

SUBMISSION FROM THE RAGLAN HOUSE

ISSUES PAPER OCTOBER 2014 : MORE EFFECTIVE SOCIAL SERVICES

Background

The Raglan community is a diverse community with a very high proportion of beneficiaries ranging from the aged (pensioners) through to sickness, unemployed and sole parent beneficiaries. Work is scarce and very seasonal in nature. Public transport to services and employment opportunities in Hamilton is expensive and minimal in nature. Financial pressure on individuals and families results in increased stress levels with a resulting increase in family violence and mental illness. The Raglan House (formerly known as Raglan Community House) currently holds three government contracts:

- MSD for the provision of budgeting services – client targets = 71
- Child Youth and Family Services (Family and Community Services) for the provision of counselling services – client targets = 37
- The Health Promotion Agency – two years funding to undertake alcohol action within the Raglan Community.

As part of the work that we do (and this work is self funded through the operation of a Bargain Basement Op Shop which provides untagged funding for The Raglan House) we have initiated and now administer the work of two Steering groups made up of a wide cross section of our community. These groups (separately) are tackling the issues of suicide prevention and awareness and community violence prevention and awareness. Further information on the work undertaken to date is contained in Appendix 1.

In order to provide a context to our submission (which starts proper on page 2) we provide the following information and recommendations (which we know are outside the terms of reference of the commission but which demonstrate some of the challenges we face as an organisation).

The **Raglan Budget Service** saw 75 new clients in the contracting year. The majority of new and continuing clients are receiving some form of benefit from Work and Income and have, in many cases, amassed debts which date back several years. One of the major difficulties we face is getting clients to engage in the budgeting process in any significant or effective way. They are often referred to the service by Work and Income (or directed to attend) but there is no follow up by the department in relation to the referral and therefore no consequence to any lack of engagement for the individual or family.

Recommendation:

We believe that there needs to be some “reward” to encourage or motivate an individual or family to engage meaningfully in the budgeting process or some “consequence” for failure to do so. The “carrot” is generally a more successful approach than “the stick” and would encourage government to take a creative approach which would hopefully see long term savings in terms of welfare dependency as an individual or family improves their financial literacy.

The **Raglan Counselling Service** saw 93 new clients in the 2013-2014 contract years although we were funded for 37. We have been able to engage with this volume of clients only through being able to access funding from philanthropic trusts to support the service. Funding of this nature is becoming increasingly difficult to obtain and without this additional funding we would be forced to severely curtail our service. This would be of considerable concern to us and would, we believe, be severely detrimental to our community. The work of The Raglan House in the areas of Suicide Prevention and Awareness and in Community Violence Prevention and Awareness can often raise longstanding issues for people in our community and result in increased referrals to our counselling service.

Recommendation

Provide sufficient resourcing for community services such as ours to provide support to our community at a grassroots level thereby reducing demand on mental health emergency services.

Q1: What are the most important social, economic and demographic trends that will change the social services landscape in New Zealand?

A report written by Statistics NZ, “**Demographic Aspects of NZ’s Aging Population**” notes that the “**65+ age group is projected to make up over one-quarter of New Zealand’s population from the late 2030s, compared with 12 percent in 2005. The number of people aged 65+ is projected to increase from half a million in 2005 to 1.33 million in 2051.**”

An increasing proportion of older people will also identify with more than one ethnicity. At the 2001 Census, just 2 percent of the population aged 65+ identified with more than one ethnicity. This compared with 10 percent of people aged 15–39 years and 18 percent of people aged 0–14 years. The greater ethnic diversity of younger people means older people are more likely to have family who belong to different ethnicities. As a result of increasing ethnic diversity, the needs of the older population are likely to become more diverse. Between (and within) ethnic groups, there can be important differences – in family structure, living arrangements, religion, language and diet for example – which have implications for the provision of care and support. Health concerns can also differ between ethnicities; for example, the higher propensity of diabetes among Pacific peoples.”

The Report concludes that “**demographic projections indicate that, regardless of which combination of plausible assumptions is chosen, there will be significant changes in the age structure of the population. All series project a greater number of older people and ageing of the population. These trends are occurring at all spatial levels: globally, nationally and locally. Population ageing has obvious policy implications because Government is largely responsible for the financing and provision of ageing-related services.**”

A report entitled “**Impact of population ageing in New Zealand**” on the demand for health and disability support services, and workforce implications” (A Background Paper prepared for the Ministry of Health by Justine Cornwall and Judith A Davey notes that “***International trends clearly show that people aged 80 and over, particularly those with significant disabilities are the highest users of long term care. However, many people in this category still remain living in the community with the help of formal and informal support services. It is important to recognise the continuum of care – involving acute services, residential care and community support – when thinking about future demand.***”

Another report entitled “**The demographic forces shaping New Zealand’s future. What population ageing [really] means.**” by Natalie Jackson concludes, in part, by noting that “***The social realities of population ageing will also be played out at the local level, which is where labour has to be found, services delivered and much revenue gathered. Many responses to population ageing thus need to be directed at the local level, and all need to take account of the specific drivers of each region’s demography: numerical ageing potentially exacerbated by an influx of retirees, structural ageing potentially exacerbated by net migration loss of youth, natural and/or absolute decline hastened by either or both.*** “

We believe that these reports (and we are sure that there are many others of a similar nature) all demonstrate that:

- NZ has an increasing aging population
- Most of the older people will remain in their communities and will require care and services to be provided within those communities using formal and informal care arrangements and caregivers

Recommendation

Government responses to this population aging need to be directed at the local level. Communities must be resourced and supported to ensure that local solutions to local problems / social issues can be delivered.

Q2: How important are volunteers to the provision of social services?

A 2008 report entitled **“THE NEW ZEALAND NON-PROFIT SECTOR IN COMPARATIVE PERSPECTIVE”** by Jackie Sanders, Mike O’Brien, Margaret Tennant, S. Wojciech Sokolowski, Lester M. Salamon, under the heading of **“Extensive volunteer input”** states that **“Especially notable is the sizable volunteer workforce that Aotearoa New Zealand non-profit sector organisations help to mobilise. Overall, the volunteer effort translates into nearly 134,000 full-time equivalent workers in Aotearoa New Zealand, which represents 6.4 percent of the total economically active population (Table 1). Put differently, volunteers comprise two-thirds of the non-profit sector workforce in the country. The actual number of people volunteering is significantly higher than this, of course, since most volunteers do not work full time. According to Statistics New Zealand estimates, over 1 million people, or 31 percent of the population 12 years and over, were engaged in some kind of volunteer work for a non-profit organisation in Aotearoa New Zealand in 2004. Volunteers fill approximately 1.7 million positions; 46 percent of volunteers do so for more than one organisation.”**

There is a huge diversity in the nature of social service volunteering. In many areas there are, at most, one paid staff member (usually part time) and the rest of the taskforce is volunteer based. There is also a range of reasons why people volunteer from improving skills and therefore employability to enjoying the company of like minded people and/or finding purpose and connection within their communities.

Our organisation simply could not function without volunteers who cover our Drop In Lounge and operate our Bargain Basement Op Shop six days a week. The Op Shop is our only source of untagged funding and through its operation we endeavour to cover shortfalls in salaries and operational expenses and undertake project work that is not funded from other sources. The Raglan Community Vehicle Trust (we take the van bookings and complete their accountability) is staffed solely by volunteers who organise and cover the driver shifts that enable members of our community to attend medical appointments in Hamilton five days a week. Without volunteers this service could not operate.

Volunteering used to be a “given” in NZ. As a society we were more altruistic in the past than in present times. Parents of school aged children manned the PTA committees and ran the fundraising cake stalls and sausage sizzles. Older women whose children had left home or who were divorced or widowed often found connection and purpose through volunteering.

Financial pressure on families to make ends meet, the increasing number of sole parent families and a population that is working longer i.e. older retirement ages means that there are fewer volunteers available to support the work of non profits. Recognition of volunteering efforts may improve availability of volunteers and ease the strain that many non profits face in finding competent volunteers. Whilst any such system could be open to fraud, the vast majority of non profits would, we believe, not find it difficult to administer a system of recording volunteer hours (and many do already) and most would welcome the opportunity to provide some incentive to volunteering.

Recommendation

Government could consider some form of recognition of volunteer work through Tax Credits for Families or some other incentive e.g. bonus payment for beneficiaries on completion of “X” hours of volunteering or improved access to training/study options e.g. reduced fees at tertiary institutions or

accredited courses. Training institutions could also be encouraged to grant NZQA credits for validated and relevant volunteer hours given.

Q19 and Q20: Are there examples of service delivery decisions that are best made locally? Or centrally? What are the consequences of not making decisions at the appropriate level? and Are there examples where government contracts restrict the ability of social service providers to innovate. Or where contracts that are too specific result in poor outcomes for clients?

A report entitled **“THE NEW ZEALAND NON-PROFIT SECTOR AND GOVERNMENT POLICY”** by Mike O’Brien, Jackie Sanders and Margaret Tennant states **“For government, contracts ensure accountability, especially financially, and have created opportunities for government to support a more diverse range of service providers. For the non-profit sector, it is often seen as shaping organisational activities, creating significant compliance requirements and limiting independence And autonomy.”** It goes on to say that **“The 1990s were characterised by deterioration in the nature of the relationship between the government sector and non-profits. During this time debates occurred about the nature and role of sector organisations - was their primary purpose to be a vehicle for the achievement of government policy objectives or did they also have an independent role that they defined? Was there accountability of sector organisations to Government, to the wider public (however defined), to clients or to donors and other supporters? Was it right that government agencies should specify the priorities of organisations from which it purchased services, rather than supporting their causes of origin? These questions continue to be important...”**

This document also states: **“Innovation is often identified as a key function of non-profits, and approaches that restrict their capacity to innovate can be seen as a risk to sector capacity to deliver high quality services (Bryder 2003; Millen 1999; Robinson, 1992; Wilson, Hendricks and Smithies 2001). Shaw and Allen (2006, 215) suggest that the narrow focus on accountability and transparency in funding arrangements has also resulted in important communication difficulties: A [key] feature of funding relationships that has been severely undermined by the changes in approach to non-profit funding and management over the past 20 years. During this period funders’ styles of communication have become more hierarchical and autocratic (Darcy 2002). These styles of communication rarely work in a funding relationship as they may lead to resistance by those low in the hierarchy as they may feel that their views are not appreciated (Cooper 1995).**

Given that this report was written in 2009, it would appear that not much has changed.

Each community knows its own community best. Whatever “commissioning” agency or service is adopted now, or in the future, the ability to self determine where funding is best utilised in the community should be devolved to agencies such as ours, working with **our** people in **our** community. Mandatory “targets” do not always enable us to work with our community in the most cost effective way or efficient way and certainly often do not allow us to deliver “needs based” services. For example, within our community there is a significant need for a service which can help people become work ready i.e. assistance with CV writing, interview preparedness etc. Such a service can be accessed in Hamilton but for the unemployed in our community there are significant barriers to accessing city based services. The cost and limited availability of transport is one such barrier. The Raglan House used to run a CV service but had to shut it down because of our ever decreasing funding levels and an inability to sustain the operation. We believe our community is poorer for it.

Despite a “shift” to outcomes focus in terms of funding, within our Counselling service, we still have an annual client “target” of 37 new clients. In each of the past three plus years we have seen three times that many every year. Without funding gained from philanthropic trusts we would simply not be able to do this and many trusts are becoming increasingly reluctant to fund work that they

believe government should be funding. Our counselling services, accessible by all in our community (at little or no cost) are a lifeline for them. Those that can afford to do so make donations which help to support the service but no client is turned away because of a lack of funds. We believe that being able to access this counselling support in times of crises helps people to find strategies to manage the issues that are affecting them or their families at a particular time and by doing so prevents the crisis from worsening and ending up in emergency mental health situations or clinics such as Henry Bennett.

We understand that there needs to be accountability for public monies by any organisation who receives them and government certainly has the right to determine national priorities in terms of expenditure of public monies. These national priorities can be useful in determining allocation of project funding, (and can help an organisation shape its strategic direction), but government also needs to demonstrate an understanding that the health and wellbeing of **our** community is a priority for **us** and a “one size “fits all” approach simply does not work. Being accountable for the funding by being required to demonstrate how the funding has improved life for members of our community would be a much more productive utilisation of public monies than a “target” of 71 clients, for example, in our budget service who have signed up, created a budget, “ticked that box” and then disengaged from any further attempt to reduce debt levels or find ways in which to live within their means.

Recommendation

Government should support the “causes of origin” for organisations from which they purchase services rather than specifying the priorities in terms of “targets”.

Q25: What are the opportunities for and barriers to using information technology and data to improve the efficient and effectiveness of social service delivery?

Many non profits either cannot afford the technology that could help improve the efficiency and effectiveness of social service delivery or, should they be able to access appropriate technology, through TechSoup for example, do not have staff or volunteers who are capable of utilising the technology.

Most non profits are working at, or well over, capacity and do not see how they can invest time (let alone money) in training staff or accessing the technology that could improve the work that they do – particularly in terms of capturing data. Most staff are employed on a part time basis and full time staff are often working many more hours than they are paid for just achieving what has to be done.

Many governance committees of non profits are made up of older members of the community who neither have the understanding, knowledge or interest in information technology and until these members move on, the situation is not likely to change. The difficulty many non profits face is how to attract the right calibre of trustee for their organisation – people with the skills, knowledge and expertise that can drive the changes. And even if the trustees are skilled, competent individuals, the time that they can give is often limited.

Adding to the difficulty in attracting good trustees is the personal liability that trustees can face and this will become even more difficult once the new Health and Safety Act comes into force on 1st April 2015.

Finding ways to limit liability (but not culpability) for trustees, ensuring good support for those organisations who can provide training for trustees at little or no cost to non profits (e.g. Community Waikato), resourcing non profits to obtain information technology and undertake the necessary

training and encouraging groups such as the Institute of Directors to amp up support for non profit boards of directors could all be useful tools to help non profits make greater use of information technology and thereby improve efficiency and effectiveness.

Recommendation

Government consider ways in which non profits could be supported to improve access and take up of information technology to improve the efficiency and effectiveness of social service delivery.

Q31 and Q32: What measures would reduce the cost to service providers of participating in contestable processes? and What additional information could tender processes use that would improve the quality of government purchasing decisions?

The Raglan House recently made application to enter into an ACC tender process for sensitive claims. We, along with many others we are sure, were invited to enter into the tender process but then when the contract document was received, the contract required providers to be able to provide an end to end service e.g. counselling, social work and other aspects. So whilst we have contracted counsellors who work with many clients who could be eligible for ACC cover, we found we were ineligible to tender because we could not cover the full range of services. Raglan does not have a community social worker for example. ACC sensitive claims clients therefore must go to Hamilton if they are to access ACC counselling. We believe this is unfair to our community and denies us access to counselling funding that could be of huge benefit to our community. Invitations to engage with government in a tendering process should also make it very clear at the outset what the requirements are in order to be eligible. This would avoid organisations wasting time and energy (both precious resources to non profits) on a tender process / contract that they are never going to be able to access.

Recommendation

Government should break tendering processes down so that communities can be eligible for an aspect of a service. If this is not possible, then any tendering process must be clear at the outset what the minimum requirements for eligibility are.

Q34: For what services is it most important to provide a relatively seamless transition for clients between providers?

All services. Many clients report considerable frustration in having to “tell their story” to multiple providers on multiple occasions. Often clients fail to access services simply because they cannot face the prospect of “going through it all again”. The Strengthening Families / Family Group Conferences approach has gone some way to improving this but needs much greater resourcing for it to be effective. Here in Raglan we have to access Strengthening Families from Huntly – an area that is working at capacity in that town let alone having to reach out to outlying communities and families. We do not believe that the follow up from these Strengthening Families /Family Group Conference meetings is always as good as it needs to be to provide the wrap around service that families or individuals often need. The lack of follow up is without doubt due to a lack of resourcing. Without that follow up support, any resolution or solution to a problem or situation is temporary at best or completely ineffective at worst.

Q36: What are the most important benefits of provider diversity? For which services is provider diversity greatest or most limited? What are the implications for the quality and effectiveness of services?

Provider diversity gives clients a choice. Again, it is a question of “one size” does not fit all. A number of factors can influence a client’s choice of provider including cultural nature of the organisation, areas of specialisation and location. For the most part, our clients want to be able to access services in their community not just because of convenience but also because of the cost and difficulty of getting to and from Hamilton. There is also the belief that providers working in our community know our community and can understand some of the difficulties that exist around access to employment, public transport etc.

In Raglan, Waahi Whanui are the government contracted Drug and Alcohol counselling service. They used to run their service from West Coast Health in the township itself. They then moved the service out to the Poihakena Marae / Te Kohao Health Clinic some 2km out of town. Anecdotal evidence indicates that this move has not been helpful for many clients either because:

- Poihakena Marae is their marae and they do not want to attend D&A counselling in that environment
- they do not have access to transport to get them to and from appointments
- they do not feel comfortable in a largely Maori clinic setting even though Te Kohao Health is a community service not just a Maori service

Recommendation

Government needs to ensure that as far as reasonably possible communities have access to a diverse range of providers. Having a pocket of funding that was allocated to each New Zealander which enabled them to access whatever service they needed could be a solution but might be administratively difficult. However, within our health system, GPs are funded per registered client. Consideration could be given to finding a similar way of approaching service provider funding.

Q41 and Q43: What types of services have outcomes that are practical to observe and can be reliably attributed to the service? and What is the best way to specify, measure and manage the performance of services where outcomes are not easy to observe or to attribute?

One of the difficulties with social service provision is that outcomes cannot always be measured in a quantifiable way. How can you tell that a warm smile or a welcome or the provision of a cup of tea and a listening ear might have prevented someone from taking their life? Or that an anger management strategy supplied by a counsellor has prevented a child from being abused? The reason behind what we do in the type of work that we do is, of course, in the hope that these are the outcomes we achieve but there is no way we can record or prove it. An organisation like ours (a community house) is a resource/hub for all in the community not just clients accessing a specific service which can be recorded and tracked. However, we are not funded to be a community resource – only funded to provide a budget service and a counselling service. Where and how we provide that is entirely dependent on what funding we can raise through philanthropic grants, trusts or social enterprise. An increasing challenge for all non profits.

Targets or outputs are easily recorded by a service e.g. the number of clients seen, the budgets prepared, and the goals recorded but the outcomes of these are not often so measurable. The fact that a client follows a budget and thereby, with continued support, clears debt levels and starts to gain control of finances can be tracked and recorded. Other work that we do is not so easily recorded.

For example, the work that we are doing here in Raglan around suicide prevention and awareness has been ongoing since 2012. Since the time the work started there have been no completed suicides of Raglan Whanau and WDHB Intel figures show a drop in reported attempts. We like to think that this shows that the work that we are doing is reaching our community and helping to prevent suicide but how do we know for sure? We are not resourced to do the work that we are doing so we simply cannot undertake any real evaluation of that work in order to prove that it is being effective.

Client feedback is the most effective way of measuring the effectiveness of a service. If the client reports that the counsellor or budget advisor have helped them achieve their goals or improved their life then that is a positive outcome. One of the difficulties non profits often face is how to capture that client feedback. Many of our clients are semi literate so getting written feedback can be almost impossible. When a client is in distress, either emotionally or financially (or both) they have little interest in helping tick *your* boxes - boxes that need to be ticked to satisfy funders that the service is being effective. Once the crisis is over, many clients simply move on.

We don't know the answer.

Q56: Are you willing to meet with the Commission? Can you suggest other interested parties with whom the Commission should consult?

We would be willing to meet with the Commission.

We are uncertain how many submissions will be received by the Commission. Major Service providers will, we believe, be more able and better resourced (and motivated one assumes) to make a submission. Many smaller agencies and non profits may possibly not have the time, energy or ability to provide such a submission.

It is possible that calling meetings in the main centres or inviting a range of providers to such a meeting to create a focus group environment might provide information that is useful to the Commission and which might increase the depth of the responses gained.

APPENDIX 1: OUTLINE OF SERVICES TO THE RAGLAN COMMUNITY UNDERTAKEN BY THE RAGLAN HOUSE (IN ADDITION TO GOVERNMENT FUNDED BUDGET AND COUNSELLING SERVICES)

Suicide Prevention and Awareness

The Suicide Prevention and Awareness Group were formed in Feb 2012 following a cluster of suicides in Raglan. The Steering Group is made up of a wide cross section of representatives from the community including police, doctors, counsellors, marae and external service providers. There have been no completed suicides of Raglan whanau since the work of the group began. Raising awareness of the issue of suicide, and providing education for our community on the indicators and appropriate intervention techniques and support services available are considered critical to the safety of our community. Actions undertaken in the community include:

- Delivery of 3 MH101 workshops
- Delivery of 2 ASIST – Applied Suicide Intervention Skills Techniques - (2 day) workshops
- Delivery of safeTALK presentation by Lifeline Aotearoa
- Compilation, printing and distribution of Emergency Contacts brochures
- Printing and distribution of Check it Out – a wallet size suicide intervention resource
- Printing and distribution of an individual Wellbeing Plan
- Staging of two Candlelit gatherings in December 2012, 2013 with another planned for December 2014
- Promotion of Mental Health Awareness Week in 2012, 2013 and 2014

We will continue to work on encouraging connectedness as a community as we believe that the more connected we are in our community, the greater the sense of health and wellbeing that will exist.

Violence Prevention and Awareness

The Raglan Violence Prevention and Awareness Steering Group were formed following a public meeting on community violence called by The Raglan House. Again this Steering Group is made up of a wide cross section of the community. Work undertaken to date (or in planning stages) includes:

- Compilation, printing and distribution of a Community Support pamphlet
- Events around Pink Shirt Day and White Ribbon Day
- Collaboration with Te Mauri Tau over the delivery of non-violent parenting workshops
- Delivery of an Everyday Theatre workshop at Raglan Area. Everyday Theatre uses drama to bring the issues of domestic violence and child abuse into the minds and discussions of young people and help them find solutions to the challenges presented in the drama.
- Work on a **Keeping Yourself Safe** brochure for our community, and visitors, is underway. This work is being done in collaboration with Raglan Area School and their Digital Communications class. We will then seek funding to have this published and distributed throughout our community (and to visitors).
- Work is being done on the creation of a music video/song written by young people from Raglan Area School (with support from members of Cornerstone Roots and vocalist Anna Coddington). This will be launched at the School Waitangi celebrations in February 2015.

Raglan Network

The Raglan community network of local and regional service providers continues to grow. The network meets quarterly Our PR Advisor remains on the Meridian Te Uku Wind Farm Community Grants Advisory Panel is also Secretary of Community Networks Aotearoa, an organisation which works collaboratively with the NZ Christian Council of Social Services, Social Development Partners and Volunteering NZ and provides a voice to government for its members across the country.

Relationship Building

The Raglan House is working on strengthening our relationships with iwi and, as part of this work, is undertaking monthly training sessions for staff and volunteers with kaumatua. We have also visited Poihakena Marae with staff who have addressed the Kaumatua Programme on the work that is being done by the House. These interactions have had a very positive effect and we are seeing more members of the Maori community visiting the Community House on a regular basis just to drop in and have a cup of tea.

We have initiated a number of activities within The Raglan House e.g. Fun Fridays, Coffee mornings with a guest speaker, Women's Self Defence class. The main purpose of these activities is to try and remove any perception of the Community House as only being a place for "people who need help or

who are in trouble". We are continuing to work to see the House as a social hub for our community who can then access help or services if they are needed.

Through liaison with Link House in Hamilton, a social worker from their Agency work from The Raglan House every Wednesday.

We have also recently collaborated with the Raglan Club, Raglan RSA and SuperValue to institute a Raglan Shopping Bus utilising the Raglan Club van. We have a pool of volunteer drivers available to uplift people from home on a Tuesday and bring them into town for shopping, doctors' visits etc.

Waikato Social Sector Trials

The Raglan House is working with other community organisations and local government on the establishment of a Youth Action Group as part of the Waikato Social Sector Trials. Raglan Area School (a major stakeholder in these trials in our community) have surveyed youth to find out what they see as the major issues for youth in our community, who they see as youth leaders and youth mentors. Results from this survey have shown that bullying, drugs and alcohol are issues faced by our youth. They also do not feel connected or part of our community and this is of major concern. Youth have also cited the lack of a dedicated youth space as an issue of importance to them. From the Youth Survey, Youth Leaders have been identified. They have received training from MSD and have been profiled within the community. These youth leaders will be supported by the organisations working on this trial within our community (The Raglan House, Raglan Area School, Raglan Police, Family Works Northern and Waikato District Council).

Drug and Alcohol Work

Through this year we continued to provide free room hire to the AA and NA Support Groups. These support groups have now been picked up and are run by Mihaka Hohua from Pai Ake Solutions. Pai Ake Solutions Ltd now provide a drug and alcohol counselling service from the Raglan House enabling Raglan referrals to be seen within their community.

We have also received two years funding from the Health Promotion Agency to undertake alcohol action within our community. We are currently in the consultation phase of the project but in addition to this consultation have provided a Drug and Alcohol Workshop, delivered an information seminar to licensees in conjunction with the Road Safety Coordinator from the Waikato District Council and have created a pamphlet "Alcohol and the Raglan Community : Help us keep you and our community safe". This pamphlet contains information on the Raglan Liquor Ban, the new Drink Driving laws, the regulations relating to the supply of alcohol to under 18yrs, Host Responsibility and Tips for Low Risk Drinking. The pamphlet will be printed and distributed widely within the community (including as many holiday homes/rentals as we can reach) over the summer period when our population increases from 3500 approx to 15,000 approx.