

ISSUE 24, April 1991

The SIA Newsletter is compiled and published by members of the Association for Social Assessment (Inc.) and distributed free to SIA Network members. Its aim is to encourage contact and sharing of information between all those interested in social assessment in New Zealand. The views expressed are those of the authors and do not necessarily represent those of their various employers or the Association.

ASA (Inc.) Membership

Please support ASA by becoming a member! If you are already a member - pass the enclosed membership form on to someone else that you think may be interested.

Membership is currently 62

This issue was edited by James Newell assisted by Hamish Rennie, and Nick Taylor. Layout and typesetting were done by James Newell. DSIR Social Science at Ilam, Christchurch, assisted by Taylor Baines & Associates printed and distributed the copy.

SIAN is only as good as what goes into it. The editors seek contributions from readers in the form of articles, news, reviews, etc. for inclusion in future newsletters. Reports from readers on Social Assessment issues or experience in their area, summaries of recent work carried out by themselves or others, reviews of publications and news of conferences, recent publications or other matters of general interest to SIAN readers would all be appreciated.

SIAN needs help with typing of written copy onto computer and creating artwork / illustrations. Volunteers in Wellington who may be prepared to assist with this would be great.

Contributions on *Macintosh* or *MS-Dos* formatted disks are best, but not essential.

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Association for Social Assessment (Inc.)

December Workshop

A one day Social Assessment workshop was held on 6 December, prior to the annual conference of the Sociology Association of Aotearoa/New Zealand. About 45 attended.

The workshop began informally with coffee and then an "impromptu" powhiri from the local people, students from Aranui High School and the conference organisers. Questions were rightfully raised later about "process", but many noted the vigorous and warm welcome. We continue to find our way in our Treaty, and simple cultural, obligations - there will no doubt be further challenges to the new Association and its members.

The workshop proceeded to address the theme of "Techniques for social assessment in the 1990's: the state of the art". There were a series of panel discussions, and informal displays and discussions, ranging from "high tech." software for statistical mapping to techniques for community consultation.

There seemed to be a variety of responses to the programme. Some considered that the workshop needed to be longer, heavier and more high-powered, with greater sharing of ideas. Others felt there was adequate content. The consensus of feedback since the workshop is that both the venue and the structure of the workshop didn't seem to work right, and this was frustrating for both the "speakers" and the "audience". At the same time, it seemed that inadequate use was made of the periods set aside for informal sessions built around displays and impromptu discussions.

There were the various refrains we usually hear: the problem of being on the margins, of being seen as pro-growth/development, of getting SA into the process earlier, of integrating SA with decision making, and with complementary work such as ecology, or visual assessment. There is an ongoing need to demonstrate the purpose of SA "out there" compared to being involved in damage control. Issues around methods included getting information by a variety of means, information for immediate use, not for its own sake, and information that recognises and supports advocacy of special interest groups, gays, feminists, etc. SA was seen as an important means of communicating between parties involved in change - and we continue to see the failure to use SA this way in further economic and social restructuring.

Considerable variations in experience and basic expertise amongst members and those who attend workshops raise issues for planning any of these activities in the future. We have an important need for professional development for those who are already active in the field. This would be the

main aim of a "Hanmer" style workshop/meeting for 1991. It was decided that this workshop should take place in the lower North Island, over a weekend later this year. Organisation would be coordinated by Wellington members. There is also room for more structured, training workshops to be planned. It was also agreed that regional meetings should be held to extend the active network. Obviously this is happening already in Wellington, but other regions are urged to get involved in this sort of activity.

It was suggested that we could expand the Association through linking to other groups such as geographers and regional planners, and in areas such as voluntary organisations which are already well networked. There did not appear to be any clear directive to plan a workshop in conjunction with any professional association conference in 1991. There was a strong directive to the Core Group to use the resources of the Association to get further activities and initiatives off the ground.

Dr Nick Taylor

ASA Core Group Meeting - 8th March 1991

The first core group meeting of the year was held in Wellington on the 9th of March 1991. Apart from discussing finance, administration, the newsletter, the successful ASA Wellington gathering of the previous night, most business was deferred until a later meeting when more core group members would be able to attend.

There have been some slight changes in core group membership. Moira Dwyer's resignation from the Core Group was accepted with regret. Alastair Wilkinson was welcomed onto the core group, keeping the core group numbers at eight. Also present at the meeting were Dianne Buchan (convener), James Newell and Doug Craig.

It was reported that there were then 39 ASA paid up members, and an additional 17 inaugural members who had not yet paid their subscriptions.

It was decided to offer a return thrifty air fare, if required, to help one South Island core group member attend future Wellington core group meetings. The allocation of this to be decided by South Island members of the core group.

Regional Forums of the sort convened in Wellington on the 8th March 1991 needed to be encouraged, but should aim to be self funding. It was agreed that ASA could consider underwriting such forums if needed, but that a programme and budget would have to be provided and endorsed by the core group in advance.

Diane Buchan will represent ASA in the Federation of Social Science Organisations. There were no reports as yet from any of the working groups established at the July 1990 inaugural meeting.

**ASA WELLINGTON GROUP
MEETING
THURSDAY, 7 MARCH 1991**

Venue: Wellington Regional Council Offices

Theme :

***How Social Assessment is used to
manage changes in the Health System***

Speakers were :

1. **Mary Jane Rivers** and **Bob Williams** on
“*Relationships between Area Health Boards and
other providers of Health Services*”.
(based on recent work that Rivers Buchan Associates have been doing on contractual arrangements between the Bay of Plenty Area Health Board and Community Organisations etc.).

2. And **Sylvia Allan** on:
“*Social Impact Assessment of the Proposed Closure
of the Napier Hospital*”
(based on some work that Environmental Planning Associates have recently carried out for the Napier City Council).

Approximately 25 people come along, many of whom hadn't come to any previous Social Impact Working Group or ASA functions before. Donations were made by those attending to cover costs.

The format was a mixture of presentation, brainstorming and open discussion from the floor. It seemed to be very well received by those present. Material based on the two presentations given is included in this SIAN. Articles on other work on the same general theme as discussed at that meeting or later have also been included.

The papers were well received, generating a lively and useful discussion at the end. A certain amount of wine, fruit juice, crackers and cheese were consumed. There was general consensus that this sort of a gathering is of real value and should be continued on a regular basis. The intention is to hold one every two to three months.

The papers included are not meant to present any ideal models. The work described is not necessarily endorsed by SIAN or ASA. It is simply presented here for the information of readers. A sort of "glassnost" principle applies. These are some of the things going on in the field. If you want further information, contact the authors of the respective contributions.

Future Meeting Dates and Venues

ASA AGM/Social Assessment Workshop:

It seems likely that the theme for next workshop/AGM will be the nature of the new directions in Central Government Social Policy, the social impacts this will have and the change management process applied. Date not yet fixed, but probably in August. This would follow the budget, being a good time to be reviewing focus on the suggested theme. A convivial venue has not yet been selected, but it will probably be somewhere outside of, but not too far from, Wellington.

ASA Core Group:

Next meeting in Wellington, May 3rd.

ASA Wellington Group:

The idea of a regular "forum" (say every two or three months) has been taken on board by some members. The March forum on Social Assessment in the Health System was the first. The next may be in late May or June depending on interest.

ASA Canterbury Group:

An initiative is being taken to hold a periodic "forum" of people involved in Social Assessment in Canterbury. Our first meeting will be on Friday 26th April, 2.30 - 5.00 pm at Meeting Room 2, Canterbury Regional Council, Kilmore St.. (contact Helen Lowe, Social Policy Planner). All welcome. We will discuss work in progress, and current issues in the region.

Nick Taylor, Rangiora ph 38458.

Future SIANs

Publication Dates:

The intent is to produce three or four issues this year, depending on energy, copy received etc. This is one issue every three or four months. Given that this issue is coming out in March/April, copy for the next would be sought by the end of June, and the following one in September.

Themes:

Future themes will include : Rural Change, Employment, Implications of New Social Policy Directions of Central Govt., Natural Resource Management (other suggestions?).

The selection of the theme will depend on availability of suitable copy. We will also include reports on other current work that come in as appropriate. Please let us know of any current or recent case studies etc. that you are involved in and fall under the above themes. Or let us know of other's work that you feel more people would be interested in. It is especially important to get reports of what is going on in the regions out of Wellington. It is also about time that we heard more about Auckland work! Contact the editors (see front cover).

CONFERENCES AND WORKSHOPS COMING UP

WOMEN AND WORK BEYOND THE BARRIERS

[This news will probably not reach readers before the conference registration closes, but is included for general interest and possible followup - Editors]

Date: Friday and Saturday, 19 & 20 April 1991

Venue: Hawke's Bay Polytechnic, Taradale, Hawke's Bay

Conference Aims:

- * To address women's future in New Zealand
 - in the world of paid work
 - in the world of unpaid work (including mothering and voluntary work)
 - in the world of no-work and unemployment. What is women's role in this?
- * To influence decision-makers in New Zealand to legislate for equity in the work place.
- * To provide the context for women to strengthen and develop networks.

Programme includes :

Keynote Speeches:

"Community Responses to Unemployment" : Kath Boswell

"Women in the Public Service" : Sue Lawrence

"Why Unions are Crucial to Women's Future": Rosslyn Noonan

"Women and Self Employment" : Annette King

Workshops:

A wide variety of workshops, organised in two "back to back" streams are planned. These are very much mainly oriented to sharing skills and experience (empowerment) of women. There are several on issues of general interest such as the Employment Contracts Bill and the "Issues in Equal Employment Opportunities - Is There a Future?"

Fees: 2 Days \$60, 1 Day \$35, 1/2 Day \$20, Enrol with a friend save \$10, Dinner \$30, Lunch \$10. Hardship rate on application. Men welcome. Creche and Transport available on enquiry

Contacts for Enquiries:

Telephone (06) 844-3620, (06) 844-6938,
(06) 879-7550

Jacque Aldridge, Jan Berry, Lesley Parris

Registration Closing Date:

Friday 5 April (Registrations after this will depend on numbers)

Post to PO Box 7089, Taradale, Napier

IAIA 1991 CONFERENCE

When: June 7-11, 1991

Where: Institute of Environmental Studies, University of Illinois at Urbana Campaign, USA

Theme: Technology and Environmental Responsibility: a New Age for Impact Assessment

The IAIA (International Association for Impact Assessment) provides an international forum to address the important issues of the relationship between technological, biophysical, economic and social impact assessment. The meeting will bring together people from around the world to discuss the state-of-the-art of impact assessment, reflect on recent innovations, and critically assess the field's accomplishments.

Contact: F. Larry Leistritz, IAIA '91 Programme Chair, Department of Agricultural Economics, North Dakota State University, Fargo, ND 58105, USA. Phone: 701/237-7455. Fax: 701/237-8520

FOURTH NORTH AMERICAN SYMPOSIUM ON SOCIETY & RESOURCE MGT.

The symposium with a theme of "Integrated Resource Management" will be held from May 17-20, 1992 at Madison, Wisconsin.

This biennial symposium provides an international forum for colleagues to exchange ideas and present current research, extension, and instructional materials on people and natural resource issues. The symposium will focus on the integration of social and biological sciences as they together address natural resource and environmental issues.

Contact: Donald Field, School of Natural Resources, College of Agriculture and Life Sciences, 1450 Linden Drive, Madison, WI 53706, USA.

1991 CONFERENCE SOCIOLOGY ASSOCIATION OF AOTEAROA, NEW ZEALAND

The 1991 Sociology Conference, with a theme of "change" will be held at the University of Waikato. Nov. 29 - December 1.

The conference organiser is:

Teresa Baer-Doyle,
Sociology Department,

BLACKBOARD

FEMINIST GEOGRAPHY: WHAT IS IT? WHY IS IT?

In a 1990 North & South article and subsequent correspondence, the existence of a course in feminist geography at Waikato University was criticised.

Wendy Learner, the course lecturer, will be talking to the Wellington Branch of the NZ Geographical Society on the above topic at **6pm, Monday 22 April in the Staff Club, 3rd floor, Rankine Brown Building, at Victoria University.** The evening will start with drinks at 5.30pm and a short meeting at 5.45pm. **Members and non-members are welcome. Admission is free.** Discussion from the floor is welcome.

Enquiries to Hamish Rennie ph Wgtn 713-066(w).

SOCIAL ASPECTS OF THE RESOURCE MANAGEMENT BILL

The Minister for the Environment appointed a review group to consider the Resource Management Bill in terms of its workability. The review group presented an interim report in December 1990 and in February produced its final report.

The review group recommends no change to the impact assessment requirements in the Bill and the definition of affects remains broad. It does however suggest some rewording to clause 4 which has a broad bearing on how social issues can be raised. The review group has suggested that clause 4 be rationalised. The suggested rewording is :

"Sustainable management means managing the use, development and protection of natural and physical resources in such a way or at a rate which enables people and communities to provide for their health and safety, and their social, economic and cultural well-being while -

- (a) maintaining, to the extent reasonably foreseeable, the ability of future generations to meet their needs in relation to natural and physical resources; and
- (b) avoiding, remedying or mitigating any adverse effects of activities on the environment.

Taken in conjunction with the broad definition of "environment" this suggests that social issues will be able to be raised as part of the sustainable management debate. The effects of resource use on people and communities will be directly relevant within this framework.

Cabinet has yet to consider the review group's recommendations. Once these decisions have been made, a supplementary order paper can be produced which will then be considered by a Select Committee.

Copies of the review group report are available from regional offices of the Ministry for the Environment for \$10.00 (incl. GST).

Christina Wells
Ministry for the Environment

REPORTS FROM RECENT CONFERENCES AND WORKSHOPS

LOCAL AUTHORITY COMMUNITY DEVELOPMENT CONFERENCE 20-22 MARCH 1991

This was organised by Lower Hutt City Council and held at the Wainuiomata Marae. 55 Councillors, Senior Managers and Community Development Workers from local authorities around the country attended.

Using a search methodology, the conference aimed to address the following questions:

- What is the role of Local Government in community development?
- Where/what has it come from?
- What are the trends in society affecting community development?
- Where does it need to go?
- How will it get there?

A two day training hui for local authority community workers preceded the conference. The recommendations arising from the training hui provided some of the threads for discussion at the search conference following. These recommendations included:

- Ongoing bicultural training to be provided for all Local Authority staff and Councillors (with the establishment of a bicultural committee including tangata whenua representation who would be responsible for ensuring that the content of training is appropriate to the needs of staff and Councillors);
- Councils to evaluate their progress in sharing power and resources to implement recommendations from the evaluation;
- Councils to encourage participation of Pacific Island peoples more effectively through the annual plan process, allocation of resources and employing

Pacific Island staff to work with their own communities.

The final outcomes of the search conference focused on 5 main issues which were of concern. These had to do with:

The Treaty of Waitangi.

Building a broader base for community development work.

Ensuring good community development practice in order to develop the skills and power of local communities.

Responding to the erosion of the welfare state.

Marketing the community development process.

Councillors and staff from the individual local authorities then worked out some specific proposals which were pertinent to their areas.

The influence of the marae venue permeated the conference, starting with the opening Powhiri. It continued with the warm marae hospitality, time spent learning some of the history of the marae and its carvings, sessions on the workings of the Waitangi Tribunal and Maori Standing Committees. All these added extra depth to the conference experience.

Underlying some of the concerns of the conference was the knowledge that current hard times and the progressive withdrawal of Central Government from the social services area, resulted in greater demand for Local Authority involvement. Community Development is a discretionary activity, but is nevertheless often amongst the goals of a Council. It is important that the community resources being offered are delivered in a businesslike way and are actively promoted and well marketed. It was also considered very important that the term community development - which basically is helping communities to help themselves - is clearly defined and that a common understanding of the concept is held by both Councils and communities.

[This summary is based on the conference press release, for further details contact Diana East at Lower Hutt on 04



THEME HEALTH

- AN INTRODUCTION

This SIAN represents a departure from previous in that we have selected a theme and solicited a range of examples of current work around it. The idea for a theme came out of a recent forum of ASA Wellington on Social Assessment

in the Health Sector, where the concentration on a single topic helped to focus a wide range of experience and expertise. Health was chosen as an area where there have been major organisational and philosophical changes over the last few years.

This "theme health" section includes examples where :

1. The client is an AHB and the purpose of the work is to define and negotiate the nature of the relationships between community organisations and the Board.
2. The client is a territorial local authority which contests the closure of their local hospital proposed by the consultant to the Area Health Board.
3. The local authority, the local Community Board and the Area Health Board cooperate in a social needs assessment involving extensive local community participation.
4. The client is the Area Health Board which seeks to rationalise the provision of health services by closing down a mental health facility and centralising mental health services at another site.
5. A community organisation involved in the health service area has requested help from its local authority in a social audit of its operations.
6. An Area Health Board uses a social assessment process to communicate and canvas directions for rationalisation of local health services with local community organisations and individuals.
7. Some aspects of the process for working through issues used by a key Maori community organisation are outlined.

These examples of work are diverse. Each is different. There are some common ingredients, but their approach is shaped by the identity of the client and the purpose of the assessment process. What is also clear, is that represented here is only a very small slice of a vast body of current experience of social assessment practise in the health sector. In many cases, those doing such work may not realise that elements or the core of their methodology is social assessment, and that there is an existing body of experience that they could use to improve the quality of their work.

Inclusion of any of the reports which follow does not necessarily imply that SIAN endorses the approach outlined, the process gone through, or the conclusions reached. Our primary concern has been to include a diverse range of examples for your information. It is up to you as the reader to make your own evaluations of the value of the work. If you are interested in knowing more about these studies or in debating the details of the Social Assessment carried out, then you are expected to contact the authors of the respective articles.

James Newell

WHOSE ACCOUNTABILITY IS IT ANYWAY ?

Building Relationships Between the Health Boards and Community Organisations

Accountability is a current buzz word. It has been used as a reason for many of the huge changes we have experienced in this country over the past decade. We have been obsessed with the mantra "Who is accountable to whom for what?". Yet in our rush to establish who precisely is accountable to whom, have we tended to ignore (or at best oversimplify) the "for what"? If accountability is essentially identifying the responsibilities in a relationship between two parties, have we tended to spend more time designing and implementing the *mechanisms* for that relationship, rather than looking more intensely at the *nature* of that relationship?

This debate has been highlighted for us in our recent work negotiating contracts between the Bay of Plenty Area Health Board and community health organisations. The Board has expressed its commitment to the local communities in its statement "Partnerships in Health". As part of that commitment it has allocated resources to community based health organisations. It also has a commitment to delegating its responsibilities under the Area Health Board Act to the most appropriate operational level. As a result, the Board is entering into contracts with a wide variety of community health organisations. We were brought in to develop and evaluate that contracting process. In the past three months we have negotiated nearly 40 contracts ranging from \$1000 to \$200,000.

The most important thing we realised was that a contract is not an end in itself; it is a means to an end. It basically documents a relationship between two parties and the aspirations for that relationship over a period of time. A contract between a community health organisation and an Area Health Board documents the relationship in a microcosm between public bodies such as Area Health Boards and the communities which they serve. So what has negotiating these contracts told us about this relationship and the accountabilities demanded within it?

Our initial brief was to negotiate outputs for money. Our first lesson was that community organisations saw accountability in terms of *outcomes* as well as *outputs*. What they achieved, as well as what they did. For instance, the Whaioranga Trust was as interested in the empowerment of Maori women as it was in the kind of training courses it ran for them. Presbyterian Support Services was dedicated to maintaining the independence of elderly people as much as the activities at the Carruth Day Centre which maintained that independence. In the light of this we looked at the kind of relationships between Boards and the Department of Health. We were intrigued to see that most of the accountability and reporting structures between the Boards

and the Department of Health seemed to be based on outputs not outcomes. Bed occupancy rates rather than healthy populations. So we have a situation, at least from what we saw, where Government is holding the Boards accountable for outputs, whilst communities are wanting accountability in terms of outcomes as well as outputs.

Secondly, although outcome based contracts leave lots of room for initiative, innovation and diversity, both sides were keen that there should be some accountability in terms of the processes and approaches used in the achievement of the outcomes. A good example here is the different kinds of attitudes and approaches to providing services to the mentally ill. In the Bay of Plenty some organisations achieve their outcomes using a disease model, others achieve the same outcome using an empowerment model. These different models suit different kinds of people. It is in everyone's interest to ensure that one model does not predominate in any one area. In order to maintain this diversity each contract needs to stipulate process, and models.

A third issue was the responsibility for and access to information and processes (e.g. meetings, training). The free and unrestricted flow of information and access to processes is potentially one of the casualties of a competitive, contract based relationship. Both the Bay of Plenty Area Health Board and local community groups (indeed local communities) need information in order to plan their activities and respond accurately to demand. Boards and community organisations need to be held accountable for ensuring that the quality and quantity of that information is not compromised by pseudo (and in some cases actual) commercial constraints. It was interesting to see community organisations realise and become concerned about this in terms of their relationship with the Area Health Board.

Finally, the value base of the relationship is of fundamental importance. The shared and individual values within our communities are a most precious possession. Irrespective of how good or effective the services provided by an Area Health Board or community organisation, they will come to grief unless those values are identified and worked with. The Board is actively working on this - it requires all organisations to comply with its publication "Partnerships in Health", and increasingly discusses the value base in contract negotiations. In the case of organisations working under Maori kaupapa; that kaupapa has formed part of the contract.

So our picture of accountability from a community perspective is rich indeed. Boards are held accountable by local communities for money, outputs, outcomes, relationships, processes, information availability, information quality, and values. There may be more to add to this list; these have been revealed by our work, they are only a very small part of a Board's relationship with its communities.

Some might say that all we have done is made an already

confused picture worse. We have loaded onto ourselves more responsibilities. Our argument is the reverse. By adopting apparently simple notions of accountability (essentially products or services for money) this country has bought itself nothing but anger, frustration, confusion and disruption. We are impressed with what the Bay of Plenty Area Health Board and the local community organisations have been able to achieve. They have begun to work through and use some of the more difficult concepts in a practical and constructive way. What we will probably find out is that around the country there is a great deal more understanding about the complexity and richness of accountability than is given credence at the centre.

Mary-Jane Rivers

Bob Williams

SOCIAL IMPACT ASSESSMENT OF THE PROPOSED CLOSURE OF NAPIER HOSPITAL

A social impact investigation was carried out by Environmental Planning Associates for the Napier City Council, as part of its response to the Booze-Allen proposals to close Napier Hospital.

The proposal arose as part of the Hawke's Bay Area Health Boards' investigation of cost cutting in hospital services, which absorb 85% of its total budget. However, the Booze-Allen study was carried out in the absence of a policy or framework giving the Board's intended approach to its responsibilities for the complete range of health delivery functions. The proposal to close Napier hospital, and apparently reduce service delivery to the Napier community, without any explanation of alternative services or intentions to mitigate impacts, was of considerable concern to the local community.

The closure was intended to rationalise hospital services between Napier and Hastings, and presumably to improve quality of service (although this was not established by Booze-Allen). It was also supposed to save money, but the approximately \$7m to be saved did not take into account debt servicing of the \$66m building programme regarded as necessary.

While Booze-Allen identified social impacts as something to be taken into account in their assessment, they did no background work and produced no information.

Napier City, in responding to the proposals, investigated many aspects of Booze-Allen's work, and found it generally to be inadequate or inaccurate.

The social impact study revealed that the Hospital was by far the largest employer in Napier, and that there would be a substantial contraction in the total economy if the hospi-

tal was closed, in the long run.

In the short term, a mini boom-bust cycle would affect both Napier and Hastings, as all hospital services were to be transferred to Napier for 4 years, while the building programme was undertaken in Hastings. Some \$11m would transfer to the Napier economy from Hastings each year over that period, and subsequently \$22m/year would be lost from Napier.

Two hundred jobs were also involved, extracting \$5.5m from Napier and Hastings each. Additional travel costs of approximately \$2m would be incurred by people in the city which did not have a hospital.

The study also found that there were many other impacts which could not easily be given a dollar value. These included:

- Travel impacts, including time loss and stress.
- Inconvenience and uncertainty to families from relocation or commuting.
- Reduced hospital visiting, by family, friends and volunteers from Napier.
- Land value changes from staff relocation - negative in Napier, positive in Hastings.
- Stress on voluntary agencies connected with the hospital, particularly in Hastings.
- Loss of voluntary agencies connected with the hospital, particularly in Hastings.
- Loss in hospital-related job training opportunities.
- Reduction in Napier community's skills base and flow on effect into local community organisations.

Many of the costs and impacts would be imposed on those least able to carry them - particularly the elderly, the unemployed, Maori, disabled and single parents. However, adverse impacts would be felt by everyone in Napier.

Overall, the social impact assessment concluded that Booze-Allen had placed inadequate emphasis on the social and economic impacts of its recommendations, and that alternative means of rationalisation and/or improving hospital service delivery should be investigated.

Sylvia Allan

WEST HARBOUR COMMUNITY STUDY

What's so Different?

Extensive consultation and negotiation resulted in the Port Chalmers Community Board, the Dunedin City Council and the Otago Area Health Board joining forces. A rather remarkable community study was successfully completed in the West Harbour of Dunedin last October. Co-operative efforts do not always succeed. But this one did. The joint effort also helped to broaden how community and

health issues are being defined.

Dilemma of Community Studies

At a time when social monitoring is absolutely essential to evaluate major changes in many areas of social policies and practices, community studies still tend to be undervalued and under-utilized.

Presently economic considerations predominate. Social assessments which do not yield immediate net benefit outcomes in dollar terms are hard to sell.

Community studies have often been regarded as a rather soft tool that people love to hate. "Social actionists" object to communities being expertly assessed. "Serious" scientists are frustrated by the imprecisions of study instruments, their inability to generate predictions or testable hypotheses.

People and communities are rarely static objects for observation. Choice of study focus often reflects the researchers' (or funders'), rather than local, interests. The process of study frequently induces changes to the peoples' attitudes or perceptions that one wishes to ascertain. The West Harbour study attempted to turn some of these obvious limitations into advantages.

The Process and Effects

The process used was intended to maximise the possibility of supporting community changes, in perception, attitudes, actions and structures.

There are fewer than 5000 residents in the study area, but they form at least eight very distinct communities.

In the first stage of the study 102 local groups/organisations of various sizes and functions were identified. This provided the initial "social mapping" through which group membership and social interaction patterns emerged. The groups also helped to select "key" issues for the study. The perspective of the service providers was established. The process of involving community groups made the objectives of the study more relevant to the local people. It encouraged greater ownership of the project. This measure does not entirely guard against researchers imposing their own interests, but brought the project a step closer to the communities concerned.

The second stage involved a conventional postal questionnaire survey of local residents. By that stage considerable community interest had been generated by the various clubs and societies. This probably accounted for the very satisfactory response rate of just under 40%, considering the questionnaire was 12 pages long and covered over 10 major subject areas, with extensive qualitative information required. Over 360 people took part in this phase of the study.

The questionnaire covered general as well as specific issues, ranging from people's recreation activities and preferences, health care practices and priorities, environmental concerns, transportation and their perception of the community's strengths & weaknesses, needs of the elderly, young families, youth and children.

The questionnaire tackled issues as well as probing community preferences for change or improvement.

There are always fears that such a process may "unearth" too many cans of worms. It may uncover or even generate excessive or conflicting needs or demands beyond the capabilities of the local communities or their leaders to manage, but such fears were not realised.

The communities were able to acknowledge and accommodate many of the needs in a constructive manner.

This process provides a potentially very effective community development tool: working with local communities to recognise common or conflicting issues, to locate their own strengths and needs, to develop areas of consensus and focus, to strengthen community structures and encourage local initiatives.

The Third Stage

More than 10 community meetings were held in the various communities. In some instances 40-60 people would turn up on cold rainy wintry nights to look at the study results, listen to the presentations, and discuss their responses.

In some instances there were follow-up meetings held at the residents' requests. As a result, a resident association which had gone into recess was revived and a new community association formed. A number of community projects were initiated.

In a relatively low key manner, very extensive local participation eventuated. Although many potentially controversial issues were raised, the approach was non-threatening and appeared to be well received by the community.

The study report titled "People and Services in the West Harbour Area" has been adopted by the Dunedin City Council and the Port Chalmers Community Board as a local development document, and is being addressed by the Otago Area Health Board. The main achievements will be measured by the use made of the results by the local communities.

*Grace Ng
Senior Community Advisor
Dunedin City Council*

CHERRY FARM HOSPITAL DOWNSIZING

Visitors to Dunedin driving south from Oamaru may notice a group of buildings clustered amongst trees just past the Karitane turnoff. This is the Cherry Farm Hospital. It consists of three sub-hospitals built during the 1950's by the Department of Health as part of its out of sight, out of mind philosophy. In 1972, the Otago Hospital Board assumed control of these facilities and, as part of a rationalisation, began to close other mental health facilities in the area and consolidate mental health services on Cherry Farm. From an inpatient population of over 1300 in the mid 1960's: changes in treatment philosophy and increased placement of psychiatric patients out into the community have resulted in a reduction to about 330 patients today, and an 80% occupancy rate. About 25% of these patients come from outside the Otago region.

Outside of the acute psychiatric services, patient turnover has been low and there have been few long term admissions recently. The Board has accepted proposals for individual management plans and community integration of most of the mentally handicapped patients in Cherry Farm and is building/refurbishing a ward at Wakari Hospital for the long term psychogeriatric patients resident in Cherry Farm psychogeriatric sub-hospital. It is against this background of reduction and relocation of services that the social impact assessment project of KRTA consultants was carried out from July to September 1990.

The consultants looked at the impacts and benefits of relocation and downsizing of Cherry Farm activities on two geographic areas - the community surrounding Cherry Farm Hospital, (including Palmerston and Waikouaiti where 50% of staff live); and on the Wakari area and the wider Dunedin community. They used a three part methodology :

Group focus sessions- with participants drawn from Cherry Farm and its surrounding environs, (including the neighbouring Karitane Maori community), Dunedin and Wakari Hospitals and their surrounding communities.

Cherry Farm Staff survey- to assess the linkages that staff have with their local communities and their perceptions of the possible impacts of location.

Analysis of Demographic data- to indicate trends and provide a basis of comparison with previous studies.

An important part of this process was the decision to use an explicit conflict resolution model and to gather qualitative data to allow a consultative programme to develop.

The Impacts of Downsizing/ Closure/ Relocation

Although the ultimate closure of Cherry Farm has been recognised since the mid 1980's: the timetable for reduction and relocation of services has speed up since the release of the Mason Report on Regional Psychiatric Services in 1988. The 1986 Strategic Plan for the then Otago Hospital Board recognised that "staff morale, industrial relations and community consultation (their emphasis) . . are a major priority for consideration during the running down period." The majority of Cherry Farm staff continue to be drawn from the surrounding rural area and exhibit a remarkable stability of location- some 35% having lived in the area longer than 20 years. It is this stability of population and the indicated willingness of many staff to commute to Dunedin for work that KRTA consultants believed would minimise social and economic impact on Palmerston, Waikouaiti and the surrounding area. They believed the opening up of new ventures such as the MacRaes Flat gold-mining project and the demand for lifestyle blocks north of Dunedin would also offset any further effects of the closure of Cherry Farm Hospital.

From the group discussion sessions held with Cherry Farm staff, it appeared that some of the major issues hinged on the timely provision of information about possible closures, the uncertainty associated with this on future housing and schooling plans for families, and on staff morale in working in a service which is being phased down. An interesting finding from these sessions was the level of community acceptance of Cherry Farm patients in the local communities and their participation in local events.

From the Wakari community's point of view, the relocation of present Cherry Farm services was much more problematic. While there was general acceptance of some intellectually handicapped and the remainder of the psychogeriatric population being accommodated close to the existing geriatric facility at Wakari Hospital, the relocation of psychiatric patients sparked off widespread unease and some hostility. The activities of a forensic unit for criminal offenders in particular aroused the greatest opposition. Ranged against the opinions of the mental health professionals and psychiatric patient rights groups advocating for a therapeutic community close to existing services were Wakari residents' perceptions of decreased personal security resulting from the presence of a facility for the criminally insane being located in their midst.

The KRTA report recommended a number of impact mitigation measures to reduce or minimise any possible adverse impacts. These included:

- job retraining for staff unable to relocate;
- exploration of alternative uses for the Cherry Farm site and the buildings;
- provision of information and support for Cherry Farm staff during the phase down period;
- liaison with the Dunedin City Council's Community Services to maintain community and social services in the affected communities;

- and continued consultation and liaison.

Improved public relations was seen as an important goal for the Board as there seemed to be some distrust of the Board's motives in embarking on this consultation exercise. Comments received during the group sessions seemed to indicate a major credibility gap between the Board's planning and its public announcements.

The Aftermath

In October 1990 the Board released a public consultation document on options for the relocation of services presently located at Cherry Farm. A large number of submissions were received by the Board sub-committee before the 15 November deadline, including a 9000 signature petition calling for Cherry farm Hospital services to remain. Submissions were also received from staff, the Boards Service Advisory Groups and its Dunedin District Health Committee. The Board's majority decision to relocate psychiatric services at Wakari Hospital was opposed by the Dunedin District Health Committee.

The Dunedin City Council in its submission to the Board asked that the timing and timetabling of future changes to services be reviewed as it was of the opinion that there was insufficient community acceptance of changes and the absence of adequate support services in the community to cope with the influx of discharged psychiatric patients. Subsequently the full Dunedin City Council, on the advice of its chief planner has refused the Area Health Board's request for planning consent to build a forensic and safe care facility on the Wakari Hospital site. It has notified a proposed change to the district scheme "which would exclude hospitals accommodating special patients within the meaning of the Mental Health Act, 1969" i. e. committed forensic patients (O. D. T. March 5, 1991). If this change is upheld by the Council following planning hearings, then the Area Health Board would be obliged to seek special planning permission if it wished to build on the Wakari site. Further appeals to the Planning Tribunal would then be likely and the whole process might take many months.

The problem is that, time is running out for the Board if it wishes to access the special capital funding provision for regional psychiatric secure units and have a forensic unit and regional forensic psychiatric service operating according to the Mason Report guidelines before 1992. In an attempt to work through this impasse, a liaison committee with the Wakari community is now being established by the Board.

***Doug Craig, Planner
Otago Area Health Board***

SOCIAL AUDIT - CHRISTCHURCH ARTHRITIS SOCIETY

One of the roles of the City Council Community Development Section is "making available advice and professional services to metropolitan social services and community agencies."

In line with this role, Mike Reid and myself have been working for some months with the Arthritis Society in Christchurch. The society wished to have a social audit (their terms) of their agency.

The Arthritis Society wanted to look at its:

- service delivery to its members
- staff roles and job descriptions
- committee structures
- administrative procedures
- future directions
- relationship with New Zealand Arthritis Foundation and possible amalgamation with the Foundation.

The methods used were:

- Survey of Membership - piloted with small sub-committee and subsequently modified
- Discussion groups with committee
- Face to face interviews with staff (6)
- Survey of key people in supporting agencies and open meetings of members

There were time constraints imposed by the Society and the process became somewhat rushed. As with any process that looks at the potential for change in an agency structure, our process caused some factions to be formed - either passionately for or vehemently opposed, as well as those who sat on the fence. After all data had been collected, collated, interpreted, and discussed with the agency, we facilitated two meetings open to the membership of the Society to assist them in forming recommendations for their future structure. The recommendations were widely accepted and some radical changes in the structure of the agency have already taken place, with more to follow. The overall benefits have been, better service delivery, more involvement by membership in decision making, more open and accountable management, increase in education of members, better use of financial resources, and the beginning of a closer working relationship between the Arthritis Society and the Arthritis Foundation.

It has not been an instant change. Much hard work has been done by the Society to ensure a positive future.

Another project we are planning is a monitoring project on the effects of benefit cuts - looking at social indicators and also setting up a study of 24 specific families covering different benefit incomes - any suggestions on this

would be welcome.

Martin Maguire
Christchurch City Council

**PUBLIC PARTICIPATION IN
PLANNING HEALTH SERVICES -**

GOLDEN BAY

Golden Bay has two small hospitals, one a maternity hospital in Takaka and the other an extended care hospital for the elderly in Collingwood. In 1983, a report to the (then) Nelson Hospital Board raised concerns over the high numbers of beds in Golden Bay relative to the population, under-utilisation of maternity services, and poor distribution of geriatric beds in Golden Bay relative to the centre of population. This report mooted a single community hospital as the long-term aim of the Board.

At this announcement, the people of Collingwood organised themselves into the Collingwood Hospital Action Committee and notified the Board of their strong opposition to the possible closure of the Collingwood Hospital.

A more detailed report was presented to the Board in mid-1984. Some copies of this "Regional Service Plan: Golden Bay" were sent to interested people, and a summary was printed in the Nelson newspaper. A meeting was held in Golden Bay to discuss the proposals and many submissions were received.

Public meetings over this period were very stormy, with the Golden Bay people being vehemently opposed to changes in the provision of health services and one public meeting carried a motion "that the Board take no further action on closing Joan Whiting Memorial Hospital" (Collingwood Hospital). People were concerned, particularly, that they would lose services for accidents and emergencies especially as the area is quite isolated and sometimes flooding exacerbated this problem.

In October 1984 the Board agreed that a feasibility study be prepared on the development of a community hospital at Takaka and the development of a primary care support facility at Collingwood.

That is where the issue lay until mid-1987, when the Board resolution was activated. A planning officer from the Board was responsible for preparing a Feasibility Study. The first step was the preparation of a Discussion Paper which addressed the background to the paper, then presented "facts and figures" on population, service utilisation, staffing and health needs. It also proposed discussion questions to stimulate people in Golden Bay to think about the community's needs, their priorities for health services and the options for the provision of services.

Following the release of the Discussion Paper, the planner was available to the community to hear their views. This was done through the planner being based in the Bay for a few days, during which time a variety of individuals and

groups met with her to discuss the issues and present their perspectives. In addition, several meetings were held with the Golden Bay Community Health Committee which earlier, had been formed under the Area Health Boards Act 1983. This Committee had a very close interest in the review of health services and was a valuable reference group for the planner in establishing and organising the process, as well as discussing content and options.

Following receipt of submissions, both verbal and written, on the Discussion Paper a draft Feasibility Study on the Redevelopment of Health Services in Golden Bay was prepared. This study attempted to define what a reasonable level of service would be for such an area, what areas of gaps or over-provision existed and what community priorities were. It finally identified six options for the future structure of health services in the Bay and outlined the pros and cons of each.

Further consultation took place on the options before the Board considered the report at a special Board meeting in September 1988. At this meeting they agreed that their preferred option was: establishing a community hospital on the site of Takaka Hospital; establishing a primary care facility at Collingwood; facilitating the redevelopment of Joan Whiting Memorial Hospital to provide rest home beds; and proceeding immediately to reorganise delivery of maternity nursing services. This preference was essentially similar to the earlier decision, but differed in some important details.

The preferred option was presented to a public meeting in Golden Bay in early October 1988. At this meeting, in contrast to the earlier years, the decision of the Board was well received. It is felt that this was because people had been involved in the discussion of the issues, provided with all the information that the Board was operating with and involved closely in the process. They showed at the meeting that they had appreciated this involvement.

There were still people who were reluctant in their acceptance of the Board decision, but the aggressive reactions received previously were absent. Most people could see the reasons for the decisions and the validity of these. An important part of the Boards' decision, contributing to the community acceptance, was facilitating the development of a rest home. This meant that Collingwood may still have a full-time facility in their community and in the building that they feel an attachment to.

The process was a learning experience for many people involved, although tortuous at times! The process adopted from 1987 was time consuming but worthwhile in that it produced an outcome more widely accepted than might otherwise have been the case. It helped to develop commitment to the decision and for people on both sides of the fence (Area Health Board and community) to gain a better appreciation of each other. The process was not perfect, but it was better than the Board had adopted on other occasions. It helped too in other studies and reviews that

have been undertaken since.

Golden Bay still has two small hospitals. Progress is slow but steady toward building a new hospital in Takaka to accommodate both maternity and extended care services. The Board is making a financial investment in buildings which will provide some pay back in lower operating costs and which will facilitate flexibility in responding to community needs and provision of services.

Claire McKenzie

Nelson Marlborough Area Health Board

TOWARDS HEALTH - A JOURNEY ON A BICULTURAL PATHWAY

A bicultural approach allows an opportunity to make comparisons between the Maori and pakeha ways of achieving better health.

I presented a paper to the Sociology Conference in December 1990, written from my experience in working as a project officer for the Maori Women's Welfare League, which directs its affairs in a purposefully Maori way within a non-Maori structure. The paper examines some of the differences which have enabled the organisation to advance the cause of Maori health through the last 40 years and emerge ready for the challenges of the 1990's.

The paper describes some demographic differences between the Maori and non-Maori populations, followed by a short background history of the League and its structure. After looking at definitions of health, biculturalism and institutionalised racism, the paper then examines some contrasting cultural values such as communication, meeting procedure, networking, age and time.

Some excerpts may be helpful to those of us who are keen to use a bicultural approach. These aspects of the League's organisation appear to be the vital characteristics which have become critical to the League's ongoing effectiveness and may serve as a model for other organisations seeking a bicultural method for achieving satisfactory outcomes.

Communication and Consensus

Maori communications are essentially oral. Speaking and listening are skills that have been passed on over many years, and form the basic means of sharing information, conveying needs, and imparting knowledge.

For the League, this demands a capacity to work from spoken words. Ideas are frequently developed in a collective discussion on a marae. Where pakeha organisations might expect to develop policies and action plans perhaps in response to an initial draft of a position paper, Maori

expect to meet the originator of an idea face to face and to hear the proposal put and debated in a verbal setting.

This in turn requires extra resources of time, transport and nourishment. The issues are developed and discussed from widely varying viewpoints which may frequently extend to include spiritual, cultural and historic perspectives. Again, where a pakeha organisation may typically leave these matters aside for consideration after the concept is launched, the Maori approach insists that all of these aspects are traversed thoroughly from the beginning.

The initiation of a project is inevitably complex. Documentation is often difficult and frequently involves a degree of interpretation which may itself require further discussion. The advantage however, is that once such matters are settled with consensus, what began as an idea becomes an agreed commitment with a degree of support not usually seen in the world of the "dominant culture".

Meeting Procedure

Meetings provide the basic forum for nearly all organisations. There are however marked differences in the manner in which pakeha and Maori organisations approach the process especially in the context of deriving the basis of consultation and consensus.

The pakeha approach will be well familiar. Participants are generally seated in rows or around a table, and are guided by an agreed chairperson. Business is approached directly and there is usually an accepted pressure of time. Speakers are expected to make their points succinctly and to be able to provide factual or empirical support for their opinions. Views are expressed from a singular or individual position.

For the League, it is obviously necessary that the organisation is able to conduct parts of its business in exactly this same manner, at least in those sections of its activities which interact with formal institutions. Its structure is easily adapted to such an approach.

The majority of its activity, however, is conducted in what can be regarded as a modern representation of a traditional hui. The initial greeting is an important part of the process of gathering. It may be made formally or as a simple acknowledgement. There is an expectation that each of the participants will "know" each other and the initial greeting is seen as an important component in "unifying" the group in anticipation of the discussions which will follow. A karakia or prayer is said.

League branches generally conduct their meetings with a chairperson and an agenda. Topics are discussed freely with each person being encouraged to develop and express their viewpoint fully. Feelings, emotions, and the possible status associated with any position are all matters which are able to be addressed fully. The process enables topics to be debated strongly and allows individual participants

the opportunity to adopt and discuss extreme positions. In its wider context, the form of debate may appear to be harsh or even confrontational. Customs, traditions and long held rivalries may be traversed. The key point is that this approach enables all of the issues to be raised within the context of the meeting and resolved. The meeting is generally allowed to continue for as long as is necessary to achieve a consensus.

Networking

In the general form of a "pakeha" organisation, individual members largely seek to contribute or represent a singular viewpoint. Within the League, its Maori origins enable members to contribute in a wider context. Individuals are viewed as coming from a family position. As such they bring contact with whanau, hapu and iwi. In this sense the League can achieve contact with a very wide number of people.

By contrast, the equivalent pakeha organisations typically see their achievements as representing the collective will of their active participants. Individuals generally contribute a singular viewpoint and the organisation gains strength by adding further individuals to its membership list.

Concept of Age

There is a striking difference in the perception of age. The process of aging is viewed as adding status. An elderly person is accorded respect which increases with age. Age is equated with the possession of wisdom and knowledge. Age also brings added responsibilities in the cultural rituals and ceremonies. A woman of 85 for example may be seen as just reaching her potential. Another of 65 is "just a girl" and is seen as having much to learn. A woman in her 40's is often regarded as being just a "baby". There is a long apprenticeship!

There is no equivalent regard within the pakeha organisation. Aging is viewed with concern, and an incumbent senior is seen as requiring a successor.

Of course, both have respect for the energies and enthusiasm of youth and the advantages gained by experience.

Concept of Time

The pressures of time in the world of the pakeha are governed by clock and calendar. It is important to be "on time". To be "not on time" is to be late which is not viewed favourably.

In the world of the Maori, time is usually measured by events with some taking precedence over others. Of course there are appropriate starting times measured by the clock but there is a general attitude that an event will take as long as it needs.

At the same time, it has been necessary for the League to

set and meet deadlines in order to be effective in its communication with bureaucracy. The headquarters staff have full access to the most modern facilities of word processors and computer scheduling of appointments and tasks.

There is clearly a challenge which has to be met in assuring an adequate degree of consultation and debate in conducting the League affairs. This is approached through a conscious process which enables issues to be identified, and the desired approach discussed and agreed before being brought to a national forum for resolution and adoption of policy. The League structure has evolved in a form which enables the League to retain the initiative in key matters.

Conclusion

It is a blending of the two sides of their tradition and purpose which has enabled the League to fulfil its purpose in consulting and serving the needs of their members in a modern world.

The adaptations appear to have been crucial to their effectiveness. A traditional basis has been retained in its fostering of its membership activity. The concept of health is viewed in its widest sense. Amongst the challenges brought by urban migration, employment patterns, and the effects brought by dislocation of wider family relationships, research has shown that ethnocentrism was seen to be a necessary and important component of good health. It is a central concept to the League's purpose and one which has been promoted both within their local communities of interest and in preparation of their submissions to policy makers.

The adaptations which the League has made in taking a pragmatic bicultural approach to all of its activities can also be seen as a necessary response to a form of "institutionalised racism". Such adaptations extend into the organisational structure of the League and the manner in which it conducts its own affairs. Four such adaptations have been discussed from amongst those which can be identified as having distinct characteristics when compared with equivalent pakeha organisations. Together they contribute to the essential strengths of the League as an organisation which is able to be effective in serving the challenges of the 1990's.

*Bev McCombs
Maori Women's Welfare League*

RECENT PUBLICATIONS OR REPORTS

RECENT CENTRE FOR
RESOURCE MANAGEMENT
(LINCOLN UNIVERSITY)
RESEARCH REPORTS

Blackford, C. 1990. *A review of environmental mediation: theory and practice*. Unpublished report for the Ministry for the Environment. 40p. \$9.60.

Blackford, C. 1990. *Social Assessment of flooding and flood adjustment alternatives*. Unpublished report for the Ministry for the Environment. 70p. \$13.50.

Kerr, G.N., Taylor, C.N., Kerr, I.G.C. and Fitzgerald, K. 1990. *A study of the issues and options for the future of Fiordland*. Unpublished report for the Fiordland Promotion Association. 83p. \$10.00.

Steven, J. 1990. *Environment quality monitoring - analysis of a survey of public agencies*. Unpublished report for the Ministry for the Environment. 31p. \$9.00.

C.N. Taylor, C.H. Bryan, C.G. Goodrich 1990. *Social Assessment - theory, process and techniques*. Studies in Resource Management No. 7. 232p. \$20.00.

Information Papers

No. 14. (1990) *A review of the literature pertaining to 'perceived' risk and 'acceptable' risk and the methods used to estimate them*, by J.D. Gough. 96p. \$13.50.

No. 16. (1990) *Public participation: its role in the management of the Waimakariri floodplain*, by C. Blackford. 52p. \$11.25.

No. 17. (1990) *Public perceptions of risk from the Waimakariri River*, by C. Blackford. 81p. \$13.50.

No. 20. (1990) *Concepts of Value: a multidisciplinary clarification*, by Reinhard Pauls. 70p.

No. 23. (1990) *Water: towards a bicultural perspective*, by Cindy McCan and David McCan. 55p. \$11.25.

WE ARE DOING WELL - AREN'T WE? A GUIDE TO PLANNING, MONITORING AND EVALUATING COMMUNITY PROJECTS

By Owen Coup, Margaret de Joux, Graeme Higgs

Produced by, and available free from, the Research Unit, Dept. of Internal Affairs, PO Box 805, Wellington

The Department has a long history of involvement with community projects. The idea came from community groups who wanted help with how to evaluate their projects. As we started to prepare it, however, we realised that we needed to tie the evaluation in with the process of the whole project. Therefore the guide outlines all the stages a project usually goes through and what people need to consider at each point both for the project itself and for monitoring and evaluation.

All community projects can use this guide, both those who are starting out and those which have been established for some time. The material is set out so that anyone involved with a community project will be able to pick out the sections which are relevant for their project now and read those rather than the whole thing at one time.

The guide is divided into five main sections:

- 1 Developing the project idea
- 2 Planning the project and evaluation
- 3 Setting up the project and evaluation
- 4 The project and evaluation in action
- 5 Looking at the project's impact and reviewing its future

Within these five stages there are 34 sections shown graphically in a flow chart. An extra copy of the flow chart is included to use as a wall chart. The text follows the flow chart. It is designed to be easy to read with a boxed section of the main ideas in each bit at the beginning so you can quickly skip through sections you don't need to read in detail. At the end of each section there is an example of the process in action.

**PUBLIC PARTICIPATION IN THE RESOURCE
MANAGEMENT LAW REFORM EXERCISE**

**AN EVALUATION OF THE PROCESSES USED IN
PUBLIC CONSULTATION AND INPUT**

*by Jane von Dadelszen, Ministry for the
Environment and Cathy Wylie, Consultant*

Ministry for the Environment, February 1991, 25p, \$4

As part of the Resource Management Law Reform exercise, an extensive public consultation and information programme was initiated. The public consultation programme included three calls for written submissions, two freephone exercises, numerous regional meetings and hui and the production of two discussion documents, a regular

newsletter and a large number of working papers. A public relations consultancy was also employed to assist with the publications and the strategy. In addition, funding was made available to community and environmental groups to publicise the law reform and help their communities participate.

The objectives of the work behind this report were :

1. To examine and evaluate the consultation and participation methods that occurred in the process of the Resource Management Law Reform.
2. To inform the Ministry of the results to enhance the Ministry's efforts in the future.
3. To inform those outside the Ministry of the evaluation of the consultation programme so that other consultation programmes can learn from the Ministry's experience.

The report evaluates the process used in the policy analysis phase of the law reform process. It is concerned with the views of those outside the process itself. It attempts to assess the perceived worth of the consultation exercise.

Although the report has only now been published, the work was carried out some time ago. Copies can be obtained from the Ministry for the Environment.

International Association for Impact Assessment (IAIA) Membership

Have you ever thought about joining the International Association of Impact Assessment? If yes, then please contact me for an application form. If not, then let me try twisting your arm!

IAIA is an organisation of researchers and practitioners covering the whole field of impact assessment - technology, environmental, social, and risk assessment.

There are currently about 600 members residing in 45 countries around the world. While the organisation is based in USA, Regional Chapters have recently been formed in Western Europe and in Australia. Our very own Paddy Gresham from Ministry for Environment is a member of the Executive Committee.

The goal of IAIA is to advance the quality of impact assessment and to foster its application to impact situations at scales ranging from local to global. The organisation also encourages the development of international and local capability to anticipate and manage the impacts of developments so as to enhance the quality of life for all. At this stage I am unaware as to whether or not the organisation has had any input to the war in the Gulf but I think we can all assume that Mr Bush has not yet realised the contribution which impact assessment could make to improving his decision-making ability.

Members receive the Impact Assessment Bulletin - a quarterly publication of articles and reviews as well as the IAIA newsletter on current events and activities. In addition, members can subscribe to "Society and

Natural Resources", "Environmental Impact Assessment Review" and "Project Appraisal" at member discounts. All are full of really stimulating articles outlining different approaches to issues common to us all.

Now you may think that this all sounds a bit expensive but let me assure you it is not. For the mere cost of \$NZ50.44 (which you can pay with any of the major credit cards) you can gain access to all this valuable information and have a damn good excuse to attend an overseas conference.

As a social impact assessor, I realise that I am obliged to declare my interest in this matter (put my values on the table so to speak) and that I have no hesitation in doing. I am a (very happy) member of IAIA and have been for a couple of years. This year I have been appointed to the Membership Committee of IAIA with special responsibility for recruiting members within NZ. My personal goal is to get 20 new members this year. So far I have supplied application forms to 5 people and would be absolutely delighted to send one to you. So give me a call (04-899-979) or send me a fax (892-868) or send me a letter (31 Roy Street, Newtown, Wellington) and I will post you an application form with my warmest congratulations for being such a smart cookie and recognising a good deal when it hits you between the eyes!

Dianne Buchan