuī and holistic approach to community support and wellbeing (see Figure 2). The focus on Te Ao Māori emphasises the importance of honouring Te Tiriti o Waitangi to enhance the wellbeing of Māori communities, which benefits all of society. PSN prioritises a whānau-centred approach, ensuring services are tailored to meet unique community needs through compassion and active listening.



Figure 1 - Geographic boundaries of Presbyterian Support Northern.

The framework underscores the importance of community connection, advocating for partnerships and collaborations to foster trust and engagement. PSN understands that empowered and capable people are crucial and focuses on providing its employees with the necessary support and resources for effective service delivery. It also recognises that wise stewardship and resource allocation can ensure service continuity and innovation. Finally, the strategic framework emphasises giving a voice to marginalised groups, actively advocating for equity and ensuring that all voices are heard and considered in service delivery. The strategic framework provides PSN with a clear pathway for achieving its mission, aligning resources and guiding decision-making to effectively address community needs and drive impactful outcomes.

PSN is a recognised partner of the New Zealand government, health, disability and social sector, and wider community; and is equipped with the infrastructure and expertise necessary to address needs and fill gaps that government services alone cannot reach. It has a well-established network of facilities and programmes, offering comprehensive services that include financial mentoring, emergency refuge, mental healthcare and tailored support for children and families, elderly individuals, people with disabilities, and victims of family violence.

PSN's extensive experience and skilled workforce enable it to implement effective, evidence-informed interventions tailored to the unique needs of various communities. Its ability to deliver high-quality services is bolstered by deep connections within local areas, ensuring that support is both accessible and relevant. This partnership allows the government to extend its reach and enhance the effectiveness of its social support strategies, ensuring that vulnerable populations receive the care they need. By leveraging its resources and expertise, PSN also bridges important service gaps, fostering resilience and promoting wellbeing across New Zealand communities.

## OUR VISION

A better life for everyone.

## OUR MISSION

To enable positive change in our communities by:

- providing high-quality services that achieve results
- working effectively with others
- actively supporting community initiatives.

## OUR PURPOSE

To be there for whānau and communities when they need us. With the goal of together, transforming generations.

## OUR VALUES

### Partnership

We partner with others to bring about change.

### Integrity & Trust

We provide trusted services that achieve agreed outcomes.

### Tangata whenua

We honour tangata whenua.

### Compassion

We act with compassion and respect.

### Hope

We give hope by advocating for a better life.

## STRATEGY

### Te O Māori

In honouring Te Tiriti o Waitangi it is important that we improve things for Māori.

### Whānau Centred

We have a deep compassion for communities and our services focus on client needs.

### Connected to Community

We are part of communities and connect, listen, partner and collaborate.

### Empowered and Capable People

Our staff are vital to our success. We put in place systems and support to ensure they thrive.

### Stewardship

We make wise decisions around resource use to enable service continuity and innovation.

### Voice

We give voice to those who do not have one.

Figure 2 - The vision, values, mission and strategy of Presbyterian Support Northern.

# 2.0

## A Brief History of PSN



## 2.0 A Brief History of PSN

In 1884, Auckland Presbytery responded to the social deprivations of the time by appointing Duncan Macpherson as Auckland's first City Missioner. His vision for transforming society through practical service led to what is now PSN, one of New Zealand's largest social service providers. He served for 30 years, distributing food and clothing to the destitute. He was also a chaplain to the prison, to general and psychiatric hospitals and to seafarers. He was well-known for his energy and cheerfulness and was a tireless door knocker who actively sought out the poor and sick.



Figure 3 - Duncan Macpherson, Auckland's first City Missioner.

When PSN was first established, New Zealand faced an uncertain economy marked by widespread hardship. Letters describe the harsh social conditions that communities endured. The 1880s and 1890s have become known as the 'long depression in New Zealand'

(Phillips, 2015). PSN's archival documents show during the winters there were visible hardship and distress. In addition, alcoholism, poverty, crime, unemployment and domestic abuse were prevalent, while there was little to no social welfare. Support predominantly came from volunteers, wealthy and generous patrons, and donors.

During earlier decades of the 20th century, New Zealand experienced significant events that shaped its society. The 1910s and 1940s were dominated by the impact of World War I and II, which brought economic strain, social disruption and the loss of many lives. Post-war, the country faced challenges such as housing shortages and the need to reintegrate returning soldiers into civilian life. The 1950s saw economic stability and a high standard of living, but also social tensions like the 1951 waterfront dispute and concerns over juvenile delinquency (Ministry for Culture and Heritage, 2017). It also saw Auckland Presbyterian

Orphanages and Social Service Organisation incorporated under the Charitable Trusts Act on 31st March 1954. The 1960s brought rapid urbanisation and industrialisation, influencing family dynamics, and increasing social mobility. Over the decades, the social sector played a crucial role in responding to these challenges by providing essential services and support. PSN offered welfare assistance, housing programmes, and community services to help families rebuild and adapt to changing societal conditions. They addressed immediate needs while also focusing on long-term solutions, such as promoting family stability, financial independence and community wellbeing.

The 1980s and 1990s were characterised by significant economic and social challenges. Archival records detail a period marked by economic upheaval, high unemployment and declining social welfare support. Finance Minister Roger Douglas introduced economic reforms that transformed New Zealand's economy through deregulation, subsidy removal, tariff reductions and privatisation of state assets; however, this caused significant social dislocation and unemployment (Ministry for Culture and Heritage, 2023). In 1991, Finance Minister Ruth Richardson introduced an economic policy package. It aimed to introduce neoliberal reforms that would reduce government spending, promote economic efficiency and create a more market-orientated economy.

The budget included large welfare cuts, labour market reforms and public sector restructuring. This increased pressure on low-income households, already under pressure from rising unemployment and economic restructuring (Waldegrave et al., 2003). In 1994, the movie 'Once Were Warriors' was released, which profoundly illustrated the harsh realities of family violence and struggles within Māori communities, sparking a national conversation about these critical issues (Rakuraku, 2013).

During this period, PSN applied increasingly holistic, inclusive, and community-focused

approaches. Instead of residential care for children, family centres became the preferred method, emphasising support within a family-like environment. Human development courses were introduced to foster personal growth and resilience. The Leslie Centre was at the forefront of the narrative therapy approach, training practitioners, and contributing to publications. Johnella Bird became the director of the Leslie Centre, a Child, Adolescent and Family Community Service run by PSN, and orientated towards developing an innovative family therapy practice that embraced a social justice perspective. During this time, the Family Therapy training programme sponsored leading overseas practitioners, such as Michael White and David Epstein. To address economic challenges, unemployment schemes were established, providing job training and placement services. There was also a notable increase in residential care facilities for older people to meet the growing needs of an ageing population. Youth programmes were expanded to offer educational and recreational activities aimed at guiding young people towards positive futures.

By the 2000s, New Zealand was facing a new set of challenges amidst a backdrop of economic recession and redundancies. Concerns about family values and the breakup of family units became prominent, alongside ongoing issues of alcoholism, drug abuse and crime, while domestic abuse persisted as a critical social problem. The country was now also dealing with a growing number of older people living longer. The records reflect a society in transition, dealing with both economic pressures and changing social dynamics. During this time, PSN increasingly prioritised family and community-centred approaches. Social work played an increasingly crucial role in delivering personalised care and connecting individuals to necessary resources. This included positive ageing initiatives that supported older adults to age well in place, and disability support services that promoted inclusion and independence.

Through the archival documents, it is evident that while the specific challenges have evolved, the underlying issues of economic instability, poverty, alcohol and substance abuse, family violence and loneliness have remained persistent themes in New Zealand's social fabric. Since its early beginnings, PSN has sought to address these challenges and work diligently to meet the needs of communities.

*Human problems sadly seem changeless, although expressed in different ways in different generations and requiring different responses.*

Brian Humberstone  
PSN: A Century of Service 1884-1984

More recently, a Royal Commission of Inquiry has investigated 'The abuse and neglect of children, young people and adults in the care of the State and faith-based institutions'. In July 2024, the Royal Commission released its final Whanaketia report and made 138 recommendations to right the wrongs of the past; ensure the safety of every child, young person and adult in care today; and to empower and invest in whānau and communities. As a provider of care for children and young people, PSN has been directly involved in the Inquiry. During the period of the Royal Commission's investigation (1950-1999), PSN operated orphanages and foster care services. The organisation was devastated to discover that, during this time, some children and young people were mistreated and/or abused. It is heartbreaking that some of these incidents occurred under its care. Abuse and neglect in care does not just harm individuals – it imposes a significant burden on whānau, kāinga and society. The long-term impacts include poor health outcomes, welfare dependence and increased crime rates. To the victims and their families, PSN extends its deepest apologies. The abuse and mistreatment of children, young people, and vulnerable adults is never acceptable; and this certainly does not reflect who PSN is today. As these historical abuses have come to light, PSN continues to work with victims to apologise and support them as best it can. PSN remains committed to ongoing collaboration with the Royal Commission and the victims of abuse to find the best ways of supporting them.

## 2.1 Organisational Milestones

As PSN reflects on its long history, there have been important developments that have shaped its growth, mission and impact. These formative experiences have been instrumental in shaping the organisation seen today, allowing it to expand its reach and deepen its impact over the years. By revisiting recent milestones, PSN can share how it continues to evolve over time, while focused on making a meaningful difference in the communities it serves.

### 2.1.1 Divestiture of Aged Care Facilities

In the early 2000s, PSN made the decision to divest its residential aged care facilities to focus on 'ageing in place' services. The organisation initiated a two-year pilot exploring a new model of restorative home-based support for older people. Trialled as the CommunityFIRST initiative, this new 'ageing-in-place' service (generally understood to mean being able to age 'where you are') was aligned with government strategy, client feedback and growing international evidence about the benefits of positive ageing (Robinson, 2007). It increasingly became viewed as an appropriate and cost-effective method for meeting the care and support needs of an ageing population. In 2004, PSN launched the "Enliven Positive Ageing Services" brand for its new home and community-based support services for older people. These services addressed key needs among the elderly, afforded them greater autonomy and choice, and enabled those with health, disability and support needs to avoid or delay entry into residential care.

### 2.1.2 Merger with Lifeline

In 2016, leading counselling service Lifeline merged with PSN. Lifeline is New Zealand's longest-operating telephone helpline service and is now one of the country's leading support organisations for New Zealanders in crisis. People in crisis need to trust who they reach out to - Lifeline is a well-known, trusted and confidential service. Lifeline counsellors often receive 7000 - 8000 calls per month and process up to 20,000 texts per month from people of all ages and walks of life who are in

crisis or distress. The most common issues people call Lifeline about are loneliness and isolation, relationship difficulties, clinical mental health issues, anxiety and depression, and suicide.

Lifeline counsellors are specially trained in supporting people at risk of self-harm or suicide, the most intensive mental health helpline calls received. Lifeline has not received government funding since 2016, while demand for primary mental health support remains high and increases significantly at times of stress such as the COVID-19 pandemic, severe weather events and the cost-of-living crisis. Lifeline and its teams of full-time and volunteer staff save lives and fill a significant gap in the primary mental health space where people may otherwise simply fall through the cracks.

*With the number of calls continuing to rise, it is essential that Lifeline gets the support it needs to keep answering those calls so we can make sure to support New Zealanders' mental and emotional wellbeing.*

**Dr. Rod Watts**  
Former PSN CEO 2006-2017

### 2.1.3 Merger with Shine

In 2016, Shine merged with PSN, cementing a formal partnership that began in 2011. Established in 1990, Shine is one of New Zealand's leading specialist family violence service providers. Shine brought services that made women and children safer, while also offering programmes to motivate perpetrators to change their behaviour. This complemented existing Family Works services that focused on providing longer-term counselling and social work support for families in crisis. The merger brought together demonstrated family violence expertise, training, frameworks and tools with the infrastructure capacity needed to support the implementation of consistent, high-quality family violence service provision. It also provided access to more comprehensive information on trends, results and client data that could inform the efficacy of new practice models. The merger

has expanded PSN's service delivery with a range of targeted interventions that make a bigger difference where it counts most. Alongside advocacy and direct help for victims of domestic abuse, Shine also runs a programme for people who use violence; the KIDshine programme to help children stay safe and heal; as well as refuge and transitional housing, and a family violence helpline.

#### 2.1.4 Innovative Initiatives to Meet Community Needs

Over the years, PSN has launched innovative initiatives to help address community needs. In 2022, EnlivenPlus was established to provide specialised support for people with dementia, so they could live purposeful and fulfilling lives. The service enabled them to stay engaged, happy, healthy, and connected to their family, friends and community, while also providing respite to family and whānau caring for the person. It sought to equip carers with the necessary tools and knowledge to manage and support those with dementia. It provided the highest levels of care and support from people who truly understood the challenges that can come with ageing, particularly dementia and its complexity. It offered tailored, personalised one-on-one support throughout a person's journey with dementia, starting from their initial diagnosis. It aimed to enable people to remain in the comfort of their own homes for as long as possible.

In the same year, PSN entered into a partnership with Northern Presbytery and set up Communities Feeding Communities (CFC) at a former Presbyterian church site on Dominion Road, Tāmaki Makaurau (Auckland). The project was designed to help the Mount Roskill community achieve food security by providing ongoing, adequate and nutritious food. A pātaka kai (community food pantry) is proving popular and is being filled twice daily. The CFC project aims to provide free food parcels, community facilities and gardens, community activities and events, and workshops and training for local service users. The team builds relationships with key stakeholders such as donors and local schools. A recent project evaluation conducted by PSN's in-house Service Evaluation Team (SET) identified key outcomes that improved cooking and gardening skills, improved mental and physical health, and enhanced social connectedness.

As outlined, Presbyterian Support Northern has a rich history of community service spanning 140 years in New Zealand. Since its inception in 1884, PSN has been dedicated to providing practical and compassionate support to New Zealanders and their communities. Through a commitment to serving whānau and fostering wellbeing, PSN has established itself as a trusted services provider. Over the years, PSN has evolved to meet the changing needs of society, while also ensuring that its programmes and initiatives align with the values of partnership, integrity and trust, tangata whenua, compassion and hope. This longstanding legacy of service underscores PSN's enduring commitment to making a positive impact on individuals, whānau and communities across New Zealand.

*Creating the new social food pantry is part of CFC transitioning away from the traditional foodbank model, where people receive a food parcel, to one where people can select the food they need and buy it at a subsidised rate.*

Anne Overton  
PSN Community Relations Manager



# 3.0

## To Matou Tirohanga Māori - Our Māori Worldview



# 3.0 To Matou Tirohanga Māori - Our Māori Worldview

PSN acknowledges Māori as Tangata Whenua, people of the land, of Aotearoa New Zealand, and recognises Te Tiriti o Waitangi as the nation's founding document, committing to practising the principles of Whanaungatanga, Manaakitanga and Kotahitanga in all aspects of service delivery. Whanaungatanga refers to relationship, kinship, sense of family connection - a relationship through shared experiences and working together which provides people with a sense of belonging; Manaakitanga refers to showing respect, kindness, support and hospitality; Kotahitanga refers to unity, togetherness, solidarity and collective action.

PSN is deeply committed to partnering with Māori to address systemic inequities and injustices. Intergenerational discrimination, suppression of culture and loss of lands has led to the degradation of Māori culture, and many of the socio-economic deficits they face today (Thom & Grimes, 2022). Alienation in their own land has led to the deterioration of Māori cultural identity, knowledge of whakapapa (lineage), understanding of cultural heritage, understanding of tikanga and proficiency in te reo Māori (Thom & Grimes, 2022). The perpetuation of these impacts resulting from colonisation and land confiscation is understood as historical trauma, where experiences are transmitted between generations with high levels of collective distress and loss of wellbeing being the result (Wirihana & Smith, 2014). The accumulative impacts associated with historical trauma on wellbeing have been severe, with Māori suffering from high rates of incarceration, poverty, family violence and trauma, and poor mental and physical health (Wirihana & Smith, 2014). Supporting efforts to address these inequities and disparities will contribute to positive outcomes for Māori and New Zealand society. PSN is dedicated to improving the wairua of Māori, promoting equity and ensuring that our services contribute positively to the lives of whānau, hapū and iwi.

PSN continues to wholeheartedly embrace its own cultural journey and recently adopted a new Māori Development Strategy. It is focused on improving the cultural competency and capabilities of all staff, particularly around Te Ao Māori and Te Tiriti o Waitangi. To foster a safe environment that provides openness and clarity, PSN has recently piloted Cultural Conversations. The aim of these is provide a safe space for brave conversations, to release cultural paralysis and to allow people to ask difficult questions around Te Ao Māori (the Māori world) and Tirohanga Māori (The Māori worldview).

*So, I introduced a practice called 'cultural conversations', which was first piloted in Auckland. So basically, what it was... [..] I would give an article or video to a group, and we would all sit down together and have a conversation about it or about something that it raised. [..] What was great about it was that it built people's confidence.*

Joe Waru  
PSN Kaitohu Matua / GM Maori

PSN’s Kaitohu Matua (General Manager Māori) has been instrumental in guiding this Māori Development Strategy, and supports Kaitakawaenga, Hau Kāinga Rōpū, and kaimahi iwi, hapu and whānau across the organisation, while seeking to connect all PSN staff to other Kaimahi, iwi, hapū and whānau. In addition, Kaitohu Matua holds a deep understanding of Māori and Western worldviews and can help facilitate conversations across the organisation. Kaitakawaenga are now increasingly focused on iwi engagement and helping PSN act as good treaty partners when addressing key needs in local communities. Efforts are also underway to create an online repository or basket of Mātauranga Māori that will be available to all PSN staff. Most recently the ‘He Kete’ educational series has been available to all staff members through the online SkillUp Portal (see Figure 4). It contains three levels of training for staff to enable high quality services to Māori, as well as providing additional approaches to PSN clients. The kete ranges from developing an awareness of Māori culture, values and beliefs to enabling staff to apply Māori models of practice. The intent is to not only raise awareness but give staff the tools to enhance their practice delivery and ability to work with all clients (Māori and non-Māori).

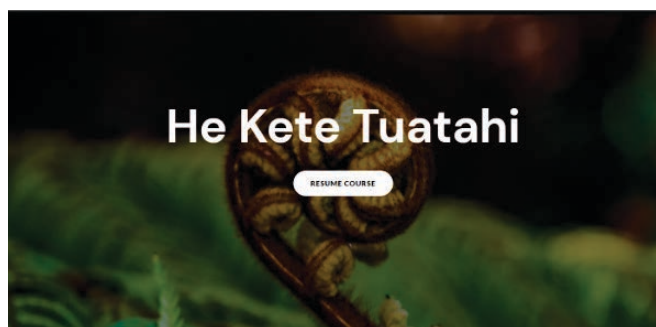


Figure 4 - PSN He Kete SkillUp series.

PSN’s tohu and kōwhaiwhai illustrate the structure and guiding principles of the organisation, emphasising unity and collaboration towards the goal of improving life for everyone (“Tangata Ora te Whānau – A better life for everyone”). Each koru represents a different part of PSN and recognises whakakotahitanga. It is divided into left and right fronds, each representing different groups and elements within PSN. The left fronds include Te Ōhākī (legacy members), Te Mana (PSN Board), Te Kaihautū (leadership), Ringawera (staff), Te Mahere (programmes and practices), and Te Hau (service coverage).

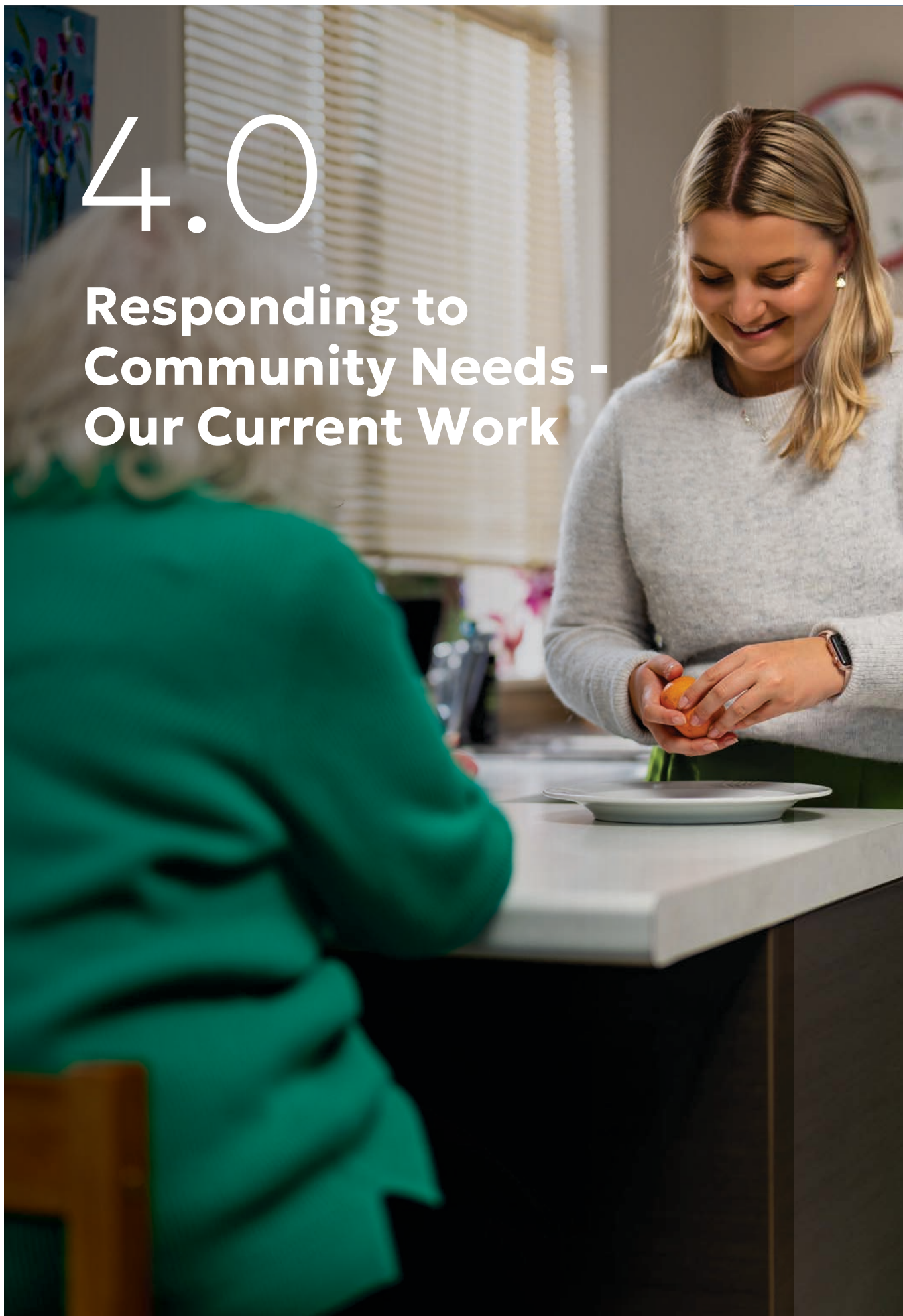
The right fronds recognise contributions from He Tupuna-o te Whānau (involved ancestors), Tangata Whenua (iwi, hapū, and marae), Ona mata (past supporters), Ringawera (current staff), Mokotanga (future staff) and Anamata (futureproofing PSN). At the centre, Te Waiora represents the community served by PSN, symbolising the collective effort to enhance the wellbeing of all whānau. This kōwhaiwhai is an important symbol of PSN’s commitment to collaborative leadership, community involvement and culturally responsive practices.



PSN’s cultural journey is rooted in honoring the principles of New Zealand’s founding document, Te Tiriti o Waitangi, which establishes a partnership between Māori and the Crown. As New Zealand continues to evolve into a growing multicultural society, PSN recognises the importance of effectively partnering with Māori to deliver services that are inclusive, respectful and culturally responsive to all ethnicities in our communities. This commitment reflects a dedication to upholding Te Tiriti o Waitangi, while fostering a more inclusive and equitable society for everyone in Aotearoa.

# 4.0

## Responding to Community Needs - Our Current Work



# 4.0 Responding to Community Needs - Our Current Work

Each year, PSN delivers crucial services and programmes across local communities. Social Services through Shine, Family Works Northern and Lifeline provide support to families and individuals. Health and Disability services through Enliven Home Based Support Services (HBSS), Day Services and Individualised Funding (IF) support older people and people with disabilities. Community Development focuses on building local resilience and capacity (see Figure 5). PSN can meet basic needs and provide acute services, offering clients access through various entry points to receive comprehensive, wrap-around, solution-focused support if needed. This section presents existing services and programmes delivered at PSN. It provides insights into the impact of PSN’s work within local communities, drawing on internal evaluations and research. Additionally, it references relevant literature and reports to contextualise and highlight the importance of this ongoing work.

PSN has around 840 committed staff operating in varying capacities across the organisation. They work collectively to deliver important services and programmes. PSN has many client-facing staff including support workers, social workers, financial mentors, Kaitakawaenga and counsellors (see Table 1). Each staff member is genuinely passionate about making a difference and cares deeply about their local communities and fellow New Zealanders. This is reflected by the fact that every hour of every week, both day and night, PSN is helping those in need. Whether it’s a Lifeline counsellor answering a call at 2:00 am from someone in distress, a support worker making a weekend visit to an elderly person with dementia, a social worker helping a child with anxiety, or a family violence advocate supporting a mother and her children, they all do incredible work making a difference. The work has always been important, but with the rising cost of living, and the lingering effects of the COVID-19 pandemic, PSN’s services have become essential for many people.

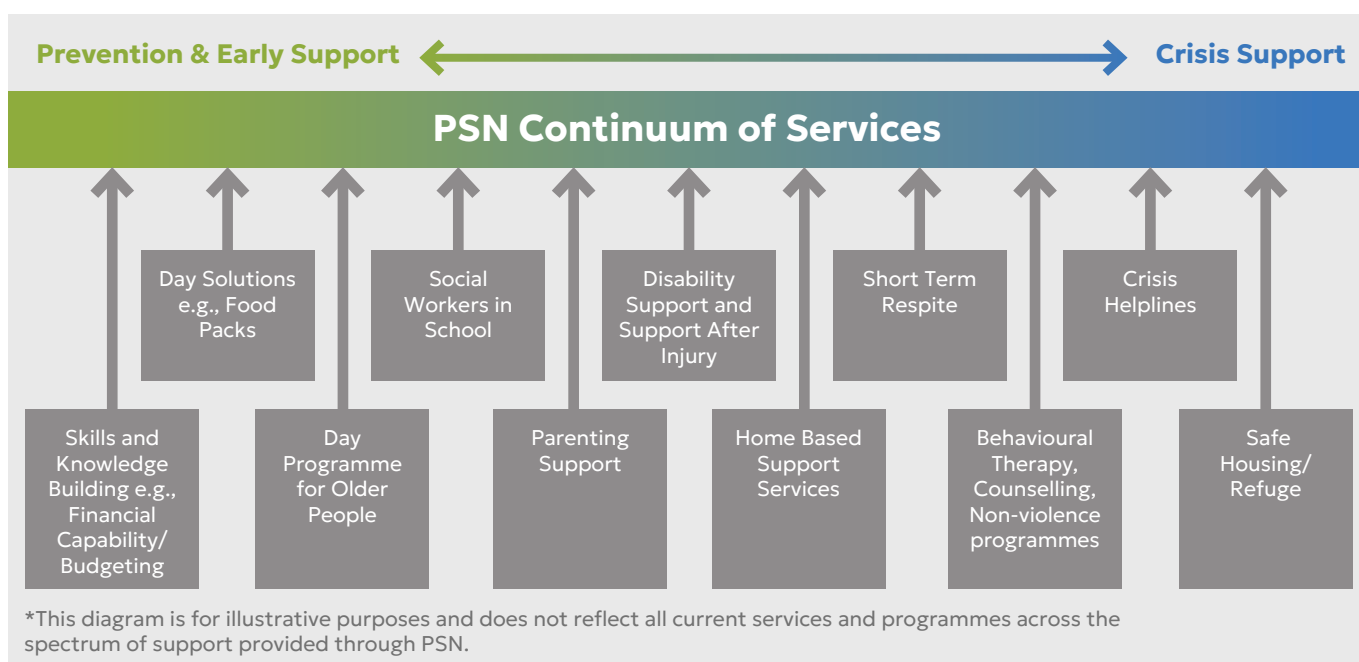


Figure 5 - The spectrum of PSN services and programmes available to individuals, families and communities.

Each year, PSN delivers services that help tens of thousands of people, reflecting the magnitude of the organisation’s support across local communities (see Table 2). Throughout 2024, PSN has continued to provide significant support through programmes and services across Family Works, Shine, Lifeline, and Enliven. It highlights the extensive and comprehensive reach of PSN’s community work, showcasing significant client engagement in key areas such as family support, mental health and counselling, and health, disability and aged care services. Because PSN regularly interacts with communities, it is equipped with an in-depth understanding of their needs and context, providing valuable insights on what is happening in local communities.

## Client Facing Roles

Disability Support	Counsellor Therapist
Solutions Support Worker	Family Worker
Kaitakawaenga	Helpline Counsellors
Educator/Trainer	Support Worker
Refuge Coordinator	Social Worker
Programme Facilitator	Family Support Worker
Advocate	Youth Workers
Financial mentor	Youth Mentors
Phone Support	Family Carer
Physiotherapist	Occupational Therapist
Children Safety Programme Practitioner	Service Co-ordinator

Table 1 - Overview of some client-facing roles at PSN.

## Performance Indicators

FY2024

### Social Services - Direct support of whānau & Individuals (Family Works Northern, Shine and Lifeline)

Number of individuals & whānau supported through school-based interventions <sup>1</sup>	2,939
Number of individuals and whānau supported to be safe from family violence	2,335
Number of groups/programmes delivered	433
Number of people supported through other interventions <sup>2</sup>	3,337
Number of individuals supported through tele counselling	62,781
Number of Lifeline texts received and sent	241,086
Number of budgeting service sessions	952
Number of food parcels picked up	2,320
Number of kai boxes and fresh produce packs	4,186

### Health & Disability – Support for older people and people living with disabilities (Enliven Home-based Support Services, Day Services, and Individualised Funding Service)

Number of hours of care provided for home-based services	512,069
Number of people supported through day services & home-based services	3,783
Number of individualised funding clients supported	2,671
Number of attendees to day services programmes <sup>3</sup>	19,323

### Community Development - Building resilient communities

Number of people that attended organisations and individual training workshops	2,583
Number of organisations that received training	42
Number of Shine Respond training workshops	87
Number of Lifeline Connect training workshops	26
Number of Shine DVFree training workshops	60
Number of people supported or engaged at Communities Feeding Communities	10,481

Table 2 - Summary of PSN performance for the service period June 2023 to July 2024

<sup>1</sup> School-based group attendees may be counted twice if they also engaged in individual case work.

<sup>2</sup> Shine clients who received ‘other services’ may have also received ‘safe from violence service’ and could be counted twice.

<sup>3</sup> Attendee numbers present the total number of sessions clients attended.

## 4.1 Family Works Northern



### 4.1.1 Service Overview

Family Works Northern (FWN) helps build safe, strong and connected whānau. Its social services help children, young people and families feel supported and included in their communities. Skilled staff and practitioners journey alongside a diverse range of communities, families and individuals that are facing an array of challenges, including access to food and housing, safety concerns, family violence, anxiety, health issues, and overall wellbeing (see Table 2).

FWN approach is centred on recognising and nurturing the unique strengths and potential in each individual. FWN applies established programmes, practices and approaches to support clients. Staff and practitioners on the ground support and advocate for their clients. These tireless efforts result in many clients overcoming their challenges and becoming stories of success.

<b>Service and Programmes</b>	<b>Description</b>
<b>Counselling for children and young families</b>	Support children, young people and families through difficult situations.
<b>Restore</b>	Helps children feel safe at home and support those affected by family violence.
<b>Parenting through Separation</b>	Help children as their parents go through a separation process.
<b>The Incredible Years</b>	Parenting support and training for those with children between ages of 3-8 years old.
<b>Women Against Violence Education (WAVE)</b>	Support programme for women experiencing family violence. Help implement steps to break free and keep family safe.
<b>Family Start</b>	Support to help parents overcome challenges and give their children the best start to life.
<b>Social Work Support</b>	Social Work Support services for families confronting issues.
<b>Social Workers in Early Childhood Education (SWiECE)</b>	Pilot programme focused on supporting families with children between 2-5 years old.
<b>Social Workers in Schools (SWiS)</b>	Social workers support children and families in years 1-8.
<b>Youth Workers in Secondary Schools (YWiSS)</b>	Provide support to year 9-10 students to help them re-engage in their schools.
<b>Parenting in Prison (PiPs)</b>	Support parents improve their parenting skills while they are in prison or on probation, and to communicate better with their children.
<b>Financial Planning and Budget Advice</b>	Budgeting services that provide free advice and intensive support to help individuals manage debt and improve their financial independence.

Table 3 - Selection of services and programmes offered through Family Works Northern.

### 4.1.2 Supporting Families and Children

Families and children are an integral part of any community. By meeting the needs of all families and whānau members, supporting healthy parent-child relationships and promoting protective factors for a child’s wellbeing, support services help to improve outcomes for parents and children while also preventing problems for future generations. Support services are critical because they have the potential to facilitate the intensive interventions required by the most vulnerable families and children. Families can make mistakes and fall short of what may be best for their children, but family care, even with its shortcomings, is by far the best way to nurture children and develop their capabilities (Desmond et al., 2022). In some situations, families may not be able to provide the necessary care to their children.

This situation could be the result of substance abuse, mental health challenges or domestic violence (Desmond et al., 2022). When family function is compromised, adverse experiences

accumulate, and child development may be affected. The consequences of which can extend to future generations, as children later become parents themselves (Patton et al., 2016).

### 4.1.3 Work and Evidence

FWN offers a comprehensive array of services and programmes designed to support and empower individuals and families within the community. FWN has many different points of access and can provide wrap-around support where required. These can be accessed individually or simultaneously depending on client needs. Community outreach and advocacy efforts ensure that vulnerable populations have access to the resources and support they need. Family therapy and youth services address the emotional and psychological needs of families, while parenting education programmes provide caregivers and whānau with the skills and knowledge necessary to foster healthy family dynamics. Social work services



offer critical support for navigating complex social and health issues, and family violence prevention and safety initiatives work to protect individuals from harm and promote safe environments. Financial mentoring programmes assist individuals in achieving economic stability and independence. Parenting in Prison programmes can help individuals build the skills needed to parent effectively. Support in schools, including social workers and counsellors, addresses the social, emotional and academic needs of students. Finally, FWN's counselling services provide a safe space for individuals and families to discuss and work through their personal challenges. Collectively, these services create a robust support network that can enhance the wellbeing and resilience of the community.

#### **4.1.3.1 Supporting Children and Youth in Schools**

School social work is a rapidly growing specialist service around the world that provides a crucial link between school, students, their families and the wider community (Ding et al., 2023). The school-based early intervention services function by helping children, youth, families and teachers address mental health and behavioural problems; improving social-emotional learning; promoting a positive learning environment; maximising students and families' access to school and community resources (Ding et al., 2023).

In New Zealand, Social Workers in Schools (SWiS) is a community social work service delivered in primary, intermediate and composite schools, and Kura Kaupapa Māori. Schools are provided with a social worker based on the needs in the school's community. Social workers work with children, their families, whānau and schools to help protect vulnerable children and develop plans to improve their safety, wellbeing and educational outcomes. The SWiS programme aims to see safe, healthy and socialised children, who have a strong sense of identity, and are fully engaged in school. Services provided by social workers include individual case work, as well as group-based programmes for children and parents. School programmes cover wellbeing, anti-bullying, improving resilience and overcoming anxiety, and facilitate access to Family Works counselling services. During FY2023/24, PSN reported 64 social workers across 131 schools and four youth workers across seven schools. In total, school-based interventions supported 2939 individuals and whānau.

Social workers, collaborating with parents and service providers, can play a significant role in supporting vulnerable children to gain an optimal start to life (Azzi-Lessing, 2010). Early intervention builds on the understanding that foundations for successful development are established in early childhood (Duncan et al., 2023), and can support cognitive development, complex emotions, social skills and relationship building, and learning capabilities (Azzi-Lessing, 2010).

In addition to the SWiS service, in 2019 PSN piloted a Social Worker in Early Childhood Education (SWIECE) service in Kawerau, a small town with a population of just over 7000. The SWIECE service filled an important gap in early intervention services and focused on working with children between the ages of three and five bridging Family Start and SWiS services. In 2021, the service was evaluated and found to be an innovative intervention that ensured families who required extra support were not missed between pre-school age and primary school. The service supported families in the wider Bay of Plenty area and had a positive impact on the lives of children and their families.

#### **4.1.3.2 Parenting Programmes**

Supporting parents in their caregiving role is essential for ensuring the wellbeing and future success of both children and families. Parenting programmes are important tools that can equip parents with the skills and knowledge needed to foster their children's healthy development (Butler et al., 2020). PSN offers several parenting programmes including Parenting Through Separation (PTS), Incredible Years, and Parenting in Prison (PIPs).

#### **4.1.3.3 Financial Mentoring and Budget Advice**

Over the past 35 years, PSN has significantly evolved its financial assistance and budgeting services to adapt to changing economic conditions and the growing needs of the community. Initially, the budgeting service supported 112 clients with a team of four budgeters, relying on manual processes and carbon paper. The service has since expanded, and in FY24, it worked with 952 clients, 96% of whom reported being satisfied with the service. It is now staffed by two budgeters, four budget advisers and includes a comprehensive financial mentoring service.

Programme	Description
<b>Parenting Through Separation</b>	This programme supports parents going through separation or divorce, providing practical advice and strategies to manage emotional and logistical challenges, focusing on minimising the impact on their children. It covers topics like effective communication, co-parenting arrangements, and maintaining a stable environment during this transitional period. PSN regularly collects data from clients, which shows they are equipped with skills and tools for positive co-parenting. Clients found the programme helped reduce the negative effects of separation and taught them how to be better co-parents.
<b>Incredible Years</b>	This programme is part of a broader series of evidence-informed programmes for parents, children, and teachers, supported by over 30 years of research (Whāraurau, 2024). It includes training for parents, teachers and children to promote positive parenting practices, enhance child behaviour, and prevent and treat behavioural problems. In 2021, PSN evaluated the programme and found clients had very positive experiences and improved parenting abilities. It found 90% were satisfied with their child’s progress, while 99% would recommend the programme to others.
<b>Parenting in Prison (PiPs)</b>	This programme aims to maintain and strengthen the parent-child relationship during imprisonment. It provides parenting education, support and resources to help incarcerated parents develop effective parenting skills, improve their understanding of child development and prepare for reintegration with their families post-release. PiPs addresses the unique challenges faced by incarcerated parents and strives to mitigate the negative impacts of parental incarceration on children. The programme is offered in both prison setting and community settings.

Table 4 - Parenting programmes offered through Family Works Northern.

The Total Money Management (TMM) and budgeting service is designed to assist individuals who do not have or cannot manage a bank account, and who are experiencing increased levels of hardship. The tailored services help clients gain control over their finances, reduce debt and improve their overall financial stability.

Many clients are wage earners struggling to cope with the high cost of living and increased mortgage rates, often due to poor financial choices or a lack of budgeting skills. The team works closely with several organisations, including the Auckland City Mission, Lifewise NZ, Kāinga Ora and Emerge Aotearoa Trust Housing to provide holistic support.

PSN also focuses on advocacy for vulnerable clients, including those who are not literate or are susceptible to exploitation due to health issues, such as mental and physical disabilities. The service ensures these clients are protected and their financial lives are stabilised. Additionally, the TMM service assists individuals transitioning from mental health wards or prison, helping them to reintegrate into society and regain control over their finances. By providing tailored financial services and advocacy, PSN has significantly improved the financial stability and quality of life for many clients, continuing to make a meaningful impact in the community.

## Family Works Impact

### Stories and Testimonials

*I initially started working with a six-year-old boy that faced neuro-diverse challenges. His mother also confronted neuro diverse challenges, while also growing up in a household that had lots of family violence. [After this initial interaction with Family Works Northern], they went away and ended up coming back when he was 12-years-old. He was suffering from severe anxiety that was taking over his life. He didn't want to go to school as he was perspiring so much that his clothes would become wet. He was becoming socially isolated. A lot of counselling was done and [we] applied a family-based approach. We got him some additional funding that enabled him to get some new clothing. As a result, he went from attending school a third of the time [last year] to not missing a single day this year.*

Family Works Northern  
Counsellor

*I think we got a lot more help once our social worker jumped onboard. When the social worker jumped on, we found all these other parenting groups. It's really nice [...] just to know parents that have kids on the spectrum. Hearing that [we're] not alone with the struggles we have. At the kindy, there are a lot of other autistic kids. And our social worker's like 'oh, well you and this parent are going through the same thing. And you could benefit from talking to each other!' It's nice to have her there [...] as a support person. She goes above and beyond. I think she's made us calmer too. [She has helped us to] understand that we're not horrible parents, it's just that [...] is going at her own pace. Yeah, just encouraging us that we're doing the best we can. And we are actually achieving goals, even though we think we're not.*

SWiECE Client

## 4.2 Shine



### 4.2.1 Service Overview

Shine is a specialist family violence service provider that supports and advocates for people living with family violence. Shine is an acronym that stands for Safer Homes in New Zealand Every day. The organisation helps thousands of adults and children who have experienced violence to feel safer through safety planning, advocacy,

and refuge safe houses. It also works with the perpetrators of violence to facilitate positive behaviour change. Shine strives to implement best practices and evidence-informed programmes, supporting efforts in community professional training through Shine RESPOND, as well as the DVFREE Tick accreditation for workplaces.

Service and Programmes	Description
Shine helpline	A confidential helpline free and accessible 24/7 via phone or live webchat.
Advocacy	Advocate for family support, safety and wellbeing.
KIDShine	A structured intervention service for children traumatised from experiencing or witnessing serious family violence. Focus is on increasing their safety and wellbeing.
Safety programmes	Support the safety of protected people and their children, and provides them with strategies for dealing with family violence.
Safe housing	Emergency accommodation for women who want to leave an abusive partner, but don't have a safe place to go.
Non-violence programmes	Supporting people to change their behaviour and develop the insight and skills they need to maintain respectful, non-violent relationships.

Table 5 - Shine services available to communities.

## 4.2.2 Addressing Family Violence

Global trends show family violence remains a critical issue affecting millions worldwide, with significant social, economic, and health implications. According to the World Health Organisation (WHO), approximately one in three women globally have experienced physical or sexual violence by an intimate partner, underscoring the pervasive nature of this issue (WHO, 2024). Family violence is not confined to any single region or culture; it is a universal problem that transcends borders, affecting individuals across all demographics. Addressing family violence is crucial due to its profound and long-lasting impacts on victims, including physical injuries, mental health disorders, alcohol and substance abuse, and economic hardships. Effective intervention is essential to break the cycle of violence and provide support to victims and their families. Comprehensive strategies that integrate legal protections, social services and healthcare interventions have been shown to be the most effective in mitigating the effects of family violence, and preventing its recurrence (García-Moreno et al., 2015).

By prioritising the eradication of family violence, societies can foster safer, healthier and more equitable environments for all individuals.

Violence within families and relationships is a widespread problem in New Zealand. Family violence impacts all sections of society, but disproportionately impacts women, children and young people, Māori, Pasifika, people with disabilities, older people, rainbow communities and ethnic communities. Family harm reports have almost doubled in the past decade – from 102,888 in 2013 to 191,640 in 2023. Police respond to 22 family harm events an hour each day, on average, of the 460 total reports each hour of every day (Steele, 2024). The State of the Nation Report released by the Salvation Army observed an increase in family harm investigations over the period between 2018 and 2023 (see Table 5). This could be attributed to COVID-19 but also other factors such as the Family Violence Act 2018 and Te Aorerekura, which created new offences and increased reporting opportunities so that there could be support provided to victims (Barber & Ika, 2024).

	2019	2020	2021	2022	2023	1Y Change	5Y Change
<b>Crime</b>	39,931	54,378	61,885	67,218	72,027	7.20%	84.9%
<b>Non-crime</b>	103,300	113,169	105,052	108,391	105,521	-2.60%	22.40%
<b>Total</b>	<b>143,231</b>	<b>167,547</b>	<b>166,937</b>	<b>175,609</b>	<b>177,548</b>	<b>1.10%</b>	<b>41.80%</b>

Table 6 - Family harm investigations over the period 2019-2023 (Barber & Ika, 2024).

The most recent New Zealand Crime and Victims Survey, which annually gathers data on New Zealanders' experiences with crime, found that 24% of New Zealand women have experienced intimate partner violence at some point in their lives (Ministry of Women, 2023). In addition, those experiencing IPV seem to be increasing, as 2021 University of Auckland research highlighted that controlling behaviour increased between 2003 and 2019 (from 8.2% to 13.4%), and economic abuse doubled in the same time period (from 4.5% to 8.9%) (Ministry of Women, 2023). The lockdown periods and the social and economic impacts of the COVID-19 pandemic increased women's exposure to abusive partners, exacerbated existing risk factors and restricted their access to essential services. In a 2014 report, 'Measuring the Economic Costs of Child Abuse and Intimate Partner Violence to New Zealand', family violence was estimated to cost the country between \$4.1 and \$7.0 billion NZD each year (Ministry of Women, 2023). These concerning trends highlight the need for robust intervention and support services for victims and survivors of family violence in New Zealand.

#### 4.2.3 Work and Evidence

Shine aligns closely with Te Aorerekura - National Strategy and Action Plan and provides a range of effective, practical and innovative services to help combat and stop family violence in New Zealand. It also supports victims and survivors. Shine applies a trauma-informed approach and is focused on understanding what has happened to an individual and their whānau, rather than emphasising what is wrong with them. It recognises that trauma is often compounded by structural inequities, including economic disparities, lack of access to resources and systemic discrimination, which can exacerbate stressors and contribute to cycles of violence (Pihama et al., 2019; Wathen & Mantler, 2022; Wirihana & Smith, 2014). Intergenerational trauma, stemming from historical injustices, e.g. colonisation and land-confiscation, and experiences of violence passed down through generations, plays a significant role in shaping individuals' behaviours and relationships within families (Pihama et al., 2019).

Shine supports those living with family violence and their families through safe housing, adult and child safety programmes, and advocacy. Over 2022/23, 73 women and children stayed in Shine

refuges. This provided short-term accommodation for women and their children at risk of further harm from an abusive partner, and provided them with warmth, shelter and safety. Domestic violence shelters play a critical role for survivors and lead to a range of positive outcomes for families (Stylianou & Hoge, 2021). Over 2022/23, Shine also supported over 1628 individuals and whānau to be safe from family violence. Effective interventions are crucial for the wellbeing of children and families, and minimising adverse outcomes.

Shine also offers programmes that work with perpetrators of family violence. Their primary aim is to stop or reduce family violence and further harm to victims, while they also seek to increase respondent accountability, and challenge their behaviour and actions. The programmes look to break the cycle of violence, so that future generations do not use violence on their future partners and children. Shine provides the 'No Excuses' programme, a free, positive change programme for individuals who have committed family violence. It motivates and supports participants to alter their behaviour, helping them develop the insight and skills necessary to sustain respectful, non-violent relationships. To end violence against women and children, there must be continued focus on holding perpetrators accountable; and building evidence-informed interventions that give rise to positive behaviour change.

In response to the Ministry for Social Development's (MSD) Whānau Resilience initiative, PSN designed a service to address a gap identified through working with clients. In FY24, it supported 25 clients through the initiative. The programme focused on tāne that used violence and sought to extend upon the 'No Excuses' behaviour change programme. The main objective was to support tāne to understand the impacts of violence on tamariki, and help them become better parents through increased knowledge, skills and motivation. PSN's Service Evaluation Team evaluated the programme, finding it had increased client's understanding of the impact of violence on tamariki; enhanced skills for safe and respectful parenting; and improved motivation and confidence in addressing their own problematic behaviour.

The KIDshine programme is another innovative service designed to support children who have

witnessed or experienced family violence. This programme is unique in its child-centered, family violence informed and culturally sensitive approach, offering specialised intervention care that addresses the emotional and psychological needs of young victims. By providing tailored therapeutic interventions and support, KIDshine helps children process their experiences in a safe and nurturing environment, fostering resilience and recovery. The programme's integration of education, therapy and family support sets it apart, ensuring a holistic response to the complex challenges faced by these children. KIDshine's importance lies in its ability to break the cycle of violence, promote healing and empower children to build healthier futures, making it an essential service in the community.

## Shine Impact

### Stories and Testimonials

*They were like, you know, young dads need to hear this, you know, there's nothing for us tāne out there. And they're absolutely right.*

Shine Whānau  
Resilience Facilitator

*I've been searching for something for a long time... having to find the right one for my life and my family... It's been, yeah, a long time coming.*

Whānau Resilience Client

*When I got to the Shine refuge with my boys, I felt an enormous weight lift off me. I realised how much anxiety and fear I had been carrying around for so long. Shine helped me get a protection order and parenting order. Within days, I began sleeping and eating normally again.*

Shine Refuge Client

## 4.3 Lifeline



### 4.3.1 Service Overview

Lifeline provides personal and telephone counselling to those in need. Lifeline was founded in Sydney, Australia, in 1963 by the late Reverend Dr Sir Alan Walker after he received a call from a distressed man who later took his own life. Determined not to let isolation and lack of support be the cause of more death, he launched a crisis support line after two years of planning and preparation.

Over the past 60 years, Lifeline has become one of New Zealand's leading mental health support organisations. It has over 100 trained volunteers and staff, and has four different helplines. The Lifeline helpline responds to issues including loneliness and isolation, relationship difficulties, clinical mental health issues, anxiety and depression, and suicidal ideation. Lifeline provides a 24-hour service for New Zealanders during moments of distress and fear.



Services	Description
<b>Lifeline Helpline</b>	A 24/7 service available to assist with emotional issues resulting from anxiety, depression, relationships, family problems, abuse, and stress related to work and financial issues.
<b>TAUTOKO Suicide Helpline</b>	A 24/7 service operated by trained and experienced social service practitioners who have undergone suicide prevention training.
<b>Warmline Auckland</b>	Warmline is a peer support helpline for people who use Te Toka Tumai Auckland mental health services.
<b>Parent Helpline</b>	Support and advice on all parenting issues.

Table 7 - Services provided through PSN's Lifeline service.

### 4.3.2 The Role of Helplines in Mental Health

Global mental health trends indicate a significant and growing burden of mental health disorders worldwide, underscoring the need for comprehensive and integrated approaches to mental health care. Depression remains the leading cause of disability affecting over 970 million people globally (Moitra et al., 2023). According to recent estimates, more than 13% of adolescents globally have a mental disorder, with common mental disorders such as anxiety and depressive disorders comprising about 40% of mental disorders (Moitra et al., 2023). Mental health helplines play a crucial role in addressing global mental health challenges by offering immediate, accessible and often lifesaving support to individuals in distress (Brühlhart et al., 2021). Existing research has suggested helplines could help reduce suicide rates (De Leo et al., 2002). These helplines provide a confidential and anonymous first point of contact, helping to reduce the stigma associated with seeking help. Available 24/7, they ensure support at any time, which is vital during periods of acute stress or emergencies. Trained professionals and volunteers offer emotional support, crisis intervention and guidance on accessing further services, helping to de-escalate crises and connect individuals with long-term care (Brühlhart et al., 2021). Helplines can be especially valuable in areas with limited mental health resources. Helplines provide essential support where geographic, financial or systemic barriers exist. By bridging gaps in care and offering immediate support, helplines are key to improving global mental health outcomes.

### 4.3.3 Work and Evidence

New Zealand is currently confronting significant mental health trends, with particularly concerning rates of suicide and depression amongst adolescents. Research from the Mental Health Foundation (MHF) identified high levels of distress, depression, stress and suicidality, especially amongst those aged 18-34 (Wilson, 2022). It found that 73% of young people felt stressed to the point they could not cope; 63% felt sad or hopeless almost every day for two weeks; 51% felt stressed to the point they could not go to work; and 40% felt suicidal or considered self-harm (Wilson, 2022). In the year 2022/23, there were 565 suspected self-inflicted deaths in Aotearoa New Zealand, while the age-standardised rate was 10.6 per 100,000 population (Te Whatu Ora, 2024). Males are twice as likely to die by suicide than females, while rates of suicide are significantly higher for Māori communities than non-Māori communities (see Table 7). UNICEF reported New Zealand's youth suicide rate is the second worst in the developed world at 14.9 deaths per 100,000 adolescents (UNICEF, 2020). This rate is more than twice the average of the 41 OECD countries surveyed (6.5 deaths per 100,000 adolescents) (UNICEF, 2020). New Zealand's parliamentary service highlighted protective factors that reduced the likelihood of suicide, including good whānau and family relationships, stable employment, secure cultural identity and access to support and help (New Zealand Parliament, 2022).

Staff and volunteers respond to calls made to the Lifeline helplines. Over FY23/24, the Lifeline helpline supported 44,498; Tautoko supported 3,201; Parent Helpline supported 1,814; and Warmline supported 2,959. Over this period Lifeline as a whole supported 52,472 individuals through tele-counselling, while it also received and sent 241,086 text messages. On a daily basis it also supports individuals perceived at a high risk of self-harm or suicide.

Lifeline prioritises compassion and empathy to ensure each caller feels they're talking to someone who understands their feelings and emotions. Loneliness and isolation remain consistent reasons for people getting in touch with Lifeline. They often feel unable to connect or talk with those around them about what's really going on in their lives. Lifeline plays a crucial role helping vulnerable people and in supporting broader mental health services in New Zealand.

Group	2017/18	2018/19	2019/20	2020/21	2021/22
Māori	20	18.8	21	17.6	15.9
Pacific	8.5	8.1	8.1	5.8	9.9
Asian	5.1	4.6	4.7	6.5	3.8
European /Other	13	12.8	13.5	11.8	10.1
<b>Overall</b>	<b>12.7</b>	<b>12.2</b>	<b>12.9</b>	<b>11.3</b>	<b>10.2</b>

Table 8 - Suspected suicide rates per 100,000 for ethnicities in Aotearoa New Zealand (Mental Health Foundation, 2024).

## Lifeline Impact

### Stories and Testimonials

*A young woman called Lifeline from the top of a carpark building, feeling hopeless and suicidal. Having recently lost a relative and facing academic struggles, she felt alone and desperate. A Lifeline counsellor reassured her and coordinated with the police, who arrived just in time to provide necessary support.*

PSN Lifeline Counsellor

*It felt like I could finally open up to someone after not being able to... Thank you very much for listening when it has felt like no-one has been there.*

PSN Lifeline Caller

## 4.4 Enliven



### 4.4.1 Service Overview

Enliven was established in 2002 to provide services for older people and offered a different approach in the form of restorative home support. The approach focused on involving people in their own care and support, as opposed to simply undertaking tasks for the person. Enliven now works to maximise the independence of not only older people, but also those with disabilities or injuries. It provides a diverse range of home-based support and community-based services, with the aim to enable people to remain in their own homes, promote wellbeing and support connection with their communities (see Table 8).

Recognising the diverse needs of people of different ages and circumstances, Enliven remains committed to providing services that maximise independence and quality of life, while reducing the need for support whenever possible. Enliven uses Te Whare Tapa Whā health model which describes health and wellbeing as a whareniui (meeting house) with four walls. The concept is that when all these aspects of life are in balance, people thrive. When one or more of these is out of balance, wellbeing is impacted. Enliven applies this model when working with clients.

<b>Service and Programmes</b>	<b>Description</b>
<b>Home based support</b>	Offers high-quality support to meet clients' needs and goals and help them to live independently in their own homes.
<b>Disability support</b>	Provides home support for people with disabilities, no matter their age or level of care required.
<b>Transition services</b>	Helps with moving back home after being in a rest home or hospital.
<b>Dementia support</b>	Provides essential care for those with dementia.
<b>Community day services</b>	Provides elderly people with social outings and connection.
<b>Individualised funding</b>	Offers a way of paying for disability support services.
<b>Enhanced Individualised Funding</b>	Is a way of paying for disability support services and allows clients to organise support in a way that works for them.
<b>Respite care</b>	Care for those with disabilities or dementia takes lots of time and energy. The respite care services give carers a break.

Table 9 - Services and programmes offered through Enliven health and disability service.

Key elements of support include goal facilitation with individuals and their families, as well as personalised plans based on client preferences. Service delivery is underpinned by a strong emphasis on training and mentoring support workers, along with professional development for service coordinators, such as registered healthcare professionals. Over time, Enliven's services have expanded to encompass support for disabled individuals and those with injuries.

#### 4.4.2 Supporting Older People and those with Disabilities and Injuries

Existing research strongly supports the necessity of the services provided through Enliven. Enliven's home-based support services can assist a broad range of people and enables individuals to live independently in their own homes, which has been shown to improve health outcomes and reduce hospital admissions (Genet et al., 2011). Individualised funding empowers individuals by allowing them to tailor services to their specific needs, enhancing satisfaction and care outcomes (Fleming et al., 2019). Community day services provide essential social interaction and activities, which can significantly reduce feelings of isolation and improve mental health. Specialised dementia care is critical for managing the unique challenges associated with dementia, with evidence indicating that tailored dementia care programmes can

delay institutionalisation and improve quality of life. Respite care is vital for supporting caregivers, offering them relief and reducing the risk of caregiver burnout, which is crucial for maintaining the sustainability of home-based care (Jeon et al., 2005; Shaw et al., 2009). Collectively, these services are indispensable for fostering a supportive and inclusive environment for elderly, disabled and injured individuals.

#### 4.4.3 Work and Evidence

##### Home Based Support Services

Home-based support services (HBSS) offer crucial support for older people, people with disabilities and those with injuries to maintain their independence, dignity and quality of life. The services are designed to build resilience in day-to-day living, consider social, cultural and emotional needs, and practical everyday requirements. In-home support can be short-term or 24/7 for more complex clients, and includes personal care, household management, exercise programmes and opportunities for social connection. Support workers have NZQA qualifications in home and community support and are themselves supervised by healthcare professionals.

HBSS helps foster a sense of security and familiarity, enabling individuals to be independent and stay connected with their local communities.

In 2023, PSN's Service Evaluation Team (SET) surveyed HBSS clients. It found they enjoyed the helpful, friendly and supportive staff, assistance with household tasks and personal care, and believed there had been significant improvements in their wellbeing. Clients expressed great satisfaction with the service and a willingness to recommend the service to others.

Research indicates that social engagement and maintaining autonomy are linked to lower rates of depression and anxiety, significantly improving mental health and reducing feelings of loneliness (Beswick et al., 2010). Physical health benefits are also evident. For example, staying active and involved in community activities enhances physical health and mobility, reducing the risk of chronic diseases and physical decline (Beswick et al., 2010). Furthermore, staying connected with the community strengthens social bonds and provides essential emotional and practical support, which is crucial for cognitive health and can delay the onset of dementia. Home-based care and community support services are often more economical than institutional care, leading to significant savings for both individuals and healthcare systems (Curioni et al., 2023).

### **Day Services**

A key programme of Enliven's Day Services is its personalised activity initiative, developed in collaboration with clients to promote social interaction and community engagement. The services delivered through Enliven are targeted towards older people and those with disabilities or injuries. Stimulating activities encompass gardening, singing and dancing, exercises such as strength and balancing, memory games and quizzes, and excursions to local points of interest.

Day Services for older people, play a crucial role in promoting social interaction and engagement within the local community, which are essential for maintaining mental and emotional wellbeing. Social isolation and loneliness have been identified as significant risk factors for deteriorating health among older adults, contributing to conditions such as depression, cognitive decline and increased mortality rates (Holt-Lunstad et al., 2015). By offering structured activities and opportunities for socialisation, Day Services help mitigate these risks, fostering a sense of belonging and community. Furthermore, engagement in meaningful activities has been shown to enhance life satisfaction and

overall quality of life in older adults (Adams et al., 2011). These services also provide respite for caregivers, reducing their stress and improving their ability to continue providing care (Brodaty & Donkin, 2009). Thus, Day Services for the elderly are not only beneficial for the individuals who participate, but also for the broader community and the healthcare system at large. In 2023, PSN's Service Evaluation Team (SET), conducted an output evaluation, finding clients had improved their wellbeing through having company and being connected with other people. Clients also expressed the programme helped them engage in a range of stimulating activities, provided important respite for their carers and whānau, and provided helpful and supportive staff. Participants were highly satisfied with their experiences, with 96% of respondents indicating they would recommend the service to others.

### **Individualised Funding (IF)**

Many countries, including New Zealand have been shifting disability support from a government-managed to a consumer or client-led approach that enables people with disabilities to exercise their rights, which have been previously neglected and marginalised (Priestley, 2021). This approach challenges the traditional top-down approach and is embedded in the concepts of self-determination and community. IF allows people to organise their support in a way that works best for them, and can cover things like personal care, household tasks, community involvement, funded family care and respite care.

PSN's Enliven is a key Individualised Funding host in New Zealand, playing a crucial role in facilitating the implementation of Individualised Funding schemes for eligible individuals. A significant part of Enliven's role involves participating in the assessment and allocation process, working closely with individuals and their families to assess their needs and preferences. This ensures that the support provided aligns with their unique circumstances and goals. Currently, Enliven supports over 2000 clients, empowering them by offering greater control over the support services they receive. Enliven serves as a pivotal link between individuals, caregivers and service providers within the framework of Individualised Funding in New Zealand.

In 2023, SET surveyed clients using Enliven's HBSS. The qualitative analysis of the Individualised Funding service revealed several key findings from

respondents' feedback. A significant majority appreciated the flexibility and autonomy provided by the funding, allowing them to choose how to utilise the funds and appoint family members as carers. This autonomy helped alleviate financial pressure and improve their overall wellbeing by enabling participation in community activities, and purchasing necessary equipment. Respondents highlighted the importance of maintaining independence at home and the positive social benefits of the service. Suggestions for improvement included clearer funding guidelines and an upgraded online application system to make it easier for clients.

In March 2024, the Government announced changes to the disability support purchasing rules, after forecasting a Whaihaka – Ministry of Disabled People budget overspend of between \$50 million and \$65 million dollars. The rule changes impacted Carers Support (CS), Individualised Funding (IF), Enhanced Individualised Funding (EIF), Choices in Community Living, and Enabling Good Lives (EGL) personal budgets. These changes impacted the flexibility of funding which allowed many families to make purchases that fit their unique circumstances, challenges and availability of services.

### **EnlivenPlus**

In 2020, PSN undertook a review of its existing services and explored how it could best continue to support the changing needs of New Zealanders. It quickly became obvious there was a large gap in the community care for people living with dementia. In 2022, EnlivenPlus officially opened, the first service of its kind in New Zealand, and represented an innovative first step in improving services available for those with dementia, and their carers. It included respite care, providing companionship,

supporting clients with pursuing their interests and maintaining or increasing social connections. It sought to address caregiver burden, which occurs when the demands of caregiving exceed caregivers' resources (Wakefield, 2020). Barriers to respite include accessibility of information, flexibility and affordability, and inability of carers to recognise their need for respite (Wakefield, 2020). EnlivenPlus allowed family members to take time out while their loved one is cared for in a way that they respond to. It also included a Transition to Care to gradually acclimatise and support someone moving into residential care or a higher level of supported living. The transition is a significant moment for both caregivers and people with dementia, and represents a loss of home, neighbourhood and time with family and friends compared with previous periods (Müller et al., 2017). In addition, it can cause anxiety, depression and behavioural disturbances that can adversely affect wellbeing and quality of life (Müller et al., 2017).

In 2024, PSN released an Outcome Evaluation Report for the EnlivenPlus service. It was found that in terms of the short-term outcomes, carers and family members increased their knowledge about dementia, and they also increased knowledge and skills on how best to look after their loved one. With regards to the medium-term outcomes, the service improved the social and service connection of people with dementia; maintained client independence; and improved the physical and psychological wellbeing of people with dementia, and their carers and family members. Overall, clients expressed great satisfaction with the EnlivenPlus service. Despite showing considerable promise, PSN made the difficult decision to discontinue offering the service due to considerable financial challenges.

# Enliven Impact

## Stories and Testimonials

*It's great to be able to get out and meet people and to have friends, I'm not lonely anymore.*

Day Service Client

*Getting me washed and dressed, and the small kitchen jobs that I struggle with. Little things always make a difference.*

HBSS Client

*Without Enliven's very valuable support, my father would have been in a rest home years ago. The support workers are 'Angels on the ground'.*

HBSS Client

## 4.5 Community Development and Partnerships

Community development is a process that enables communities to identify and address their collective needs and aspirations through participatory approaches and collaborative actions. It involves empowering community members, fostering social cohesion, and enhancing the social, economic, and environmental well-being of the community. Central to community development is the establishment and nurturing of relationships within the community, as strong connections and networks are foundational for sustainable development and collective action. They create a sense of belonging and trust among community members, which is essential for effective collaboration and mutual support. Trust facilitates open communication, reduces conflicts, and enhances the community's ability to mobilise resources and respond to challenges. Relationships foster social capital and facilitate coordination and cooperation for mutual benefit. The social capital is instrumental in achieving collective goals and improving community resilience, as it enables individuals and groups to access support, share information and work together towards common objectives.

Social sector organisations play a pivotal role in community development by acting as catalysts, facilitators and advocates. They provide essential social services, support capacity-building initiatives, and foster community engagement and empowerment (Banks et al., 2015). In addition, they often serve as intermediaries between communities and external stakeholders, including government agencies, donors and other organisations, helping to bridge gaps in resources, knowledge and opportunities. Non-Governmental Organisations (NGOs) significantly contribute to community resilience and capacity through various avenues. By investing in the skills, knowledge and capabilities of community members via training and educational programmes, they enhance both individual and collective capacities, empowering communities to take ownership of their development processes, improve problem-solving abilities, and increase resilience to social, economic and environmental shocks (Eade, 2007). NGOs advocate for the rights and interests of marginalised and vulnerable groups, influencing policies and practices that affect their wellbeing. Through such advocacy, they help create an enabling environment for community development, ensuring that community

voices are heard, and needs are met (Lewis, 2014). Additionally, NGOs play a critical role in mobilising financial, technical and human resources to support community development initiatives. They leverage their networks, expertise and credibility to attract funding and other resources that might otherwise be inaccessible (Fowler, 2000). They also facilitate the formation and strengthening of social networks within communities by creating platforms for interaction, collaboration and mutual support. These networks are vital for building social capital, fostering trust and enhancing the community's ability to mobilise resources and respond to crises (Lin, 2001).

### 4.5.1 Work and Evidence

PSN plays a vital role in community development by fostering relationships and enhancing community capacity. Its social enterprise arm provides essential training programmes that equip communities, businesses and organisations with the skills and knowledge needed to address family violence and mental health issues. This capacity-building initiative empowers individuals and groups and fosters a safer and more resilient community. Additionally, PSN emphasises the importance of building strong community relationships and actively supports initiatives aimed at enhancing community capacity and fostering sustainable development and wellbeing.

#### 4.5.1.1 Partnerships

PSN enjoys partnerships with a diverse range of NGO and community groups, government agencies and private sector organisations (see Table 9). PSN partners with government agencies to deliver specialised programs and initiatives, such as family violence prevention and mental health support, that these agencies are unable to fully implement on their own. Acting as a conduit, PSN possesses the experienced staff, knowledge and expertise, and infrastructure that enables the government to direct resources effectively towards initiatives and programmes to meet community needs. Partnerships with other trusted philanthropic community organisations, such as The Tindall Foundation, enables key services to receive additional funding. The Tindall Foundation currently supports our Family Works Early Childhood Education social worker in Whangarei



who works across the local community, providing early intervention for at-risk families. In some cases, partnerships exist through professional relationships fostered between individuals over many years, which are founded on a shared desire to support vulnerable individuals and communities. These partnerships allow individuals to pool available resources and collaborate on innovative solutions for clients.

A vital part of PSN’s success is the strong partnerships and relationships it has built with its donors. It is hugely important to acknowledge the immense support PSN receives from generous donors and benefactors. Without their consistent support, the organisation would not be able to deliver all its services. By working closely with donors, PSN ensures that contributions are utilised effectively, maximising benefits for communities.

*It is important to honour those who give to us and have decided what we do really matters and needs funding. We give sincere thanks to those people who have supported PSN – a big thank you!*

PSN General Manager  
Fundraising and Social Enterprise

#### 4.5.1.2 Building Capacity in Communities

Enhancing the capacity of organisations and individuals is essential for effectively addressing critical issues in New Zealand. PSN’s Social Enterprise division offers educational resources and training programmes that are designed to empower organisations and foster positive social change.

Education is a key component in the broader efforts to combat family violence in New Zealand. Shine, through its community-facing Social Enterprise programmes, is well-positioned to offer training that leverages its 30 years’ experience working with victims of family violence. It delivers innovative and sector-leading programmes in an engaging, interactive and practical manner by highly regarded professional facilitators. Shine Respond facilitates professional development, training and guidance for community organisations, agencies and other community members who want to learn how to respond safely and effectively to people experiencing family violence. In addition, PSN also provides DVFREE programmes that aim to help make workplaces family violence free. It also supports organisations’ workplace programmes and customer responses.

The DVFREE Tick is awarded to participants and is a mark of confidence that an employer has taken meaningful steps to create a family violence-free workplace.

Sector	Organisations
Public sector/organisation	ACC, Department of Corrections, Oranga Tamariki, Ministry of Education, Ministry of Social Development, Ministry of Justice, Health New Zealand/ Te Whatu Ora, Whaikaha Ministry of Disabled Persons.
Private sector/business	Careerforce, New World Mt Roskill, Real World Living (Papakura)
Community organisations	Age Concern, Alzheimers New Zealand, Brain Injury Association, Cerebral Palsy Society, Children’s Autism Foundation, Disability Connect, Headway, Independent Living Service, Parkinson’s New Zealand, Te Pou, Taikura Trust, Wilson Home Trust, Advocacy services, The Cube, My Everyday Wellbeing, Emerge Trust Housing, LifeWise New Zealand, Auckland City Mission, Tindall Foundation, Presbyterian Churches
Māori/iwi	He Iwi Kotahi Tatou, Waiariki Whānau Mentoring
Schools	Fruitvale Primary School, Saint Cuthbert’s College, Saint Kentigern Girls’ School

Table 10 - Presbyterian Support Northern relationships and partnerships.

Furthermore, Shine provides a training service to the Ministry of Justice that equips District Court workers around New Zealand with greater knowledge and understanding of family violence (Shine Respond, 2024).

Lifeline Connect Training is a specialised training service developed to help organisations and individuals foster positive mental health and wellbeing outcomes. Participants develop skills and understanding of how to safely recognise, rate, and respond to stress, distress and risk in others. Increasingly, businesses are expected to recognise, respond and manage challenging, complex and high risk-calls appropriately. The Financial Markets Authority, for example, now expects businesses to offer support to customers in vulnerable or stressful circumstances. In response, PSN continues to establish partnerships with organisations across different sectors. The aim is to provide support for businesses’ customers who may be at risk of harm. In 2024, Lifeline Connect Training, partnered with a major energy provider to deliver a complex call training package to call centre team leaders. Lifeline Connect Training is provided nationally.

#### 4.5.1.3 Fostering Community Networks and Resilience

PSN’s Community Relationship Team develops ideas and resources with Presbyterian churches and schools. PSN also builds relationships with community groups to bring about social transformation. The Community Relationships Team raises awareness of social issues impacting tamariki and whānau, and uses community-led

development principles to co-design grassroots initiatives that build the capability and capacity of communities. These initiatives include Te Taurahere Whatumanawa ‘The Heart Strings’ Project in Tāneatua; Waikiki Whānau mentoring in Whakatane; Auckland Shoebox Christmas Appeal; Christmas Food Hampers; and Communities Feeding Communities.

The harsh realities of poverty-driven hunger have intensified for many across Aotearoa, as evidenced by the widespread mobilisation of charitable and social service organisations working to meet the surging demand of food-insecure individuals and families (Stroman, 2021). PSN also supports other food security initiatives including the Heart Strings/ Te Taurahere Whatamanawa project in Tāneatua, Bay of Plenty. The initiative was established to reduce poverty in Eastern Bay of Plenty rural communities through the provision of budgeting advice, and the creation of opportunities for sustainable and viable food security to benefit vulnerable and socially disadvantaged children, young people and their families (Heart Strings, 2024).

The Communities Feeding Communities (CFC) Initiative is a community-led approach to food security, and is growing and harvesting fresh produce that is used for emergency food parcels. The University of Auckland’s Growing up in New Zealand initiative recently found 15 percent of 12-year-olds were living in households with moderate levels of food insecurity. Another two percent were living in households with severe food insecurity (Gerritsen et al., 2023). Addressing this food insecurity requires more than dispensing food parcels to those already

Service	Description
<b>DVFREE</b>	DVFREE is a workplace partnership programme designed to help employers provide a sustainable, best practice workplace response to family violence that exceeds legal obligations.
<b>Shine Respond</b>	Shine Respond is a family violence response training programme developed and designed specifically for community professionals, family violence practitioners, social agencies and organisations that serve communities.
<b>Lifeline Connect</b>	Lifeline Connect Training offers educational training and comprehensive support services. Programmes are tailored to enhance the ability of employees, team leaders and community professionals to maintain their own wellbeing, while confidently and effectively engaging in supportive conversations with individuals experiencing distress or crisis.

Table 11 - Training programmes offered through PSN.

marginalised across a range of social and health capacities (Barber & Ika, 2024). To help solve food insecurity, and to address the nutritional components that enhance overall wellbeing and participation, a collaborative systems-led approach needs to be created. It needs to ensure all New Zealanders have access to affordable, healthy, sustainable and culturally appropriate food.

As part of efforts to move away from handing out food parcels to providing people with the choice of what food they need. PSN runs a community kitchen and social food Pantry at its Community Feeding Communities site in Mt Roskill, Auckland. Over FY23/24, PSN distributed 2320 food parcels, while also reaching 10,481 people. This is an empowering way for communities to access food with dignity. The programme has been guided by a community led development (CLD) model. The model prioritises the inclusion of communities and groups who may otherwise have had limited involvement, or been excluded altogether, and leverages community resources in ways that grow resilience, while promoting positive social and economic development. Locally led initiatives also ensure that the outputs of projects are relevant to the communities that need them.

## 4.6 Support Services

PSN's support staff are essential to the operations of frontline practitioners, enabling them to focus on delivering vital services to clients and communities. These staff members handle a myriad of administrative, logistical and operational tasks that ensure the efficiency and effectiveness of PSN's outreach and support programmes. Their role is pivotal in maintaining the infrastructure necessary for practitioners to address the diverse needs of those they serve, providing a backbone that sustains the organisation's ability to make a meaningful impact. Without the diligent work of support staff, the capacity to deliver high-quality, responsive services would be significantly compromised, ultimately affecting the wellbeing of clients and the community at large.

*Having regular healthy meals is important for children's wellbeing and development, and early adolescence is a time of huge growth. The quality and quantity of food a young person eats also affects their mood and ability to concentrate, with children who are moderate or severely food insecure the most affected. We found more families had been able to access food grants and foodbanks since the start of the pandemic, which has helped these families get through, but these are short term fixes and aren't going to solve food insecurity for families.*

Dr Sarah Gerritsen  
Associate Director of Growing Up  
in New Zealand.



# 5.0

## Future Trends and Challenges for Living Standards in Aotearoa New Zealand



# 5.0 Future Trends and Challenges for Living Standards in Aotearoa New Zealand

Living standards and wellbeing in New Zealand encompass various dimensions of life quality, including economic security, health, education and social connections. Governments and policymakers are focused on enhancing the living standards of all its citizens, striving to ensure that everyone has the opportunity to lead a fulfilling life. These efforts require collaboration and support from the health, disability and social sector and NGOs. As seen in the previous chapter, PSN makes meaningful contributions to living standards by meeting the needs of individuals and families through a variety of services and programmes. To ensure PSN continues to meet the needs in communities, it is essential to maintain a forward-looking perspective and identify trends and challenges that could impact living standards in New Zealand. In many cases, the organisation is well-positioned with its existing infrastructure, resources, experience, knowledge and skills to support efforts that address these.



## 5.1 Living Standards Framework

New Zealand's Living Standards Framework (LSF) was established to provide a comprehensive approach to policy-making that goes beyond traditional economic measures and incorporates various aspects of wellbeing. The journey to establishing the LSF began with recognising the limitations of GDP as a sole indicator of a nation's wellbeing. Influenced by global trends and frameworks, including the OECD's Better Life Index and United Nations Sustainable Development Goals (SDGs), New Zealand's Treasury developed the LSF to include a broader range of indicators such as social, environmental and economic factors. This framework aims to inform and enhance policy decision-making and support long-term and equitable outcomes for all New Zealanders.

The framework is structured into three levels: Individual and Collective Wellbeing, which includes resources and aspects vital for the wellbeing of individuals, families, whānau and communities; Institutions and Governance, which focuses on the role of institutions and organisations in promoting wellbeing and national wealth; and Wealth of Aotearoa New Zealand, which encompasses the overall wealth of the nation, including elements not fully captured in traditional national accounts such as human capability and the natural environment. To effectively track and evaluate progress in these areas, an LSF dashboard measurement tool was developed to provide insights on the advancement towards higher living standards. Individual and Collective Wellbeing contains 12 domains and 62

These measure the availability of resources that support wellbeing, the quality of our 'beings' (such as health), which are essential as they enhance our capacity to make choices, and the quality and balance of our 'doings' (such as work and play).

Aotearoa’s health, disability and social sector is crucial in supporting living standards and helping New Zealanders lead full, meaningful lives. Non-governmental organisations (NGOs), community groups and social enterprises are integral to the sector, providing essential support and services, especially to vulnerable populations. Embedded within communities, these groups effectively identify and respond to emerging and existing needs. By working collaboratively, the sector assists those struggling, ensuring individuals can care for themselves and their families. This includes supporting children, young people and their families, and ensuring access to education, employment, housing and safety. As outlined earlier, PSN offers a range of programmes and services that promote social connectedness, safety, wellbeing, health and knowledge.

Clients’ stories, feedback and programme evaluations highlight PSN’s contribution across a broad range of indicators, such as a sense of belonging, loneliness, family violence and overall life satisfaction (see Table 12).

Clients’ stories, feedback, and programme evaluations underscore PSN’s strong focus and contributions across a broad range of domains and indicators, including a sense of belonging, loneliness, family violence, and overall life satisfaction (see Table 12). Continued government support and funding is essential to sustaining crucial programmes and services and ensuring that PSN and the health, disability and social sector can keep making a meaningful impact within communities.

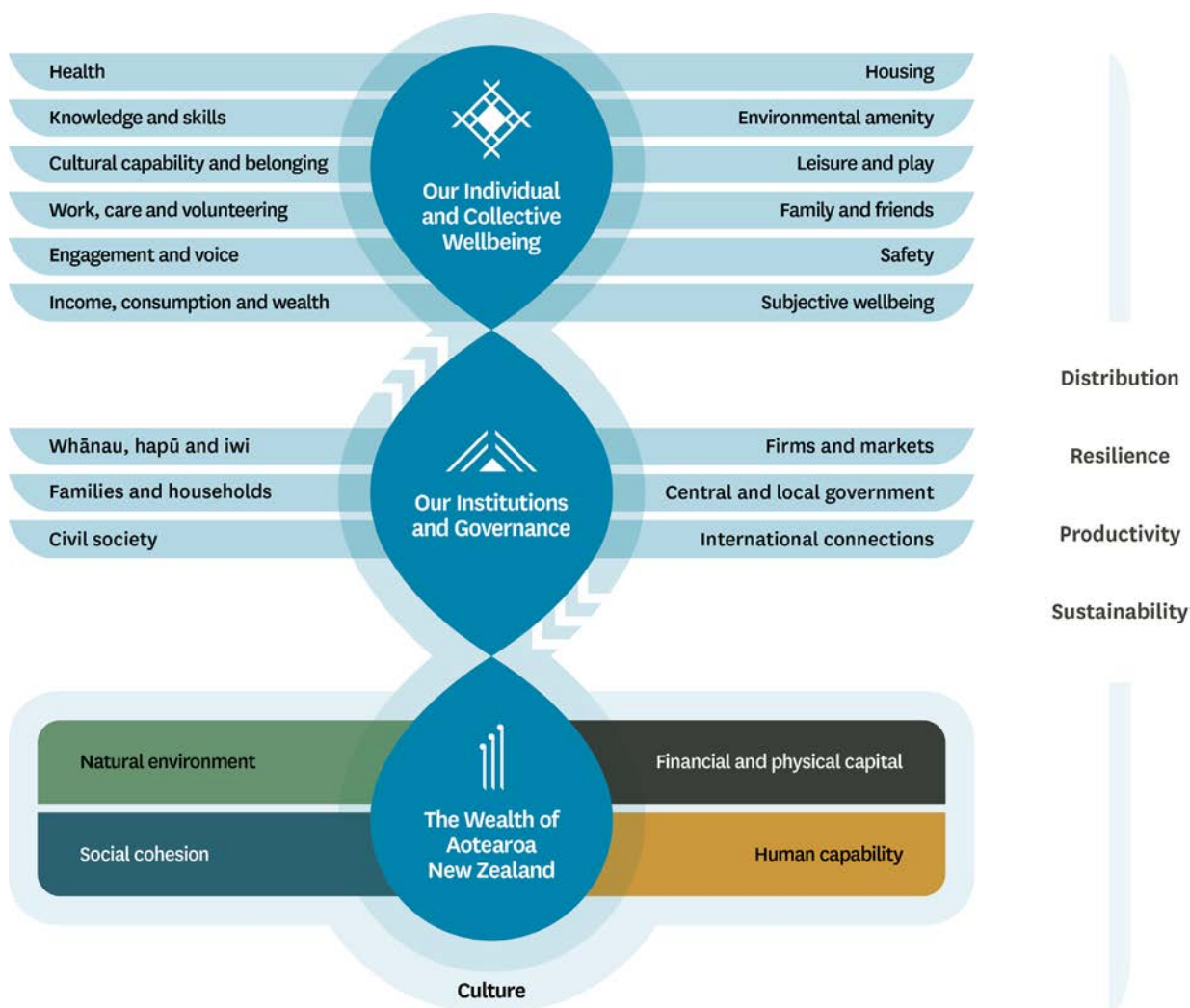


Figure 6 - New Zealand Treasury’s Living Standards Framework (New Zealand Treasury, 2022).

<b>Living Standards Domain</b>	<b>Indicators<sup>4</sup></b>	<b>Strength of Focus<sup>5</sup></b>
<b>Health</b>	Mental Health	High
	Suicide Rate	High
	Health Status	Medium
<b>Knowledge and skills</b>	Regular School Attendance	High
	Cognitive Skills at 15	Low-medium
<b>Cultural capability and belonging</b>	Ability to Express Identity	Medium
	Sense of Belonging - Adults	Medium
	Sense of Belonging - Youth	High
<b>Work, care and volunteering</b>	Involvement in the Community	Medium
	Volunteering	Low-medium
	Youth NEET Rate	Medium
<b>Engagement and voice</b>	Having a Say in Government	Medium
<b>Income, consumption and wealth</b>	Child Poverty - Material Hardship	Medium
	Food Insecurity	Medium
	Financial Wellbeing	High
<b>Leisure and play</b>	Satisfaction with Work-life Balance	Low-medium
<b>Family and friends</b>	A Place to Stay	High
	Face-to-face Contact	High
	Feeling Loved	High
	Loneliness	High
	Social Network Support	High
	Someone to Turn To	High
<b>Safety</b>	Family Violence	High
<b>Subjective wellbeing</b>	General Life Satisfaction	High
	Sense of Purpose in One's Life	High

Table 12 - PSN's strength of focus across the individual and collective wellbeing domains of Treasury's Living Standards Framework.

<sup>4</sup> Not all LSF dashboard indicators are listed as they are not considered a core focus of PSNs work.

<sup>5</sup> A subjective measure established by PSN's Service Evaluation Team (SET).  
The assessment was based on services and programmes delivered.

## 5.2 Future Trends and Challenges

Recognising long-term challenges and trends is crucial for assessing their impact on living standards and addressing future needs. Aotearoa faces changing demographics, mental health crises, evolving digital landscapes, housing inequality and complex social problems. These factors will likely have a significant impact on future wellbeing. Addressing these proactively will be essential for ensuring sustainable and equitable living standards for all New Zealanders, with NGOs and the broader social sector playing a critical role in providing essential services, advocacy, and innovative solutions to these trends and challenges.

### 5.2.1 Ageing Population

New Zealand’s demographic structure is set to experience considerable changes over the coming decades. The country is projected to grow steadily, reaching 5.8 million by 2038 and 6.5 million by 2068. As life expectancy increases and birth rates decline, the proportion of elderly adults in the population is expected to steadily grow. Those aged 65 years or older living in New Zealand are likely to hit 1.0 million by 2028, while numbers are projected to reach 1.3 million by 2040, and 1.5 million by 2050 (see Figure 9) (Statistics New Zealand, 2022). The ageing population will also be increasingly diverse in terms of ethnicity, religious affiliation, socioeconomic background, mental and physical health, personality and behaviour.

The increased diversity amongst the older population may mean they have different aspirations and needs as they age (Office for Seniors, 2019).

The context of older people has always been relevant, but with these changing demographics, a deeper understanding of their situation and needs is becoming increasingly urgent (Aged Care Commissioner, 2024). Many older New Zealanders currently enjoy a good life and will continue to do so. Older people contribute to society, communities, the economy, and families and whānau through work, both paid and unpaid. This includes volunteering, caring for partners, other family members and friends, as well as through spending and tax contributions. In addition, they contribute immense value through their knowledge, experience and participation within local communities (Hamlin et al., 2023).

Despite this, not all elderly people will experience a high quality of life where they are valued and looked after. Persistent housing, healthcare and social support challenges confront the population, and these are likely to grow as the numbers of older people increases in the future. New Zealand’s Aged Care Commissioner in a recent report pointed out that there remains no dedicated strategy or planning for the health needs of an ageing population. It identified key issues, including families living with dementia (mate wareware); a lack of options to meet kaumātua health aspirations and needs; and timely access to primary care, aged residential care, and home and community support, including respite care and carers’ relief (Aged Care Commissioner, 2024).

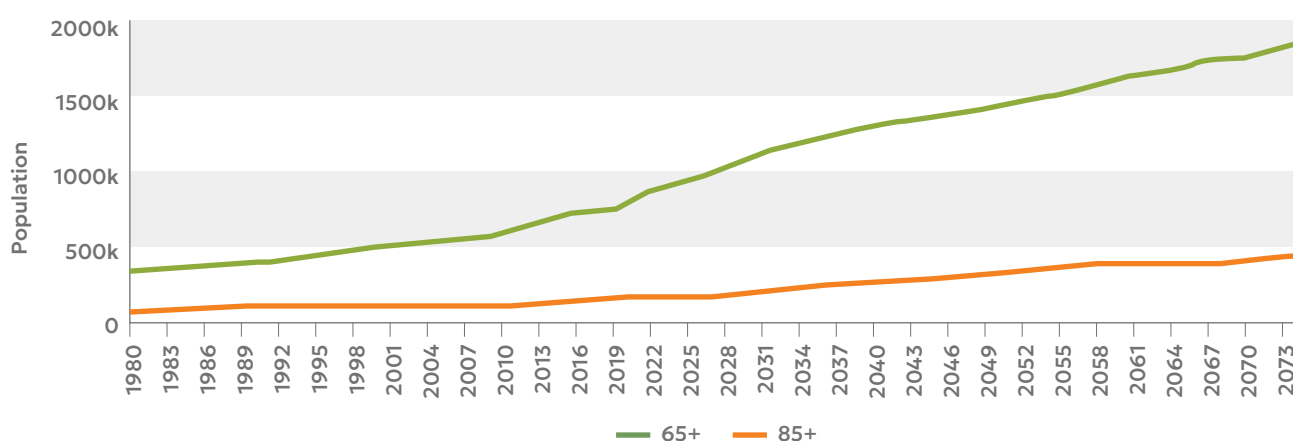


Figure 7 - Population aged 65+ and 85+, based on median projection, year ended June 1980-2073 (Statistics New Zealand, 2022).



All these challenges can have a significant impact on wellbeing and living standards and are expected to continue as the number of older people increases.

As New Zealand’s population continues to age, it is projected the number of individuals with dementia will increase significantly, with estimates suggesting a jump from 70,000 people in 2020 to nearly 100,000 people within the next 10 years, and almost 170,000 people by 2050 (Alzheimers New Zealand, 2024). As seen in Figure 10, the prevalence of dementia will increase steadily and disproportionately impact females more than males. According to a study published in the Australasian Journal on Ageing, approximately two percent of individuals aged 60 and older are coded as having dementia, with higher rates observed in the North Island and among Māori populations when age is standardised (Walesby et al., 2020). Another recent study highlighted the age-sex standardised dementia prevalence in 2019-2020 was 5.4% for Māori, 6.3% for Pacific Islanders, 3.7% for Europeans, and 3.4% for Asians in the age 60+ population (Cheung et al., 2022). These numbers underscore the urgent need for comprehensive strategies and support systems to address the challenges posed by dementia with New Zealand’s ageing population.

In 2023, the WHO launched the Commission of Social Connection (2024-2026) in recognition that loneliness was a global health concern, and outlined that one in four older adults experienced loneliness (Aged Care Commissioner, 2024). Many older people live alone or have limited social connections, which can lead to feelings of isolation and loneliness. This can be especially true for those who live in rural areas, have low incomes, have been widowed or have limited mobility. Existing research shows long-term social isolation and loneliness can affect individuals’ quality of life, longevity and physical and mental health; while the impacts on mortality are comparable to other well-established risk factors including smoking, obesity and physical inactivity. Schwartz & Litwin (2019) found a reciprocal relationship between social networks in mental health among older European adults, indicating that higher social connectedness facilitates mental health improvements; and that psychological health is linked to gains in the social environment in which these individuals interact. Those living alone or with limited social connections face a high risk of social isolation, exacerbated by a lack of comfort or access to digital technology. In retirement, the loss of the second place (primary residence) and limited accessibility or affordability of third places like activity groups, parks or cafés can also impact the social wellbeing of older individuals in New Zealand.

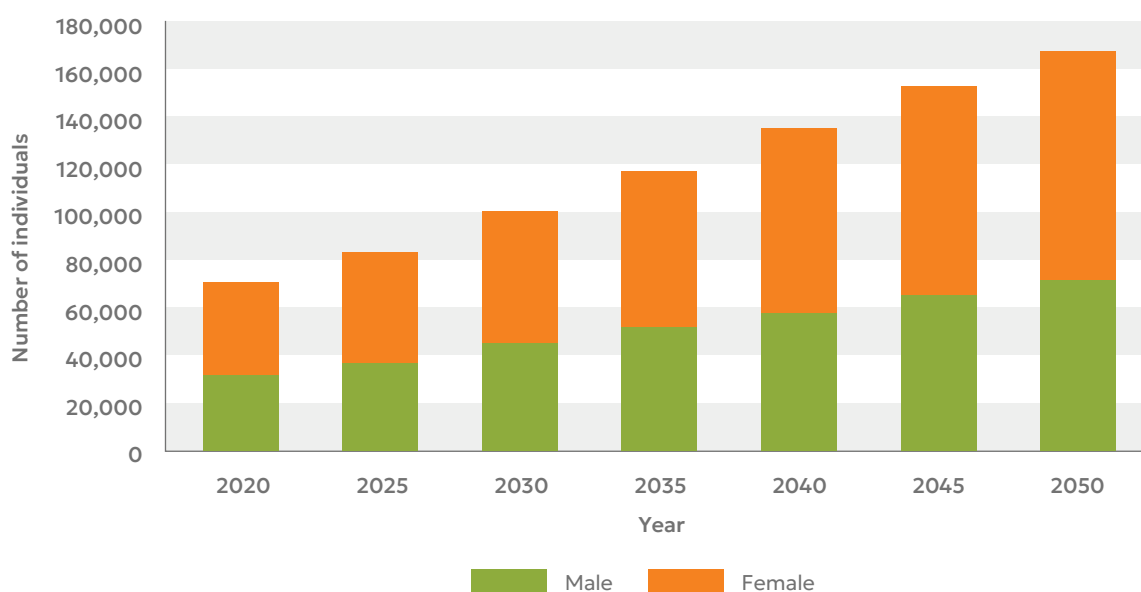


Figure 8 - Projected prevalence of dementia by age and sex, 2020-2050 (Ma’u et al., 2021).

### 5.2.1.1 Supporting an Ageing Population

Exploring the impacts of an ageing population reinforces the need for changes on many fronts to ensure that Aotearoa New Zealand can support its elderly communities. A forward-thinking and proactive approach will be crucial for ensuring appropriate action is taken to support our increasing numbers of elderly New Zealanders (Hamlin et al., 2023). There are several strategies and approaches that currently inform systems and services that impact older people in New Zealand. For example, the 'Better Later Life – He Oranga Kaumātua 2019 to 2034 Strategy' outlines some key areas of action required to support our elderly populations into the future. This comprehensive plan emphasises the importance of creating opportunities for older New Zealanders to participate, contribute and be valued in society. The strategy focuses on five key areas for action: achieving financial security and economic participation; promoting healthy ageing and improving access to services; creating diverse housing options; enhancing opportunities for participation and social connection; and making environments accessible (Office for Seniors, 2019). However, without specific policies, programmes and broad collaboration across the system, the issues of insufficient funding, isolation and loneliness, physical and mental health deterioration, digital divide, and a lack of visibility for older people needs will continue to grow as the population increases (Hamlin et al., 2023).

New Zealand's social and NGO sectors are well-positioned to support our ageing population into the future. The social sector has a long history of working with elderly populations and delivering quality programmes and services, which has given them considerable experience and strong insights into the service gaps and emerging needs of elderly communities in New Zealand. As outlined earlier in this report, in 2021 PSN reviewed its existing services to determine how best to support the evolving needs of New Zealanders. In response, PSN piloted EnlivenPlus a novel community care service for those with dementia. It provided respite care to help address caregiver burden, which occurs when the demand on caregivers exceeds their resources (Wakefield, 2020). 'Transition to Care' gradually acclimatised and supported someone moving into residential care or a higher level of supported living. The transition from home to care is a significant moment for both caregivers

and people with dementia, as it represents a loss of home, neighbourhood and time with family and friends (Müller et al., 2017). As New Zealand's population continues to grow, those with dementia will increasingly represent an important population that need tenable care plans for themselves and their families and caregivers (Warren, 2023).

### 5.2.2 Mental Health

Mental wellbeing is a vital aspect of overall wellbeing and living standards in New Zealand. It is most likely to flourish when individuals feel safe, connected, valued, worthy and accepted, with a sense of belonging, identity and hope for the future (Ministry of Health, 2021). Mental wellbeing encompasses the ability to adapt to and cope with life's challenges, a sense of meaning and purpose in life and feelings of contentment or general happiness (Ministry of Health, 2021). Unfortunately, New Zealand struggles with historic systemic issues, resources constraints and high unmet mental health needs. Specialist Mental Health and Addiction Services have faced significant demand pressures from people seeking help. The increasing demand for services reflects growing numbers of people showing signs of distress (Te Pou, 2022).

In response to these challenges, the Government in 2018 launched an independent Inquiry into Mental Health and Addiction in Aotearoa. He Ara Oranga's assessment of the mental health system outlined unmet needs, growing inequities and long-term, systemic barriers (Ministry of Health, 2021). It subsequently presented a vision for a people-centered approach that addressed inequities, focused the system on mental health promotion, prevention and early intervention, and tackled underlying social and economic needs through a whole-of-government strategy (Ministry of Health, 2021). The scale of change He Ara Oranga called for was significant and intergenerational.

Kia Manawanui Aotearoa outlined a long-term, whole-of-government pathway for transforming New Zealand's approach to mental wellbeing. The pathway emphasised the importance of a population-based approach to improving mental wellbeing and sought to enhance outcomes for the entire population by addressing inequities that cause disparities in mental wellbeing. Differences in mental wellbeing outcomes across these various population groups are not only avoidable, but also

unjust (Ministry of Health, 2021). The principle of equity acknowledges that people with varying levels of advantage need different approaches and resources to achieve fair outcomes. This principle also recognises historical and intergenerational inequities, as well as the multiple factors of disadvantage that some individuals and groups face. He Ara Oranga identified population groups that required particular focus and support including Māori, Pacific peoples, refugees and migrants, rainbow communities, rural communities, disabled people, veterans, prisoners, young people, older people, children experiencing adverse childhood events and children in state care.

Addressing these existing inequities and growing demands for mental health services, including promoting mental wellbeing and early intervention, will remain a significant challenge for New Zealand into the future. Key factors influencing mental health include social inclusion, meaningful employment, education, and affordable and safe housing. Therefore, holistic responses that recognise key determinants of mental health and integrate broader social, cultural and economic needs, will also be crucial to supporting better outcomes.

### 5.2.2.1 Responding to Mental Health Needs

Addressing future mental health challenges and service demand will require an equitable, accessible and inclusive mental health system. To achieve this, a comprehensive approach is needed that addresses the broader determinants of mental

wellbeing and supports people through key life transitions, and critical development stages. It will also necessitate leveraging communities' strengths and fostering wider community responses that promote participation, belonging, creativity, social bonds, advocacy, and positive changes in social, cultural, environmental and economic conditions. Utilising diverse sectors and settings such as marae, community centres and workplaces, faith-based institutions can help promote mental wellbeing and connect people with the necessary support. To achieve this, it will require increased mental health, addiction and suicide prevention literacy, as well as cross-sector and community workforce collaboration. Upholding and fostering commitment to Te Tiriti o Waitangi will be crucial for supporting better mental health outcomes for Māori. Finally, fostering innovation by encouraging and supporting original approaches from individuals, whānau, communities and government-led initiatives will be key to creating more effective responses and equitable outcomes.

New Zealand's social sector will play an integral role in addressing mental health challenges, and supporting efforts to deliver accessible, equitable, flexible and high-quality mental health services. Existing data shows NGOs continue to receive increasing numbers of people for mental health and addiction treatment (see Figure 11) (Atamira Platform, 2020). Organisations, such as PSN, will play a crucial role in supporting the mental health of all New Zealanders into the future. With established infrastructure, buildings, staff and

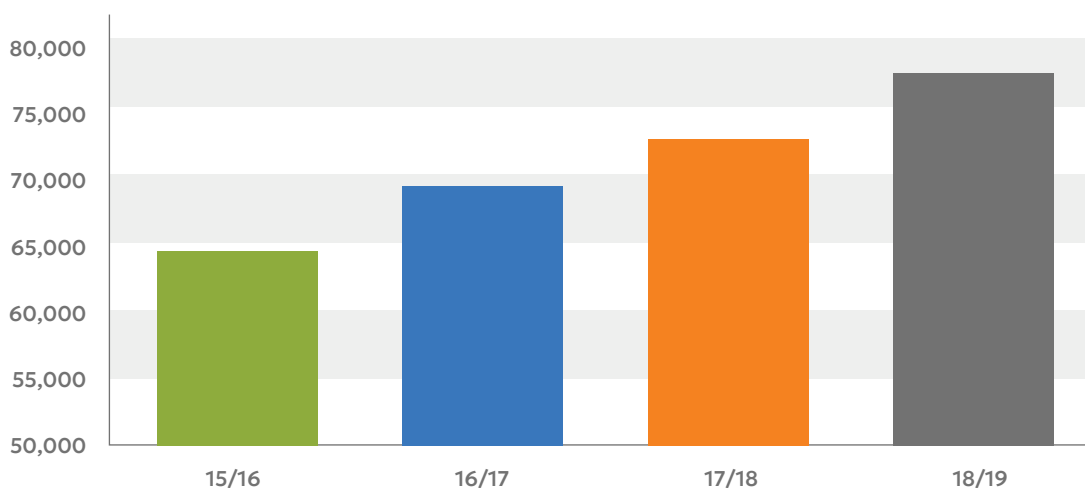


Figure 9 - Number of people receiving mental health and addiction treatment from NGOs (Atamira Platform, 2020).

resources, it is well-equipped and experienced at delivering mental health programmes and support services in local communities, while also addressing key social, cultural and economic determinants of mental health. PSN is well-known, recognised and deeply embedded in communities. It understands the constituents in local areas and can respond effectively to their needs. PSN is guided by strong core organisational values and committed to honouring Te Tiriti O Waitangi, and supporting Māori and other vulnerable groups over-represented by poor mental health outcomes. As illustrated through PSN, the social sector possesses the capacity and qualities needed to support future mental health challenges in New Zealand.

### 5.2.3 Digital Technology

Looking to the future, digital technologies will continue to advance at an accelerated pace and become increasingly intertwined in our lives. These changes will likely have significant implications for living standards in New Zealand, bringing both opportunities and challenges. Digital technology will facilitate greater efficiency, levels of connectivity and access to information, but in some cases could also be harmful to some groups and exacerbate existing inequities. Identifying these trends and challenges can help the social sector adapt and respond effectively to new emerging needs in local communities.

As the world digitises, children and adolescents in particular are increasingly using digital technologies, a trend which is likely to continue. These devices offer benefits through social contacts and support, potential learning opportunities and access to health promotion materials. However, they also have the potential to impact individuals negatively.

Cullen et al. (2024) recently summarised emerging evidence linking the use of digital technology with negative impacts across physical, neurological and psychosocial domains (see Table 12).

Of particular concern were those related to social connectedness, inappropriate content and mental health. Digital connectivity can weaken face-to-face social skills and reduce the quality of in-person relationships. Social media can exacerbate anxiety, depression and low self-esteem, as young people compare themselves to idealised images. In addition, exposure to violent, sexual or inappropriate material can desensitise and distort perceptions of reality and foster unhealthy attitudes towards sex, relationships and violence (Cullen et al., 2024).

The socio-economic inequities that exist within our communities have also created digital inequities or a digital divide that will further exclude vulnerable communities if left unaddressed (Crocker, 2022). In New Zealand, a confluence of intersecting factors drives digital exclusion, disproportionately impacting vulnerable and disadvantaged communities such as the elderly, unemployed, Māori and Pasifika (Grimes & White, 2019).

A fundamental barrier is the lack of access to computers and reliable internet connectivity, as the costs associated render them prohibitive to many lower-income individuals and households. Compounding this access gap is a prevalent deficit in digital literacy and skills, which hinders individuals' abilities to effectively navigate and leverage online services and opportunities. Additionally, a lack of trust, motivation and socio-economic inequalities can further exacerbate the barriers to digital participation, making these challenges appear almost insurmountable (Crocker, 2022).

Physical	Neurological/cognitive	Psychosocial
Vision	Attention	Mental health
Hearing	Language	Cyberbullying
Obesity	Cognition	Problematic internet use
Pain syndromes	Behaviour	Family conflict
Sleep	Structural changes	Self-harm/sexual harm

Table 13 - Areas of children's health and wellbeing impacts by digital technology use reported to date (Cullen et al., 2024).

Existing studies show that digital exclusion can manifest in many different ways (Holmes & Burgess, 2022). Those not using digital technologies face additional obstacles in accessing healthcare-related information and technologies; finding work and securing higher pay; managing money and accessing finance; staying socially connected; and missing out on learning opportunities (Robinson et al., 2015; Watts, 2020). For children, digital inequalities can prevent those who cannot access the internet from keeping pace with peers and can negatively impact academic achievement (Holmes & Burgess, 2022). Mubarak & Suomi (2022) found that elderly individuals face difficulties with basic tasks such as booking tickets, renewing bus cards and claiming old age benefits due to the digitisation of most systems. Digital exclusion creates significant barriers for individuals in accessing essential social services, healthcare information, employment opportunities, financial management and maintaining social connections, particularly impacting vulnerable groups such as children and the elderly.

### 5.2.3.1 Adapting to a Changing Technological Landscape

As digital technology becomes increasingly intertwined with society, it will continue to have significant impacts on living standards and wellbeing in New Zealand. It is crucial for the social sector and NGOs, such as PSN, that they adapt to the rapidly changing technological landscape as it will likely have broad implications for organisational efficiency, delivery and accessibility of new and existing services and programmes.

Digital technologies, particularly Artificial Intelligence (AI), are set to significantly enhance the efficiency of private and public sector organisations, through improvements in data management, automating routine tasks and customising services. The potential impact of AI in the social sector is immense. AI powered applications have great potential for nonprofits, particularly in several key areas:

- 1) Making research more accessible to organisations with limited budgets and in-house experience;
- 2) Addressing bias and supporting equitable and evidence-informed decision-making;
- 3) Improving resource allocation and outputs, while reducing human error and allowing staff to focus more time on strategic planning, solving complex problems and client engagement (Fitzsimmons, 2024).

As outlined, digital technologies can improve organisational and service efficiency, and productivity for resource and capacity constrained social sector groups, which could ultimately benefit the communities served.

The impacts of technology on service delivery and programmes has the potential to be significant, necessitating adaptations in how both organisations engage with clients and address their evolving needs. As discussed in the previous section, digital technologies can have negative impacts and exacerbate existing inequities. This could have implications for social services and their work within local communities. For example, the digital divide is not only generational, but it is also socio-economic, and in this context, ensuring social services are accessible and inclusive is crucial (Moreno et al., 2023). As digital technology becomes more integral to service provision, organisations will need to develop new strategies to ensure inclusivity and accessibility, particularly for individuals who may struggle with digital literacy or lack access to technology (Holmes & Burgess, 2022).

### 5.2.4 Housing Inequality

Looking to the future, housing inequality will continue to be a pressing issue affecting the living standards of many New Zealanders. In the past, buying a house has traditionally been the first rung on the wealth ladder (Symes, 2021). However, housing affordability has steadily declined since the 1980s.

*The high price of housing, including rents, is one of the most important issues facing New Zealanders today. Access to affordable housing is a persistent long-term challenge that has far reaching consequences for wellbeing, inequality, homelessness, child poverty, financial stability and the distribution of wealth.*

Dominick Stephens  
Deputy Secretary & Chief Economic Advisor,  
New Zealand Treasury (2022)

Fewer New Zealanders can afford to buy their own home, and more people face the burden of high rent and housing costs.

House prices have increased faster than wages have grown since 2013, with major urban areas experiencing the most significant increases (HRC, 2019). Living standards are compromised when people or families on low incomes spend more than 30 percent of their income on housing costs.

Rising housing inequality is impacting living conditions, health and social stability. Growing disparities between homeowners and renters, coupled with the disproportionate effects on marginalised communities, underscores the complexities associated with the problem. Statistics New Zealand's 2018 General Social Survey (GSS) showed one parent families, recent migrants, Māori, Pasifika, low-income earners, non-owner occupiers, the unemployed, people with disabilities and those with no education are among the most likely to find housing unaffordable (HRC, 2019).

Those living in unaffordable accommodation are more likely to be in a situation where they have to choose between paying the costs of their housing or meeting other basic needs. This means putting up with things like feeling cold, putting off visits to the doctor and going without fresh fruit and vegetables (HRC, 2019).

The quality of housing in New Zealand varies significantly, with a notable divide between those who own homes and those who rent.

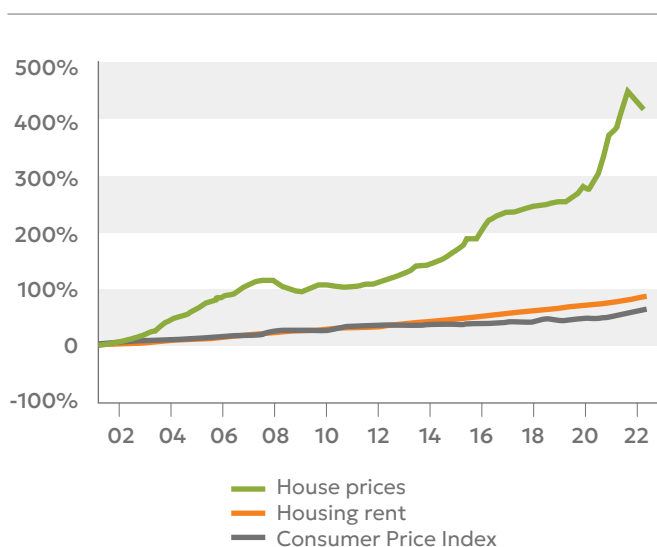


Figure 10 - Cumulative change in New Zealand house prices, rents, and inflation (Stephens, 2022).

*With respect to housing, the connection with health is undeniable. Housing remains a significant health determinant, particularly for children.*

Professor Dianne Sika-Paotonu  
(Founa, 2023)

Many rental properties are substandard, and renters often struggle with a lack of adequate insulation, heating and maintenance (Statistics New Zealand, 2023). This has led to issues such as dampness and mould, which are particularly prevalent in lower-income rental properties. Poor housing conditions contribute to a range of health problems, including respiratory illnesses, and can exacerbate existing health issues (Founa, 2023).

Children are particularly vulnerable to the impacts of housing inequality. Poor housing conditions can lead to frequent health issues, affecting their attendance and performance in school. Overcrowded and unstable living situations can also contribute to psychological stress and behavioural problems. Additionally, the lack of a stable home environment can hinder children's social development and overall wellbeing.

#### 5.2.4.1 Supporting Efforts to Address Housing Inequality

Looking forward, housing inequality presents a significant challenge for New Zealand's future. The problems at the poverty end of the housing continuum have been in large created by the pressure coming from the housing market and the rapidly emerging housing investment sector, causing home ownership to reduce, and housing costs, renting costs and the associated housing crisis to increase. The social sector and community organisations will play a significant role in advocating and supporting a vision where everyone in Aotearoa New Zealand lives in a healthy, secure and affordable housing that meets their needs within a thriving and sustainable economy (Ministry of Housing and Urban Development, 2021).

The social sector and NGOs will play a crucial role in addressing housing inequality in New Zealand by advocating for equitable housing policies, providing direct support services and developing

innovative housing solutions. These organisations work to bridge the gap between underserved communities and government resources, ensuring that vulnerable populations have access to safe, affordable and adequate housing. Many groups will require innovative partnerships among community providers, government agencies and whānau to provide effective, meaningful and intergenerational support (Presbyterian Support New Zealand, 2021). These groups include migrant and refugee communities, Pacific Island communities, individuals with addictions and long-term health conditions, those with disabilities, those overcoming childhood trauma, and those escaping sexual or family violence. The social sector, NGOs, and community providers will continue to provide crucial support for housing programmes focused on addressing the needs of low-income and vulnerable individuals and families.

### 5.2.5 Social Sector Funding and Client Complexity

Looking forward, New Zealand's social sector will likely continue to face significant challenges securing sufficient funding that covers surging demand for services, rising capital costs of operations and service delivery, and increasingly complex clients. The sector will continue to navigate changing funding landscapes and require innovative approaches to sustain and expand support for vulnerable communities. In 2019, Social Services Providers Aotearoa (SSPA) commissioned a report titled 'Social Service System: The Funding Gap and How to Bridge it', finding social services were underfunded by approximately \$630 million annually, and received less than two-thirds of the actual costs associated with delivering the contracted services (MartinJenkins, 2019).

The funding shortfall has significant implications for the social sector including:

1. Providers cannot cover their running costs.
2. Their workforce are underpaid and overworked.
3. Providers are forced to compete against each other.
4. Providers struggle to make ends meet.
5. People are not getting the support they need.
6. The sector is reliant on philanthropic donations and fundraising to cover operations and wages, and meet service demands.

Competition amongst social service providers further exacerbates these challenges and undermines partnership and collaboration. The competitive tendering process benefits better-resourced providers and incentivises providers to accept under-funded contracts, and disincentivises joined-up service provision (MartinJenkins, 2019).

In addition, organisations such as PSN, rely heavily on fundraising and volunteers to continue delivering vital social services, such as Lifeline helplines. Looking forward, New Zealand's social sector will likely continue to be challenged to do more with less, as funding constraints and resource limitations force organisations to maximise their efficiency and effectiveness.

This comes at a time when there is a rising demand for services, driven by growing economic instability, post-pandemic effects, mental health issues and social inequalities. The complexity of client cases also presents significant challenges, with individuals and families presenting with multifaceted needs that require comprehensive and nuanced support and interventions.

*Often, we have to rely on external or community support. During one of the COVID-19 lockdowns, I ran a media campaign appealing for donations to keep our foodbank going. The story was published and went on the six o'clock TVNZ news. Within a week we received \$50,000 in donations, which allowed us to keep the shelves stocked with food for the many needy families who really struggled to put food on the table during those difficult times.*

PSN Communication  
and Marketing Manager

The 2022 'State of the Sector Report' by Community Networks Aotearoa observed social sector organisations were dealing with heightened demand and complexity of need amongst clients (Stone & Rice, 2022). Internationally, social sector organisations are also seeing increased case complexity. For instance, a survey by the Australian Council of Social Service found that 80% of community sector staff reported an increase in the complexity of needs among their clients, influenced by factors such as economic hardship and housing instability (ACOSS, 2019). Similarly, in the UK, children's social workers have reported their caseloads are becoming more complex and harder to manage, with the pandemic fallout exacerbating existing challenges such as poverty and domestic abuse (Community Care, 2022). Consequently, one-size-fits-all social service programmes often fall short meeting the increasingly complex needs of clients and groups.

Looking forward, the social sector and organisations should continue to foster and build mutually beneficial partnerships among service providers. Collaboration can support effective resource allocation and encourage collaborative tender responses and partnerships. Supporting evidence-informed initiatives that have proven effective in pilot studies will also be essential. Furthermore, a shift towards prevention and early intervention can alleviate long-term pressures on the sector. By focusing on preventive measures and early support, the social sector can help address some of the key determinants influencing client complex needs, while still delivering intensive services for those requiring immediate assistance. Embracing these strategies will help navigate future challenges and support efforts to improve living standards.

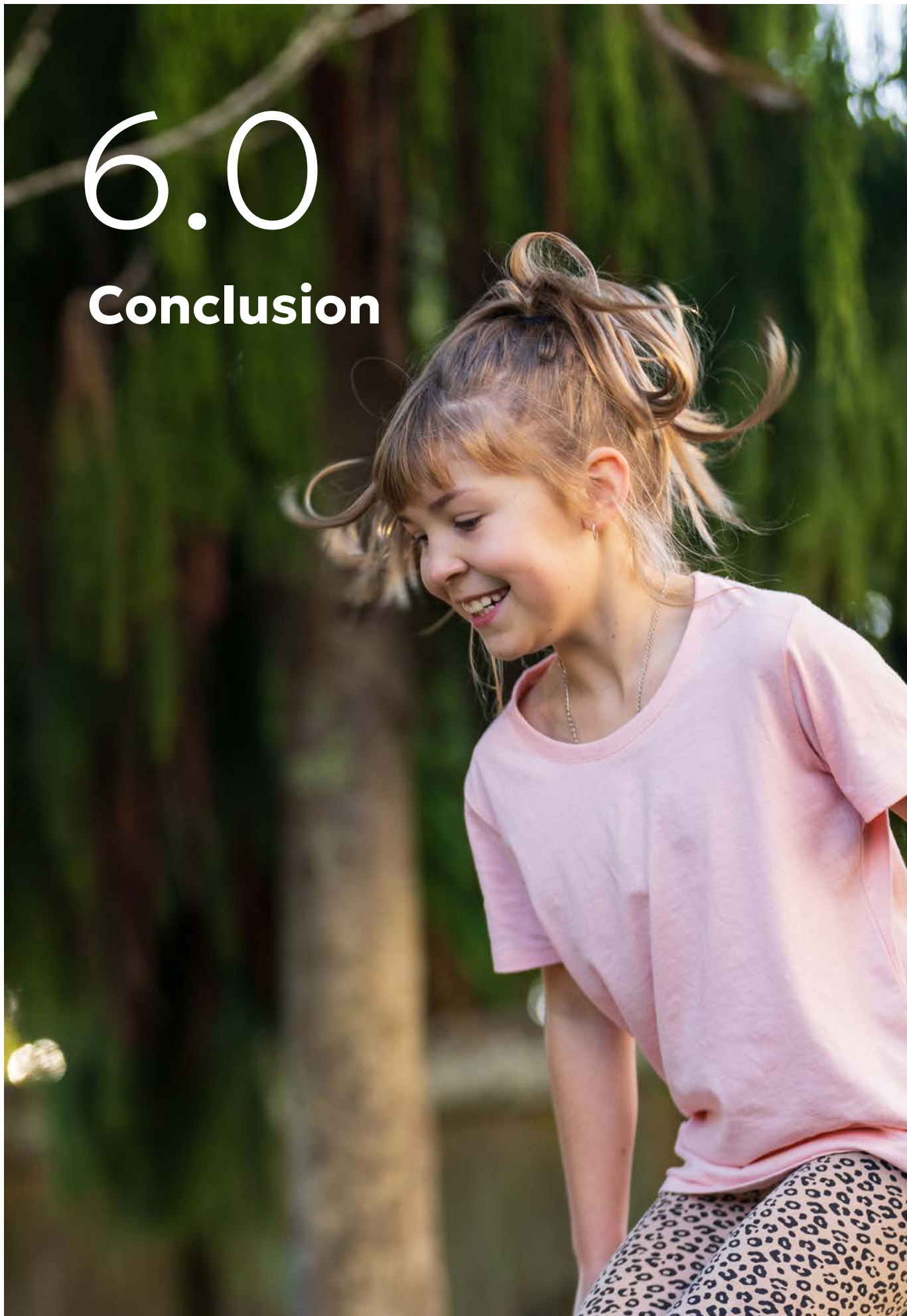
*The burden is falling on the NGO space to deal with increasingly complex cases. And the complexity, there is so much going on, there's the safety issues, family violence, lack of transport, emergency housing, drugs and alcohol. [...] It's really multifaceted [...] cases that you're getting.*

PSN Social Worker



# 6.0

## Conclusion



# 6.0 Conclusion

PSN is celebrating a rich 140-year legacy supporting vulnerable families and communities in Aotearoa New Zealand. It is a remarkable history and a true testament to the initial works and vision of Duncan Macpherson. Over many decades, PSN has remained a steadfast advocate and supporter of local communities through periods of considerable social and economic uncertainty. It has grown into one of the nation's largest health, disability and social sector organisations, delivering important services through the Enliven, Family Works, Shine and Lifeline service brands. PSN now focuses on children and families, older people and those with disabilities and injuries, and has over 840 staff members spread across different sites throughout the top half of the North Island.

In collaboration with government agencies, NGOs and the broader health, disability and social sector, it shares a unified goal and vision of improving living standards and achieving equality of outcomes for individuals, families, whānau, and communities. With a deeply established community presence, extensive infrastructure and skilled staff, PSN plays a pivotal role in advancing this mission. By focusing on evidence-informed service development and addressing sector gaps and individual needs, PSN supports the government in aiding vulnerable communities, families and individuals. As a community enabler, it also facilitates innovative programmes such as Communities Feeding Communities and EnlivenPlus, exemplifying a forward-thinking approach to service development and delivery.

With an eye to the future, PSN has identified several key future trends and challenges that are likely to impact living standards in Aotearoa New Zealand. Addressing these will require a proactive approach, along with meaningful collaborative partnership and investment, to ensure the country can effectively tackle these, and respond with appropriate support. PSN is well-positioned to support these future efforts that aim to create a better life for all New Zealanders.

PSN has come a long way since 1884 and is proud of the fine tradition it has inherited. It is committed to providing the same kind care and service into the future.

*With my eyes wide open,  
I seek to do good.*

Duncan Macpherson  
Auckland's first Presbyterian City Missioner

# 7.0

## References



# 7.0 References

- Adams, K. B., Leibbrandt, S., & Moon, H. (2011). A critical review of the literature on social and leisure activity and wellbeing in later life. *Ageing and Society*, 31(4), 683–712. <https://doi.org/10.1017/S0144686X10001091>
- Aged Care Commissioner. (2024). *Amplifying the voices of older people across Aotearoa New Zealand*. <https://www.hdc.org.nz/our-work/aged-care-commissioner/amplifying-the-voices-of-older-people-in-aotearoa-new-zealand/>
- Alzheimers New Zealand. (2023). *Facts and Figures*. <https://alzheimers.org.nz/explore/facts-and-figures/>
- Atamira Platform. (2020). *Mental Health and Addiction Non-Government Organisation (NGO) Sector*. <https://www.platform.org.nz/assets/Briefing-to-incoming-Parliamentarians-FINAL.pdf>
- Azzi-Lessing, L. (2010). Growing Together: Expanding Roles for Social Work Practice in Early Childhood Settings. *Social Work*, 55(3), 255–263. <https://doi.org/10.1093/sw/55.3.255>
- Banks, N., Hulme, D., & Edwards, M. (2015). NGOs, States, and Donors Revisited: Still Too Close for Comfort? *World Development*, 66, 707–718. <https://doi.org/10.1016/j.worlddev.2014.09.028>
- Barber, P., & Ika, A. (2024). *State of the Nation 2024 - The Things We Inherit*. <https://www.salvationarmy.org.nz/research-policy/social-policy-parliamentary-unit/state-nation-2024>
- Beswick, A., Gooberman-Hill, R., Smith, A., Wylde, V., & Ebrahim, S. (2010). Maintaining independence in older people. *Reviews in Clinical Gerontology*, 20(2), 128–153. <https://doi.org/10.1017/S0959259810000079>
- Brody, H., & Donkin, M. (2009). Family caregivers of people with dementia. *Dialogues in Clinical Neuroscience*, 11(2), 217–228. <https://doi.org/10.31887/DCNS.2009.11.2/hbrody>
- Brühlhart, M., Klotzbücher, V., Lalive, R., & Reich, S. K. (2021). Mental health concerns during the COVID-19 pandemic as revealed by helpline calls. *Nature*, 600(7887), 121–126. <https://doi.org/10.1038/s41586-021-04099-6>
- Butler, J., Gregg, L., Calam, R., & Wittkowski, A. (2020). Parents' Perceptions and Experiences of Parenting Programmes: A Systematic Review and Metasynthesis of the Qualitative Literature. *Clinical Child and Family Psychology Review*, 23(2), 176–204. <https://doi.org/10.1007/s10567-019-00307-y>
- Cheung, G., To, E., Rivera-Rodriguez, C., Ma'u, E., Chan, A. H. Y., Ryan, B., & Cullum, S. (2022). Dementia prevalence estimation among the main ethnic groups in New Zealand: a population-based descriptive study of routinely collected health data. *BMJ Open*, 12(9), e062304. <https://doi.org/10.1136/bmjopen-2022-062304>
- Crocker, J. (2022). *Partnering for Digital Equity - Why Digital Inclusion should matter to Everyone*. Libraries Aotearoa. <https://www.librariesaotearoa.org.nz/korero-blog/partnering-for-digital-equity-why-digital-inclusion-should-matter-to-everyone>

- Cullen, J., Muntz, A., Marsh, S., Simmonds, L., Mayes, J., O'Neill, K., & Duncan, S. (2024). Impact of digital screen use on health and wellbeing of children and adolescents: A narrative review. *New Zealand Journal of Physiotherapy*, 52(1), 62–77.
- Curioni, C., Silva, A. C., Damião, J., Castro, A., Huang, M., Barroso, T., Araujo, D., & Guerra, R. (2023). The Cost-Effectiveness of Homecare Services for Adults and Older Adults: A Systematic Review. *International Journal of Environmental Research and Public Health*, 20(4), 3373. <https://doi.org/10.3390/ijerph20043373>
- De Leo, D., Buono, M. Dello, & Dwyer, J. (2002). Suicide among the elderly: The long-term impact of a telephone support and assessment intervention in northern Italy. *British Journal of Psychiatry*, 181(3), 226–229. <https://doi.org/10.1192/bjp.181.3.226>
- Desmond, C., Watt, K., Tomlinson, M., Williamson, J., Sherr, L., Sullivan, M., & Cluver, L. (2022). Other people's children and the critical role of the social service workforce. *Vulnerable Children and Youth Studies*, 17(2), 97–109. <https://doi.org/10.1080/17450128.2022.2040762>
- Ding, X., Lightfoot, E., Berkowitz, R., Guz, S., Franklin, C., & DiNitto, D. M. (2023). Characteristics and Outcomes of School Social Work Services: A Scoping Review of Published Evidence 2000–June 2022. *School Mental Health*, 15(3), 787–811. <https://doi.org/10.1007/s12310-023-09584-z>
- Duncan, G., Kalil, A., Mogstad, M., & Rege, M. (2023). *Investing in early childhood development in preschool and at home* (pp. 1–91). <https://doi.org/10.1016/bs.hesedu.2022.11.005>
- Eade, D. (2007). Capacity building: who builds whose capacity? *Development in Practice*, 17(4–5), 630–639. <https://doi.org/10.1080/09614520701469807>
- Fitzsimmons, K. (2024, March 12). *Advancing Equitable AI in the US Social Sector*. <https://ssir.org/articles/entry/advancing-equitable-ai-us-social-sector>
- Fleming, P., McGilloway, S., Hernon, M., Furlong, M., O'Doherty, S., Keogh, F., & Stainton, T. (2019). Individualized funding interventions to improve health and social care outcomes for people with a disability: A mixed-methods systematic review. *Campbell Systematic Reviews*, 15(1–2). <https://doi.org/10.4073/csr.2019.3>
- Founa, F. (2023, April 5). *Pasifika bearing the brunt of New Zealand's housing crisis*. RNZ. <https://www.rnz.co.nz/international/pacific-news/487396/pasifika-bearing-the-brunt-of-new-zealand-s-housing-crisis>
- Fowler, A. (2000). NGOs as a moment in history: Beyond aid to social entrepreneurship or civic innovation? *Third World Quarterly*, 21(4), 637–654. <https://doi.org/10.1080/713701063>
- García-Moreno, C., Hegarty, K., d'Oliveira, A. F. L., Koziol-McLain, J., Colombini, M., & Feder, G. (2015). The health-systems response to violence against women. *The Lancet*, 385(9977), 1567–1579. [https://doi.org/10.1016/S0140-6736\(14\)61837-7](https://doi.org/10.1016/S0140-6736(14)61837-7)
- Genet, N., Boerma, W. G., Kringos, D. S., Bouman, A., Francke, A. L., Fagerström, C., Melchiorre, M. G., Greco, C., & Devillé, W. (2011). Home care in Europe: a systematic literature review. *BMC Health Services Research*, 11(1), 207. <https://doi.org/10.1186/1472-6963-11-207>
- Gerritsen, S., Park, A., Wall, C., Napier, C., Exeter, D., & Paine, S.-J. (2023). *Growing Up in New Zealand - Now We are Twelve Life in Early Adolescence*. <https://www.growingup.co.nz/growing-up-report/food-insecurity>
- Grimes, A., & White, D. (2019). *Digital Inclusion and Wellbeing in New Zealand*. <https://www.digital.govt.nz/digital-government/programmes-and-projects/digital-inclusion/digital-inclusion-research/report-digital-inclusion-and-wellbeing-in-new-zealand/>

- Hamlin, M. K., Hurst, A. N., & Mackay, P. R. (2023). *Exploring the Context of Older People in Aotearoa New Zealand*. <https://library.nzfvc.org.nz/cgi-bin/koha/opac-detail.pl?biblionumber=8352>
- Heart Strings. (2024). *Hey Guys, Welcome to Heart Strings Projects – Te Taurahere Whatumanawa*.
- Holmes, H., & Burgess, G. (2022). Digital exclusion and poverty in the UK: How structural inequality shapes experiences of getting online. *Digital Geography and Society*, 3, 100041. <https://doi.org/10.1016/j.diggeo.2022.100041>
- Holt-Lunstad, J., Smith, T. B., Baker, M., Harris, T., & Stephenson, D. (2015). Loneliness and Social Isolation as Risk Factors for Mortality. *Perspectives on Psychological Science*, 10(2), 227–237. <https://doi.org/10.1177/1745691614568352>
- HRC. (2019). *The True Cost of Unaffordable Housing*. <https://housing.hrc.co.nz/the-true-cost-of-unaffordable-housing#:~:text=If%20a%20household%20spends%20more,who%20own%20their%20own%20home>.
- Jeon, Y., Brodaty, H., & Chesterson, J. (2005). Respite care for caregivers and people with severe mental illness: literature review. *Journal of Advanced Nursing*, 49(3), 297–306. <https://doi.org/10.1111/j.1365-2648.2004.03287.x>
- Lewis, D. (2014). *Non-Governmental Organizations, Management and Development*. Routledge. <https://doi.org/10.4324/9780203591185>
- Lin, N. (2001). *Social Capital - A Theory of Social Structure and Action*. Cambridge University Press. <https://doi.org/10.1017/CBO9780511815447>
- MartinJenkins. (2019). *Social service system: the funding gap and how to bridge it*. <https://library.nzfvc.org.nz/cgi-bin/koha/opac-detail.pl?biblionumber=6372>
- Ma'u, E., Cullum S, Yates S, Te Ao B, Cheung G, Burholt V, Krishnamurthi R, Kerse N, & Dudley M. (2021). *Dementia Economic Impact Report 2020*. <https://cdn.alzheimers.org.nz/wp-content/uploads/2021/09/Dementia-Economic-Impact-Report-2020.pdf>
- Mental Health Foundation. (2024). *Statistics on Suicide in New Zealand*. <https://mentalhealth.org.nz/suicide-prevention/statistics-on-suicide-in-new-zealand>
- Ministry for Culture and Heritage. (2017). *The 1951 Waterfront dispute*. <https://nzhistory.govt.nz/politics/the-1951-waterfront-dispute>
- Ministry for Culture and Heritage. (2023, April 12). *The 1980's*. <https://nzhistory.govt.nz/culture/the-1980s/overview>
- Ministry of Health. (2021). *Kia Manawanui Aotearoa: Long-term Pathway to Mental Wellbeing*. [https://www.health.govt.nz/system/files/documents/publications/web3-kia-manawanui-aotearoa-v9\\_0.pdf](https://www.health.govt.nz/system/files/documents/publications/web3-kia-manawanui-aotearoa-v9_0.pdf)
- Ministry of Housing and Urban Development. (2021). *Housing and Urban Development in Aotearoa New Zealand*. [https://www.hud.govt.nz/assets/Uploads/Documents/GPS\\_Summary-Document.pdf](https://www.hud.govt.nz/assets/Uploads/Documents/GPS_Summary-Document.pdf)
- Ministry of Women. (n.d.). *Violence against women*. Retrieved May 15, 2024, from [https://www.women.govt.nz/womens-safety/violence-against-women#:~:text=The%20New%20Zealand%20Crime%20and,IPV\)%20offences%20during%20their%20lifetimes](https://www.women.govt.nz/womens-safety/violence-against-women#:~:text=The%20New%20Zealand%20Crime%20and,IPV)%20offences%20during%20their%20lifetimes).
- Moitra, M., Owens, S., Hailemariam, M., Wilson, K. S., Mensa-Kwao, A., Gonese, G., Kamamia, C. K., White, B., Young, D. M., & Collins, P. Y. (2023). Global Mental Health: Where We Are and Where We Are Going. *Current Psychiatry Reports*, 25(7), 301–311. <https://doi.org/10.1007/s11920-023-01426-8>

- Moreno, R. M., Borrero, M. F., Ferri Fuentesvilla, E., Medina, F. R., Luchena, A. M., & Aguado, O. V. (2023). Technologies and social services. An overview of technology use by users of social services. *PLOS ONE*, *18*(5), e0284966. <https://doi.org/10.1371/journal.pone.0284966>
- Müller, C., Lautenschläger, S., Meyer, G., & Stephan, A. (2017). Interventions to support people with dementia and their caregivers during the transition from home care to nursing home care: A systematic review. *International Journal of Nursing Studies*, *71*, 139–152. <https://doi.org/10.1016/j.ijnurstu.2017.03.013>
- New Zealand Parliament. (2022). *Suicide in New Zealand: A snapshot of recent trends*. Research Papers. <https://www.parliament.nz/mi/pb/library-research-papers/research-papers/suicide-in-new-zealand-a-snapshot-of-recent-trends/>
- New Zealand Treasury. (2022, April 12). *Our Living Standards Framework*. <https://www.treasury.govt.nz/information-and-services/nz-economy/higher-living-standards/our-living-standards-framework>
- Office for Seniors. (2019). *Better Later Life – He Oranga Kaumātua 2019 to 2034*. <https://officeforseniors.govt.nz/better-later-life-strategy/>
- Patton, G. C., Sawyer, S. M., Santelli, J. S., Ross, D. A., Afifi, R., Allen, N. B., Arora, M., Azzopardi, P., Baldwin, W., Bonell, C., Kakuma, R., Kennedy, E., Mahon, J., McGovern, T., Mokdad, A. H., Patel, V., Petroni, S., Reavley, N., Taiwo, K., ... Viner, R. M. (2016). Our future: a Lancet commission on adolescent health and wellbeing. *The Lancet*, *387*(10036), 2423–2478. [https://doi.org/10.1016/S0140-6736\(16\)00579-1](https://doi.org/10.1016/S0140-6736(16)00579-1)
- Phillips, J. (2015). *History of Immigration - Depression: 1885 to 1990*. Te Ara - the Encyclopedia of New Zealand.
- Pihama, L., Cameron, N., & Te Nana, R. (2019). *Historical trauma and whānau violence. Issues Paper 15. Auckland, New Zealand: New Zealand Family Violence Clearinghouse, University of Auckland.*
- Presbyterian Support New Zealand. (2021). *Position on Housing*. <https://www.ps.org.nz/wp-content/uploads/PSNZ-POSITION-on-Housing-2021-1.pdf>
- Priestley, R. (2021). *The impact of individualised funding on the wellbeing of mothers raising an autistic child in Aotearoa New Zealand*. Massey University.
- Rakuraku, M. (2013, January 24). *Once Were Warriors: A Māori Perspective*. <https://www.nzonscreen.com/title/once-were-warriors-1994/background/maraea-rakuraku>
- Robinson, L., Cotten, S. R., Ono, H., Quan-Haase, A., Mesch, G., Chen, W., Schulz, J., Hale, T. M., & Stern, M. J. (2015). Digital inequalities and why they matter. *Information, Communication & Society*, *18*(5), 569–582. <https://doi.org/10.1080/1369118X.2015.1012532>
- Schwartz, E., & Litwin, H. (2019). The Reciprocal Relationship Between Social Connectedness and Mental Health Among Older European Adults: A SHARE-Based Analysis. *The Journals of Gerontology: Series B*, *74*(4), 694–702. <https://doi.org/10.1093/geronb/gbx131>
- Shaw, C., McNamara, R., Abrams, K., Cannings-John, R., Hood, K., Longo, M., Myles, S., O'Mahony, S., Roe, B., & Williams, K. (2009). Systematic review of respite care in the frail elderly. *Health Technology Assessment*, *13*(20). <https://doi.org/10.3310/hta13200>
- Shine Respond. (2024, April 2). *Family Violence And Sexual Violence Response Training For The Court Workforce*. SCOOP Regional. <https://www.scoop.co.nz/stories/AK2404/S00029/family-violence-and-sexual-violence-response-training-for-the-court-workforce.htm>

- Statistics New Zealand. (2022). *One million people aged 65+ by 2028*.  
<https://www.stats.govt.nz/news/one-million-people-aged-65-by-2028/>
- Statistics New Zealand. (2023, March 23). *Housing affordability more challenging for renters than homeowners*. <https://www.stats.govt.nz/news/housing-affordability-more-challenging-for-renters-than-homeowners/>
- Steele, M. (2024, January 15). *Police, refuges busy with summer spike in family violence*. RNZ.  
<https://www.rnz.co.nz/news/national/506755/police-refuges-busy-with-summer-spike-in-family-violence>
- Stephens, D. (2022). *Housing affordability in Aotearoa New Zealand: The importance of urban land supply, interest rates, and tax*. New Zealand Treasury. <https://www.treasury.govt.nz/publications/speech/housing-affordability-aotearoa-new-zealand-importance-urban-land-supply-interest-rates-and-tax>
- Stone, P., & Rice, R. (2022). *State of the Sector 2022 - Community and Voluntary Sector Survey Report*.  
<https://www.volunteeringnz.org.nz/wp-content/uploads/State-of-the-Sector-2022-FINAL-III-Digital.pdf>
- Stroman, T. (2021). *What is a Food Parcel?*  
[https://static1.squarespace.com/static/5e8e4bf34078e655d8150f64/t/60f91192f94f7d19ee19cd0b/1626935705533/Kore\\_Hiakai-What\\_is\\_a\\_Food\\_Parcel\\_web.pdf](https://static1.squarespace.com/static/5e8e4bf34078e655d8150f64/t/60f91192f94f7d19ee19cd0b/1626935705533/Kore_Hiakai-What_is_a_Food_Parcel_web.pdf)
- Stylianou, A. M., & Hoge, G. L. (2021). Transitioning Out of an Urban Domestic Violence Emergency Shelter: Voices of Survivors. *Violence Against Women*, 27(11), 1957–1979. <https://doi.org/10.1177/1077801220954270>
- Symes, L. (2021). *The Wealth Ladder: House Prices and Wealth Inequality in New Zealand*.  
<https://www.treasury.govt.nz/publications/an/an-21-01#the-wealth-ladder-house-prices-and-wealth-inequality-in-new-zealand>
- Te Pou. (2022). *Wait time measures for mental health and addiction services: Key performance indicator literature review, November 2022*. <https://www.mhakpi.health.nz/wp-content/uploads/2023/02/FINAL-Wait-times-literature-review-November-2022.pdf>
- Te Whatu Ora. (2024). *Suicide Web Tool*. <https://www.tewhatauora.govt.nz/for-health-professionals/data-and-statistics/suicide-web-tool/#:~:text=The%20age%2Dstandardised%20rate%20of,the%20last%2014%20financial%20years>.
- Thom, R., & Grimes, A. (2022). Land loss and the intergenerational transmission of wellbeing: The experience of iwi in Aotearoa New Zealand. *Social Science & Medicine*, 296, 114804. <https://doi.org/10.1016/j.socscimed.2022.114804>
- UNICEF. (2020). *Worlds of Influence: Understanding what shapes child well-being in rich countries' Innocenti Report Card 16*. [https://unicef-nz.cdn.prismic.io/unicef-nz/91c0a1c7-f7f8-42e9-8d96-9a0ff863ee87\\_Report-Card-16-Worlds-of-Influence-child-wellbeing.pdf](https://unicef-nz.cdn.prismic.io/unicef-nz/91c0a1c7-f7f8-42e9-8d96-9a0ff863ee87_Report-Card-16-Worlds-of-Influence-child-wellbeing.pdf)
- Wakefield, C. (2020). Community respite service utilisation and dementia care: A review of literature. *Australian Journal of Advanced Nursing*, 37(2), 31–37.  
<https://doi.org/https://doi.org/10.37464/2020.372.94>
- Waldegrave, C., Stephens, R., & King, P. (2003). Assessing the progress on poverty reduction. *Social Policy Journal of New Zealand*, 197–222.
- Walesby, K. E., Exeter, D. J., Gibb, S., Wood, P. C., Starr, J. M., & Russ, T. C. (2020). Prevalence and



geographical variation of dementia in New Zealand from 2012 to 2015: Brief report utilising routinely collected data within the Integrated Data Infrastructure. *Australasian Journal on Ageing*, 39(3), 297–304. <https://doi.org/10.1111/ajag.12790>

Warren, A. (2023). An integrative approach to dementia care. *Frontiers in Aging*, 4. <https://doi.org/10.3389/fragi.2023.1143408>

Wathen, C. N., & Mantler, T. (2022). Trauma- and Violence-Informed Care: Orienting Intimate Partner Violence Interventions to Equity. *Current Epidemiology Reports*, 9(4), 233–244. <https://doi.org/10.1007/s40471-022-00307-7>

Watts, G. (2020). COVID-19 and the digital divide in the UK. *The Lancet Digital Health*, 2(8), e395–e396. [https://doi.org/10.1016/S2589-7500\(20\)30169-2](https://doi.org/10.1016/S2589-7500(20)30169-2)

Whāraurau. (2024). *The Incredible Years Programme Introduction*. <https://www.wharaurau.org.nz/all-resources/incredible-years-r-programme-introduction>

WHO. (2024, March 25). *Violence against Women*. Fact Sheet: Details. <https://www.who.int/news-room/fact-sheets/detail/violence-against-women#:~:text=A%202018%20analysis%20of%20prevalence,intimate%20partner%20or%20non%2Dpartner>

Wilson, M. (2022, November 22). *Wake-up call to all politicians*. <https://mentalhealth.org.nz/news/post/wake-up-call-to-all-politicians#:~:text=The%20research%20reveals%20that%20levels,especially%20those%20aged%2018%2D34>.

Wirihana, R., & Smith, C. (2014). Historical Trauma, Healing and Well-Being in Māori Communities. *MAI Journal*, 3(3), 197–210. <http://www.journal.mai.ac.nz/content/historical-trauma-healing-and-well-being-m%C4%81oricommunities>

Ki te kotahi te kākaho ka whati,  
ki te kāpuia e kore e whati.

*When we stand alone we are vulnerable  
but together we are unbreakable.*



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