

# Wellington Region Genuine Progress Index 2001-2010: Social Well-being

June 2011

Greater Wellington and all the territorial authorities in the region are partners in the development of the Wellington Region Genuine Progress Index (GPI).



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## 1. Introduction

**For more information on the background and methodology of the WR-GPI please refer to the paper “The approach to the Wellington region genuine progress index (WR-GPI) 2001-2010” which can be downloaded from: [www.gpiwellingtonregion.govt.nz](http://www.gpiwellingtonregion.govt.nz)**

### Background

For well over half a century the well-being of nations has been inferred by measuring Gross Domestic (or National) Product (GDP) – the total amount of cash flowing in an economy. GDP and other related market statistics are economic measures that measure the market value of goods and services produced within a country in a given period. They are not indicators of social progress and were never intended to be used as measures of well-being.

Internationally there is now considerable interest in developing wider measures of progress and well-being that do not rely solely on GDP (Talberth, J., et al., 2007; Neumayer, 2000; Colman, 2004; Anielski, 2001; Michalos, A., et al., 2010). These measures are not intended to replace GDP, but challenge the use of GDP as a measure of progress and well-being. One of the emerging new measures from the fields of green economics is the Genuine Progress Index (GPI). The GPI is an accounting system that attempts to measure whether a nation’s or community’s growth, increased production of goods, and expanding services have actually resulted in the improvement of the well-being of the people in that nation or community.

The decision to develop a Genuine Progress Index for the Wellington region (WR-GPI) was made as part of the development of the Wellington Regional Strategy (WRS). The WRS is a growth strategy that has been developed by the Wellington region’s nine local authorities,<sup>1</sup> in conjunction with central government and the region’s business, education, research and voluntary sector interests.

During the development of the WRS, the public said that prosperity in the Wellington region meant more than monetary wealth. They said it was about quality of life for all members of society and that economic growth should not be sought at the expense of the community or the environment.

As a result it was decided to use a GPI framework that measures our progress across all areas of life. The GPI has been developed to measure the economic, social, environmental and cultural well-being of the region. The framework is based on the nine WRS community outcomes, which are identified in the WRS as the well-being goals of the region.

### Methodology

The goal is for the WR-GPI to be a set of accounts that are based on an indicator framework that measures progress across all areas of life. To achieve this goal the development of the WR-GPI comprises two parts:

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<sup>1</sup> The nine local authorities in the Wellington region include Greater Wellington Regional Council, Kapiti Coast District Council, Porirua City Council, Wellington City Council, Hutt City Council, Upper Hutt City Council, Carterton District Council, Masterton District Council and South Wairarapa District Council.

- an indicator framework that assesses progress and trends over time, and
- a set of accounts that assess the economic value of non-market social, cultural and environmental assets that relate to the data and evidence provided by the indicator framework.

The majority of work to date on the WR-GPI has focused on the development of an indicator framework. The WR-GPI 2001-2010 framework is shown in Figure 1. The methodology used to develop the WR-GPI 2001-2010 indicator framework is described in this section.

Indicators provide specific information on the state or condition of something, with the purpose of measuring change or trends over time. Good indicators provide essential information about the health and functioning of a system and can tell us whether progress is being made. However, not all indicators are ideal for use in a monitoring framework. For the WR-GPI a set of criteria was developed to determine the value or usefulness of potential indicators of well-being. The criteria included such things as whether the data came from a reliable or official source, whether it clearly showed change over time and whether it was easily understood.

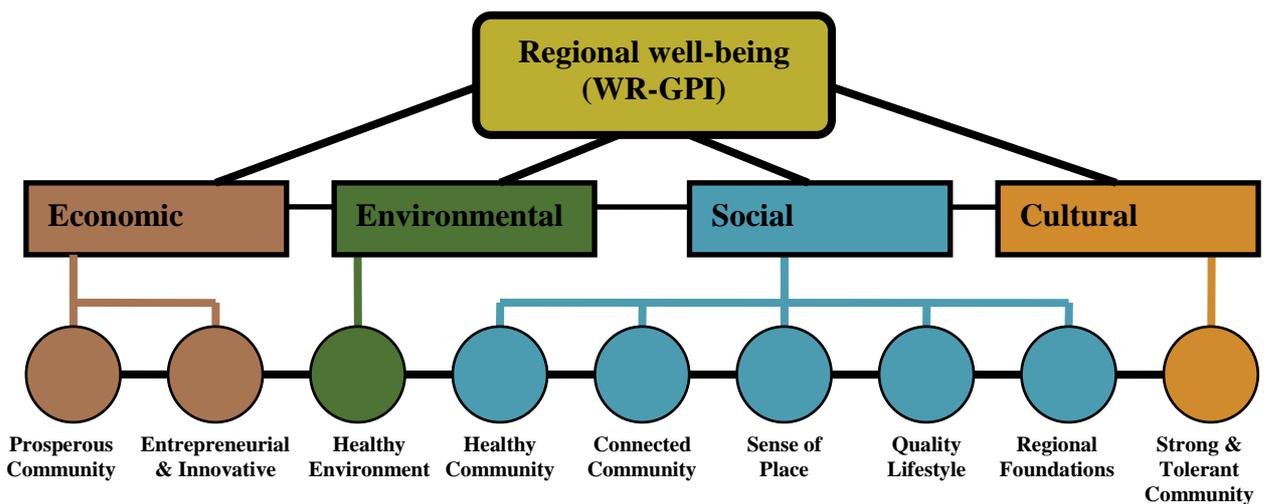


Figure 1. WR-GPI framework

A paper entitled “*The approach to the Wellington region genuine progress index (WR-GPI) 2001-2010*” (Durling, 2011) provides a comprehensive description of the indicators and methodologies employed to construct the WR-GPI 2001-2010 framework, and readers are directed to this for further information.

## Indicator and GPI trends

There are two types of trends presented in this report:

- Individual indicator trends, and
- GPI trends for sets of indicators.<sup>2</sup>

Throughout this report symbols are used to represent the trends in indicator and GPI results.

### Individual indicator trends

The trend for each indicator shows an improvement, no clear progress, or a decline in well-being. The well-being trend may also be uncertain due to no or insufficient trend data available. The relevant well-being trend is represented by one of the symbols shown in Table 1. For example, an upward arrow shows that the change in indicator data over the study period results in an improvement in well-being. It is possible that the indicator data may show a negative trend over the study period but still be represented by an upward arrow as the indicator itself may have a negative influence on well-being for example unemployment rates, road injuries, and crime rates.

**Table 1. Indicator trend symbols**

Symbol	Explanation
	The indicator data trend indicates an improvement in well-being
	The indicator data trend indicates no clear well-being progress
	The indicator data trend indicates a decline in well-being
	Uncertain, no or insufficient trend data available to assess well-being progress

### GPI trends for sets of indicators

The trend for each GPI over the study period indicate improving conditions of well-being, no significant change in well-being, or declining well-being conditions, and are identified by one of the symbols shown in Table 2. A cross, for example, shows that there has been a negative change over the study period in relation to the relevant well-being goals.

<sup>2</sup> Indicators have been grouped under the nine community outcomes and the four aspects of well-being.

**Table 2. GPI trend symbols**

<b>Symbol</b>	<b>Explanation</b>
	The GPI trend indicates an improving condition over the study period
	The GPI trend indicates no significant trend or insufficient information to assess conditions
	The GPI trend indicates a declining condition over the study period

## 2. Social well-being GPI



**The social well-being GPI is at a similar level in 2010 as it was in 2001**

### Overview

Under the Local Government Act (2002), one of the purposes of local government is to promote the social, environmental, economic, and cultural well-being of communities, in the present and for the future. The Act does not define social well-being but allows for councils to develop their own definitions relevant to the local context. The Act also emphasises the need for strategic planning, democratic decision-making, and a sustainable development approach that meets all four aspects of well-being, noting that sustainable development will only be achieved if a council deals with all four aspects of well-being.

There are numerous interactions amongst the elements of the WR-GPI framework, including the four aspects of well-being, as shown in Figure 1. For ease of presentation of results and to keep reports to a manageable size for the reader, the findings for the WR-GPI 2001-2010 are presented as separate reports for each aspect of well-being.

The concept of well-being is widely used, but often without being clearly defined (King, 2007). The evidence from large national and cross-national studies shows that individuals with higher levels of well-being as indicated by such measures as life satisfaction or happiness, tend to be more productive, have higher incomes, more stable marriages and better health and life expectancy (Diener, 2000; Judge et al., 2001).

While there is not a regional definition of social well-being it can be considered that social well-being is the vitality that communities and individuals enjoy through:

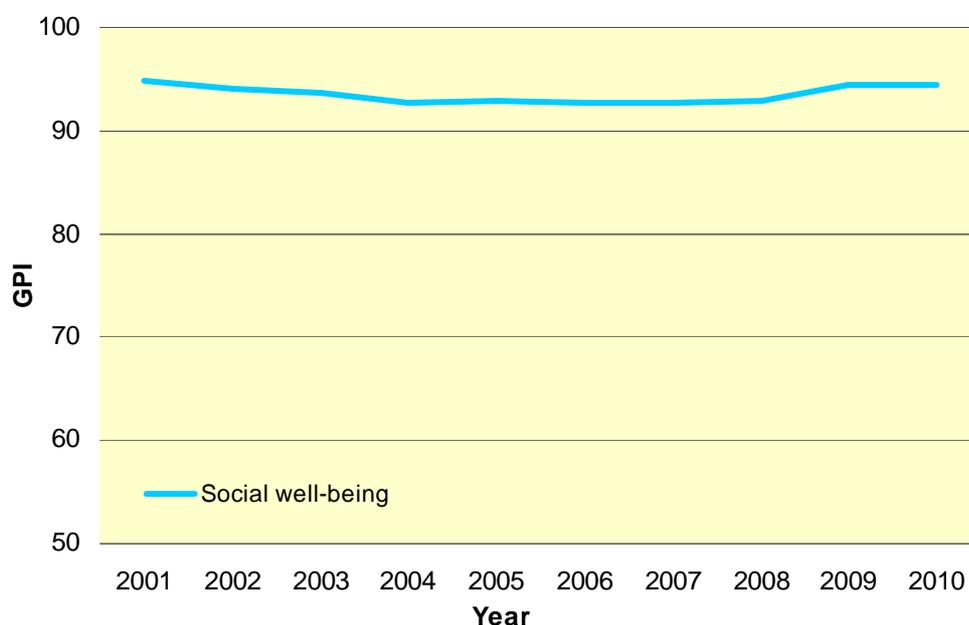
- Connections to their community, and
- Having healthy and active lifestyles.

### Findings

As shown in Figure 1 the WR-GPI 2001-2010 framework is made up of four well-being aspects: Economic, Environmental, Social and Cultural. This report focuses on findings related to the social well-being aspect of the WR-GPI.

Social well-being in the WR-GPI framework is made up of indicators from five community outcome areas – healthy community, connected community, sense of place, quality lifestyle and regional foundations. In total 43<sup>3</sup> of the 86 indicators in the WR-GPI 2001-2010 framework form part of the social well-being aspect of the framework. Sections 8 to 12 of this report show the raw data available over the 2001 to 2010 study period for each of these 43 indicators. For some indicators, data is not available for the whole 2001 to 2010 study period. For details on our approach for dealing with this, see the approach paper referred to earlier (Durling, 2011).

Using the available data, individual index values for each indicator have been calculated for each year over the 2001 to 2010 study period. Figure 2 shows the average of these individual index values, and represents the social well-being GPI for the Wellington region from 2001-2010.



**Figure 2. Social well-being GPI, 2001-2010**

Over the 2001 to 2010 time period, the social well-being GPI was found to be highest in 2001 and lowest in 2007. Overall, the social well-being GPI gradually decreased from 2001 to 2004, remained relatively unchanged between 2004 and 2008, but shows signs of improvement with a slight increase observed over the last two years.

Even though there has been little change in the social well-being GPI over the study period, there have been changes to a number of the indicators over this time. It just means that the negative changes to some indicators are counter-balanced by the positive changes to other indicators.

<sup>3</sup> There are 45 indicators included in the WR-GPI framework that form part of the social well-being area, however two of these indicators do not currently have a data source attributable to them so are not included in this report.

The social well-being indicators that observed the largest increases in their index values over the study period were the percentage of households with access to broadband, followed by the percentage of households with access to the internet, visitor guest nights and public transport boardings. However, indicators with the largest decrease in their indicator index values were water allocation compared to total water resource, followed by the number of households on Housing New Zealand waiting lists and peak AM/PM congestion rates.

### 3. Healthy community GPI

**X** The healthy community GPI has increased over recent years but remains lower in 2010 than 2001

#### OUTCOME DEFINITION:

**Our physical and mental health is protected. Living and working environments are safe, and everyone has access to health care. Every opportunity is taken to recognise and encourage good health**

Healthy community is made up of 11 indicators that were selected to measure progress towards the healthy community outcome definition (shown above). Section 8 of this report shows the raw data available over the 2001 to 2010 study period for each of the healthy community indicators.

As with the social well-being GPI, the available indicator data that forms part of the healthy community area was used to calculate individual index values for each indicator for each year over the 2001 to 2010 study period. Figure 3 shows the average of these individual index values, and represents the healthy community GPI for the Wellington region from 2001-2010.

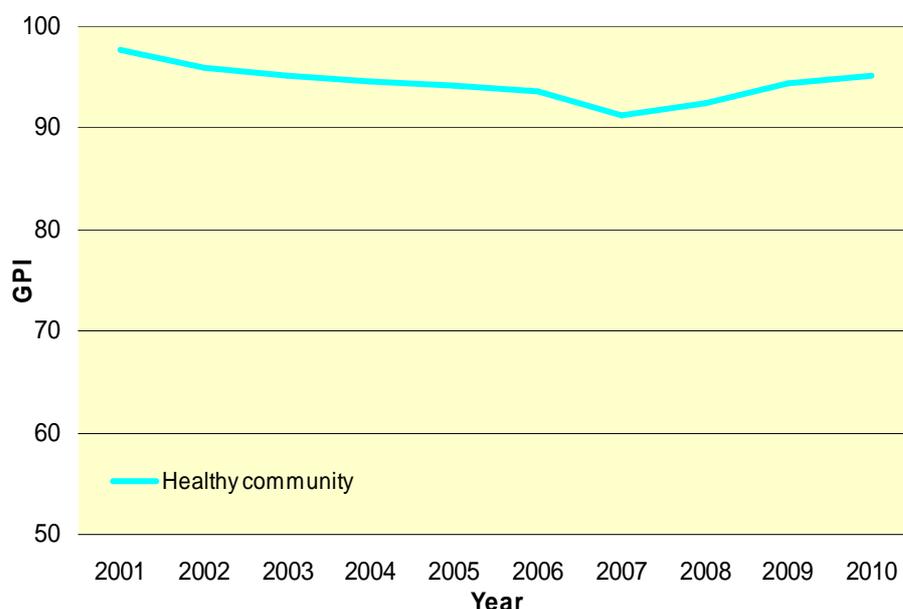


Figure 3. Healthy community GPI, 2001-2010

Over the 2001 to 2010 time period, the healthy community GPI was found to be highest in 2001 and lowest in 2007. The healthy community GPI decreased gradually from 2001 to 2007, but increases have been observed each year since this time. The observed increases over the last few years are encouraging but the healthy community GPI remains 2.7% lower in 2010 than 2001.

The healthy community indicators show that we have not made progress towards the healthy community outcome goals, even though some encouraging gains have been observed over recent years. From 2001 to 2007 where the healthy community GPI decreased, only one healthy community indicator – amenable mortality rate per 1,000 people – increased with all other indicators remaining unchanged or decreasing. The number of reported road injuries made the biggest contribution to the decrease in healthy community GPI from 2001 to 2007, followed by full-time equivalent (FTE) general practitioners (GPs) per 100,000 people, prevalence of overweight/obesity and avoidable hospital admissions rate per 1,000 people. Interestingly the biggest contributor to the increase in healthy community GPI from 2007 to 2010 was the number of reported road injuries (ie, a decrease in road injuries), followed by an increase in the rate of FTE GPs per 100,000 people.

## **Discussion**

Over the study period there were improvements to two indicators, no change for four indicators, declines in four indicators and for one indicator it is not possible to identify a trend as only one year of data is currently available. The indicators within the healthy community GPI indicate that the health of the region's population has experienced a decline since 2001. However, data from the last few years shows some indication that this trend may be reversing.

Good health is vital to well-being. Health is a major component, in one form or another, to the region's overall GPI. Some of the other indicators in the WR-GPI, e.g, income and its distribution, employment, education, crime, free time, air quality, and greenhouse gas emissions, have a major impact on health outcomes. Without good health, people are less able to enjoy their lives, their options may be limited and their quality of life and happiness may be reduced. Also without good health and the ability to access healthcare, people are unable to actively participate in and contribute to the economic, social and cultural life of the region.

Self-reported health has been found to be a powerful predictor of future health problems, health care use, and longevity. The majority of the adult population in the region are positive about their health. Our life expectancy at birth measure suggests that people in the region are living longer.

There is increasing evidence that the risk of developing many chronic diseases is influenced by the way we live. However, exhibiting healthy behaviours, such as non-smoking, safe drinking, doing sufficient physical activity, and maintaining a healthy weight, contribute to reducing the risk of developing many of these chronic diseases (Fine, et al., 2004; Chiuve, et al., 2008; Carr, 2011). Unfortunately, we have not made progress on any of the indicators reflecting healthy behaviours.

Road accidents are a leading cause of premature death, injury and disability. As a region our performance in this area is encouraging but there is much room for improvement. The number of reported road injuries (including deaths) in the region is lower than for New Zealand overall and has decreased each year since 2007. Traffic accidents also impose economic costs, including property damage, medical and rehabilitation costs, disability compensation payments, and lost productivity. The Regional Land Transport Strategy focuses on a range of measures to reduce road accidents and as our progress in this area improves this will also help to reduce the associated economic costs of road accidents.

A number of health conditions and deaths are regarded as avoidable. They can be avoided through the effectiveness of better health and awareness strategies or primary health care interventions or provision. Avoidable hospital admissions can be seen as a proxy for people's access to, and the effectiveness of, community health care services. From 2001 to 2010 avoidable hospital admissions increased by 11% indicating that people are either not accessing primary health care services or the services themselves are less effective.

Health is the outcome of a wide range of social, economic and environmental factors. Improvements to social and economic conditions, lifestyle, and access to health services are likely to have the largest impacts on our health and well-being. In the region we are generally positive about our health and our life expectancy has improved. However, without improvements to the way we live in terms of smoking, drinking, physical activity, and weight we are unlikely to see good progress made towards our healthy community goals.

## 4. Connected community GPI



The connected community GPI has increased since 2001

### OUTCOME DEFINITION:

**Our connections and access are efficient, quick and easy - locally, nationally and internationally. Our communication networks, air and sea ports, roads and public transport systems are world class and enable us to link with others, both within and outside the region.**

Connected community is made up of 10 indicators that were selected to measure progress towards the connected community outcome definition (shown above). Section 9 of this report shows the raw data available over the 2001 to 2010 study period for each of the connected community indicators.

As with the social well-being GPI, the available indicator data that forms part of the connected community area was used to calculate individual index values for each indicator for each year over the 2001 to 2010 study period. Figure 4 shows the average of these individual index values, and represents the connected community GPI for the Wellington region from 2001-2010.

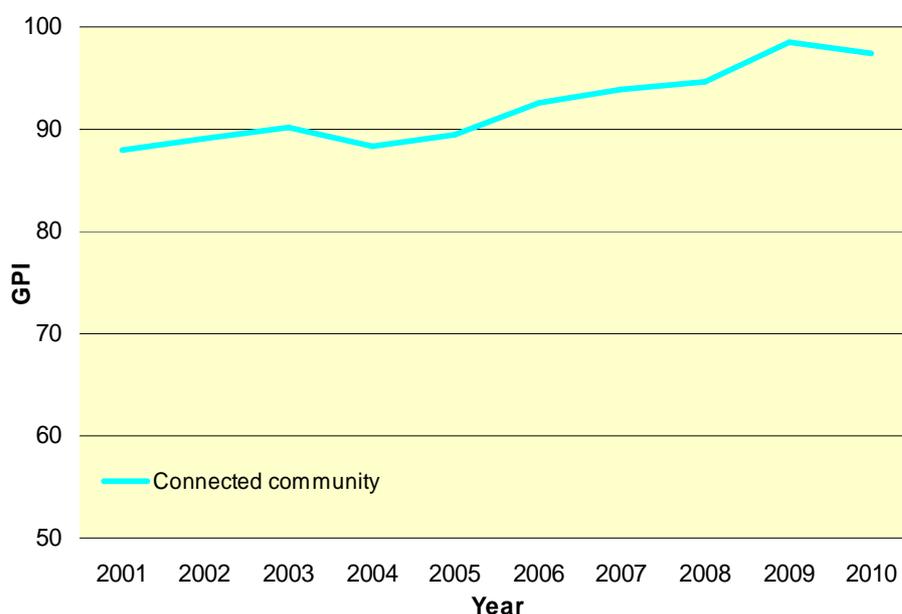


Figure 4. Connected community GPI, 2001-2010

Over the 2001 to 2010 time period, the connected community GPI was found to be highest in 2009 and lowest in 2001. While the connected community GPI has seen some fluctuations over the study period, increases have generally been observed each year. Overall the connected community GPI has increased 10.6 % from 2001 to 2010.

The majority of connected community indicators have increased over the study period, with the percentage of households with access to broadband making the biggest contribution to the increase in connected community GPI from 2001 to 2010. Other increases of note were for the percentage of households with access to the internet, public transport boardings per capita and active mode share of total household travel. Peak AM/PM congestion rate index showed the only decrease over the 2001 to 2010 period.

## **Discussion**

Over the study period there were improvements to six indicators, no change for two indicators, declines in one indicator and for one indicator it is not possible to identify a trend as only one year of data is currently available. The indicators within the connected community GPI indicate that the region has experienced an improvement in connectivity across various modes since 2001.

A region that is well-connected in terms of enabling resident's access to private and public transport, and technology such as the internet contributes to the overall well-being of its residents. Access to private and public transport increases people's access to employment, education and medical services, as well as access to the wider community within and outside the region.

The indicators show that use of public transport and access to public transport in the region has increased since 2001. Currently there is only one year of data available, but according to a 2010 survey 56% of residents rated getting around the Wellington region by public transport as somewhat easy, very easy or extremely easy.

Increased public transport use tends to correlate with a reduction in the dependence on private vehicles, which has benefits in terms of keeping road congestion down, reducing vehicle costs, reducing greenhouse gas and air pollutant emissions, and reducing the potential for road accidents. However, access to a motor vehicle and the ability to afford to use a motor vehicle, is an important part of feeling connected and provides people with travel opportunities and choices. In 2006, 88% of households in the region had access to a motor vehicle, this is a slight increase since 2001.

Although having access to a motor vehicle is an important part of feeling connected, it is also argued that we want to reduce motor vehicle numbers, especially at peak hours, to reduce congestion. Congestion increases travel time, stress, air pollution and fuel consumption. This makes the movement of people and goods less efficient and reduces people's quality of life. While congestion rates in the region have fluctuated over the study period they are higher in 2010 than they were in 2003.

Encouraging the use of public transport and providing feasible and safe walking and cycling options can also help to reduce congestion. This also reduces the associated negative environmental, social and economic impacts of congestion. There are also additional health benefits achieved by increasing walking and cycling as a transport option.

Travel by active modes made up just over 25% of total travel by residents of main urban areas in the Wellington region. This compares favourably to only 20% of travel for New Zealand residents of main urban areas overall. The higher percentage of travel by active modes in the Wellington region is supported by relatively high proportions of residents rating getting around the region by walking as good. The relatively compact and geographically small scale of Wellington's regional cities and towns make walking around the region relatively easy. However, in comparison lower numbers of resident's rate getting around the region by cycling as good, suggesting that this is not a feasible transport option for a number of residents.

Connectivity locally, nationally and internationally can be increased by having access to the internet. This connectivity also becomes quicker and more efficient with access to broadband. Access to the internet and broadband has increased dramatically within the region since 2001. Internet and broadband access can increase productivity and competitiveness, help in business innovation, research and education, as well as improving connectivity to friends and family. However, broadband speeds and costs are still limiting the potential for great economic benefit to the region. It is hoped this will improve over time when the Ultra Fast Broadband Initiative and the Rural Broadband Initiative results in more fibre broadband for Wellington region residents.

## 5. Sense of place GPI



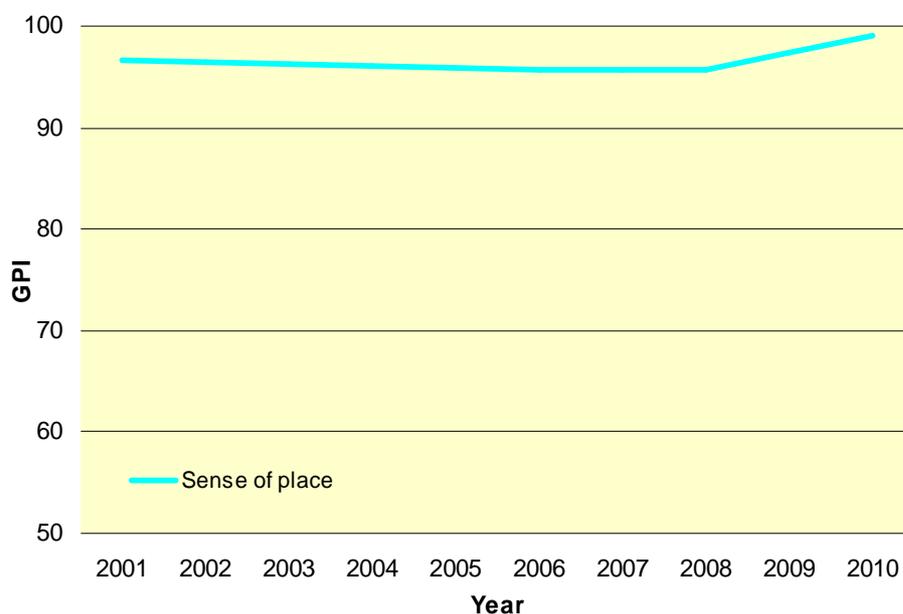
**The sense of place GPI is similar in 2010 as it was in 2001 even though some encouraging gains have been observed since 2008**

### OUTCOME DEFINITION:

**We have a deep sense of pride in the Wellington region and there is strong community spirit. We value the region's unique characteristics – its rural, urban and harbour landscapes, its central location, and its capital city**

Sense of place is made up of six indicators that were selected to measure progress towards the sense of place outcome definition (shown above). Currently one of the sense of place indicators does not have a data source attributable to it, so only five indicators are included in this report. Section 10 of this report shows the raw data available over the 2001 to 2010 study period for each of the sense of place indicators.

As with the social well-being GPI, the available indicator data that forms part of the sense of place area was used to calculate individual index values for each indicator for each year over the 2001 to 2010 study period. Figure 5 shows the average of these individual index values, and represents the sense of place GPI for the Wellington region from 2001-2010.



**Figure 5. Sense of place GPI, 2001-2010**

Over the 2001 to 2010 time period, the sense of place GPI was found to be highest in 2010 and lowest in 2006-2008. The sense of place GPI decreased gradually from 2001 to 2008, but has since increased each year. However, overall the sense of place GPI is relatively unchanged between 2001 and 2010 with only a 2.6% increase.

There is limited data currently available for the sense of place indicators meaning our progress is difficult to measure. Currently the only indicator that makes a measurable significant positive contribution to the sense of place GPI from 2001 to 2010 is residents' sense of community in local neighbourhood, whereas volunteerism rates show the only decrease.

## **Discussion**

Over the study period there were improvements to one indicator, no change for two indicators, declines in one indicator and for one indicator it is not possible to identify a trend as only one year of data is currently available. The indicators within the sense of place GPI indicate that it is currently difficult to measure progress towards our sense of place goals due to the paucity of available data. As more data becomes available over time it will become easier to draw conclusions on our progress towards our community outcome goals. The GPI is a long term monitoring tool, and as a region we are just in the early stages of data collection which in cases such as this, does have its limitations.

Despite the limitations in being able to monitor our progress regionally, it is known that residents with a strong sense of pride and a sense of community are key to building strong, socially sustainable and connected communities. These people will act as advocates for their region and promote the positive aspects their region has to offer and contribute to improving their neighbourhood.

Built environments contribute to the way people feel about where they live and impact strongly on the sustainability of the natural environment. However, things like graffiti, vandalism and litter can undermine a person's sense of well-being as they can affect how safe they feel and can have an impact on the way people feel about where they live.

In 2010, 71% of Wellington residents agreed that they felt a sense of pride in the way their city looks and feels, and 63% felt a sense of community with others in their local neighbourhood. However, 48% of residents thought that litter, graffiti or vandalism had been a problem in their local area over the last 12 months. These findings show that there is much room for improvement. However, compared to other New Zealand centres Wellington is performing reasonably well in these areas.

A widespread, independent, and active network of community and voluntary organisations is widely regarded as the hallmark of 'civil society', and their active strength as a critical indicator of healthy democracy. This 'social economy' is the arena in which we participate most fully as citizens, freely choosing our interests and associations, and expressing our deepest aspirations to help others. The strength of a society's commitment to voluntary work is, for many, a touchstone of social health, stability, and harmony, and thus a key indicator of social and community well-being.

Though motivated by generosity and care, community and voluntary work also has a direct economic value. If it were suddenly withdrawn, either our standard of living and quality of life would deteriorate markedly, or else government and the private sector would have to provide the lost services for pay. Information from the 2006 census found that higher proportions of Wellington residents compared to New Zealand overall, undertook voluntary work. It is however, discouraging to see that the percentage of adults undertaking voluntary work has decreased overtime.

## 6. Quality lifestyle GPI



The quality lifestyle GPI has been relatively stagnant from 2001 to 2010

### OUTCOME DEFINITION:

**Living in the Wellington region is enjoyable, and people feel safe. A variety of healthy and affordable lifestyles can be pursued. Our art, sport, recreation and entertainment scenes are enjoyed by all community members – and attract visitors.**

Quality lifestyle is made up of 13 indicators that were selected to measure progress towards the quality lifestyle outcome definition (shown above). Section 11 of this report shows the raw data available over the 2001 to 2010 study period for each of the quality lifestyle indicators.

As with the social well-being GPI, the available indicator data that forms part of the quality lifestyle community outcome area was used to calculate individual index values for each indicator for each year over the 2001 to 2010 study period. Figure 6 shows the average of these individual index values, and represents the quality lifestyle GPI for the Wellington region from 2001-2010.

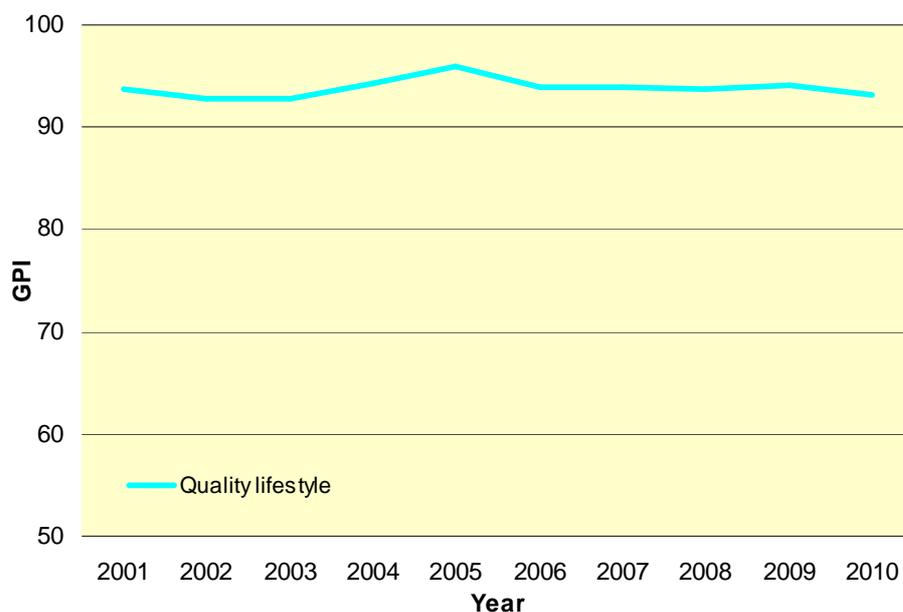


Figure 6. Quality lifestyle GPI, 2001-2010

Over the 2001 to 2010 time period, the quality lifestyle GPI was found to be highest in 2005 and lowest in 2002 and 2003. Other than some slight changes from 2003 to 2006 the quality lifestyle GPI has remained relatively unchanged and is 0.5% lower in 2010 than it was in 2001.

Although there has been little change in the quality lifestyle GPI over the 2001 to 2010 study period, there have been some changes in individual indicator index values. Visitor guest nights experienced the largest increase in index values over the study period, whereas the number of households on Housing New Zealand waiting lists and recorded offences for crimes against the person, experienced the largest decreases.

## **Discussion**

Over the study period there were improvements to six indicators, no change for three indicators, and declines in four indicators. The indicators within the quality lifestyle GPI indicate that the region has experienced improvements in some areas, and declines in others, but these counter-balance each other resulting in no progress in our overall quality lifestyle GPI since 2001.

A peaceful, harmonious and secure society is a vital and profound social asset that directly benefits the economy and the quality of life of its citizens. Therefore, if people's perceptions of their overall quality of life are high then this tends to relate positively to their personal well-being. Overall, Wellington region residents appear to be positive about their quality of life and appear to have high levels of individual happiness, satisfaction with work/life balance and sense of safety. Access to parks and green open spaces can increase individual and community participation in activities, and participation in social activities builds social cohesion and connectedness which are also positively related to well-being.

As well as the region's residents accessing, participating and enjoying our local recreation and social scenes, it is also of benefit to the local economy that visitors are attracted to them also. The infrastructure developed to serve the visitor market also benefits local residents and adds to the quality of life in the region. The number of visitor guest nights in the region increased steadily from 2001 to 2008, but has decreased slightly over the last few years.

As with other regions, Wellington is exposed to anti-social behaviours that can reduce the quality of life for its residents. Crime, and the fear of crime, can have a large impact on individuals, family and the wider community. While the majority of residents reported feeling safe, the rate of recorded offences for crimes against the person increased from 2001 to 2010, whereas the rate decreased for crimes against property. If people feel unsafe in their home and local area they may be less likely to talk to neighbours, to trust others living in the area, to use public transport, to walk in the area, use public amenities, and generally participate in their communities.

Housing space adequate to the needs and desires of a family is also a component of a quality lifestyle. Lack of affordable housing can result in parts of the population living in crowded or poor and inadequate housing which can impact on health and other social outcomes. For example increasing levels of social deprivation are associated with higher mortality rates and higher rates of many diseases. In the region there has not been a big change to the indicators related to affordable housing over the study period. However, there have been slight increases in the proportion of the region's population living in deprivation and the number of households on Housing New Zealand waiting lists.

## 7. Regional foundations GPI



The regional foundations GPI decreased rapidly between 2001 and 2006 but has remained relatively unchanged since this time

### OUTCOME DEFINITION:

High quality and secure infrastructure and services meet everyday needs. These are developed and maintained to support the sustainable growth of the region, now and in the future.

Regional foundations is made up of five indicators that were selected to measure progress towards the regional foundations outcome definition (shown above). Currently one of the regional foundations indicators does not have a data source attributable to it, so only four indicators are included in this report. Section 12 of this report shows the raw data available over the 2001 to 2010 study period for each of the regional foundations indicators.

As with the social well-being GPI, the available indicator data that forms part of the regional foundations community outcome area was used to calculate individual index values for each indicator for each year over the 2001 to 2010 study period. Figure 7 shows the average of these individual index values, and represents the regional foundations GPI for the Wellington region from 2001-2010.

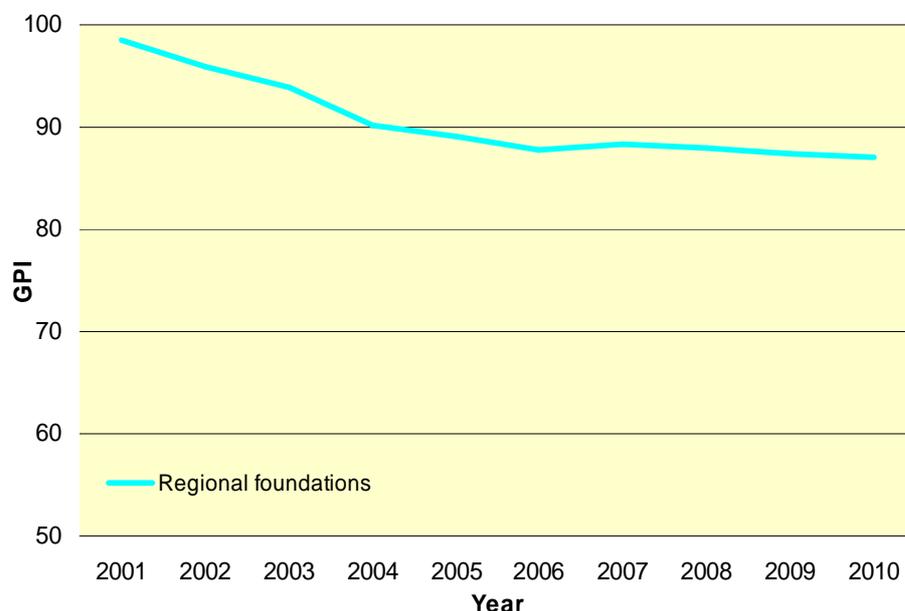


Figure 7. Regional foundations GPI, 2001-2010

Over the 2001 to 2010 time period, the regional foundations GPI was found to be highest in 2001 and lowest in 2010. The regional foundations GPI decreased rapidly between 2001 and 2006, but has remained relatively unchanged since this time. Overall, the regional foundations GPI has decreased by 11.6% from 2001 to 2010.

Currently, with data from only four indicators, and one of these only with only one year of data available, the regional foundations GPI is greatly influenced by any moderate to large changes to any individual indicators. In particular, there was nearly an 80% decrease in the indicator index values for water allocation compared to total water resource over the study period, and this large change influences the regional foundations GPI trend.

## **Discussion**

Over the study period there were improvements to one indicator, declines in two indicators and for one indicator it is not possible to identify a trend as only one year of data is currently available. As mentioned above, the large change to the water allocation compared to total water resource indicator drives the observed regional foundations GPI change since 2001.

Despite this, the significance of the findings from this indicator is important to the region. However, the current lack of data for one of the regional foundations indicators, and the lack of a data source for another of the indicators means that we must apply some degree of caution when looking at the changes to the regional foundations GPI. The GPI is a long term monitoring tool, and as a region we are in the early stages of data collection which is why issues such as this are currently being encountered.

There are some services which are foundations of modern society, and their availability and reliability is critical to the whole community. Many of these services are also determinants of health, quality of life, the ability of the region to effectively serve an increasing population and the economic viability of the region. If people have confidence in their local services to enable them to have clean drinking water, high functioning sewage systems, good quality roads and effective public transport systems, they feel they have the basic necessities of a good life.

Fresh water is a finite resource, so competing demands for water use (for example consumption, irrigation and recreation) must be balanced with maintaining the resource. The water allocation compared to total water resource indicator (also known as water stress) is therefore a measure of sustainable water use. The region's water stress ratio has increased over time but despite this the stress ratio remains in the low threshold (Raskin et al., 1997)<sup>4</sup>.

Councils provide a number of the services that are foundations of modern society. In 2008, 78% of Wellington residents were satisfied with the quality of council services in their area. Residents have also increasingly perceived the road network as reliable, but the percentage of residents rating the public transport network as reliable has decreased. Reliability is a measure for how well the roading and public transport infrastructure can cope with current and future demand.

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<sup>4</sup> Water stress thresholds: low – ratio is less than 0.20; medium – ratio is between 0.20 and 0.40; severe – ratio is higher than 0.40.

## 8. Healthy community indicators

### **OUTCOME DEFINITION:**

**Our physical and mental health is protected. Living and working environments are safe, and everyone has access to health care. Every opportunity is taken to recognise and encourage good health**

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Healthy community indicators have been selected to measure progress towards the healthy community outcome definition goals for the region. Focus has been given to healthy behaviours influenced by our lifestyle choices and having access to health care services.

In total 11 indicators are included in the WR-GPI 2001-2010 framework that form part of the healthy community outcome area. Each indicator is assigned a symbol to represent how the data trend relates to well-being progress (refer to the symbol key in Table 1, section 1).

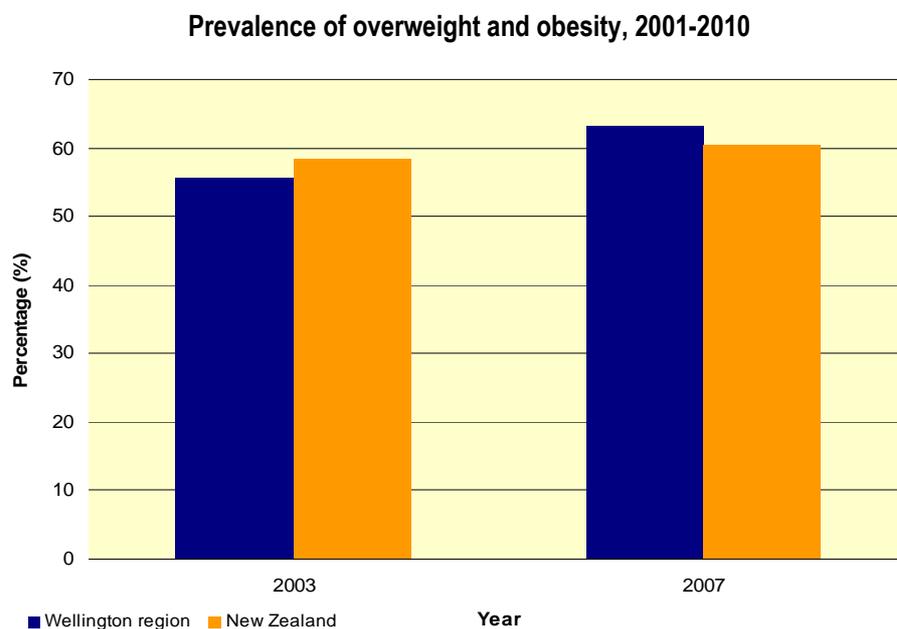
For a full list of healthy community indicators, including the indicator definition, its influence on well-being and the data sources refer to Appendix 2 in the paper titled “The approach to the Wellington region genuine progress index (WR-GPI) 2001-2010” (Durling, 2011).

## 8.1. Prevalence of overweight and obesity



**The prevalence of overweight or obese adults in the Wellington region increased between 2003 and 2007**

The World Health Organisation has declared that obesity is a disease of pandemic significance, which threatens the developing world as well as developed countries. Obesity is associated with a long list of adult health conditions, including heart disease, high blood pressure and strokes, type 2 diabetes, various types of cancer, and psychological and social problems.



Source: Ministry of Health New Zealand Health Survey<sup>5</sup>

### Findings

- In 2007, 63.2% of the Wellington region adult population were classified as overweight or obese.
- The percentage of the Wellington region adults who are overweight or obese increased from 55.8% in 2003 to 63.2% in 2007.
- An increase in the prevalence of overweight and obese adults was also observed for New Zealand adults overall, but this increase was not as large as that observed in the Wellington region.

<sup>5</sup> Rates are age-standardised.

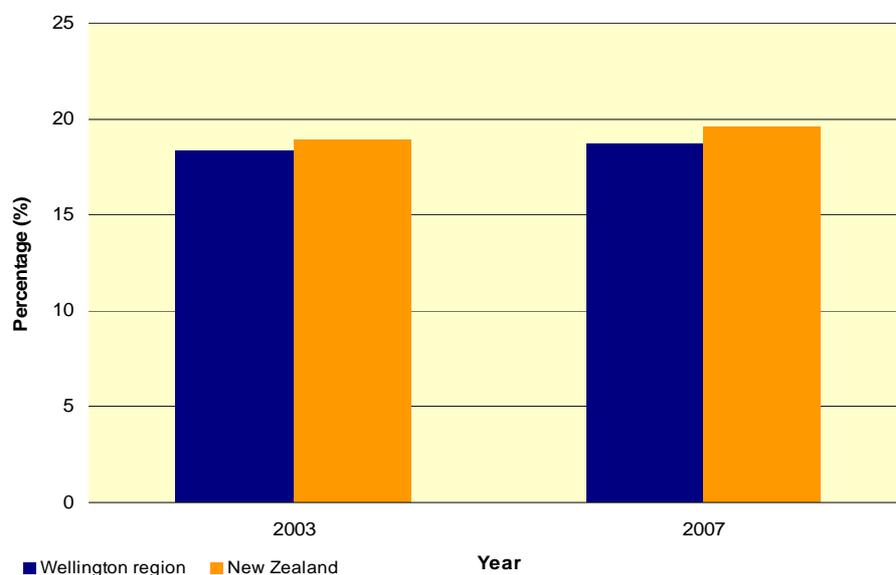
## 8.2. Prevalence of hazardous drinking



**The prevalence of hazardous drinking has remained relatively unchanged between 2003 and 2007**

Regular excessive consumption of alcohol places people at increased risk of chronic ill health and premature death. Episodes of heavy drinking may place the person (and others) at risk of injury or death. In the short-term, intoxication and acute alcohol-related problems include violence, risky behaviour, road trauma and injury. The significant psychosocial and economic consequences that arise from such patterns of drinking affect not only the individuals concerned but also their families and the wider community.

**Prevalence of hazardous drinking, 2001-2010**



Source: Ministry of Health New Zealand Health Survey<sup>6</sup>

### Findings

- In 2007, 18.7% of adult drinkers in the Wellington region had a potentially hazardous drinking pattern. This is relatively unchanged from 18.3% in 2003.
- The prevalence of New Zealand adult drinkers with a potentially hazardous drinking pattern increased from 18.9% in 2003 to 19.6% in 2007.
- The prevalence of adult drinkers with a potentially hazardous drinking pattern is slightly lower in the Wellington region than New Zealand overall.

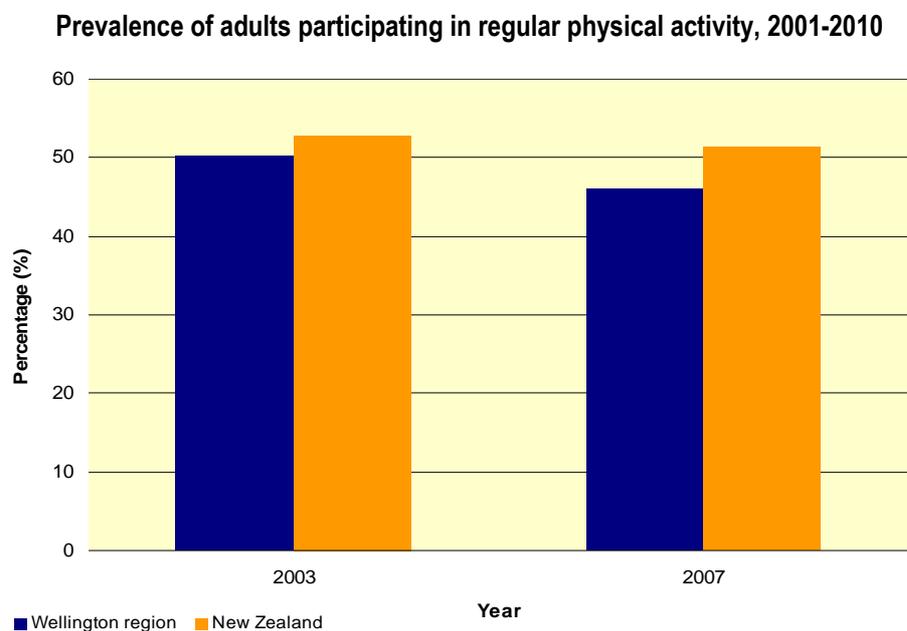
<sup>6</sup> Rates are age-standardised.

### 8.3. Prevalence of adults participating in regular physical activity



The prevalence of adults participating in regular physical activity decreased between 2003 and 2007

There is a strong interest in the health related benefits of exercise. Participation in physical activity is a source of enjoyment and has positive benefits for people’s physical and mental health. Adequate levels of physical activity to derive health benefits may also be indicative of striking a balance between work and life. Participation in sporting activities is also related to interactions with the wider community. It can build social cohesion and connectedness, thereby reducing isolation, a recognised social determinant to health.



Source: Ministry of Health New Zealand Health Survey<sup>7</sup>

#### Findings

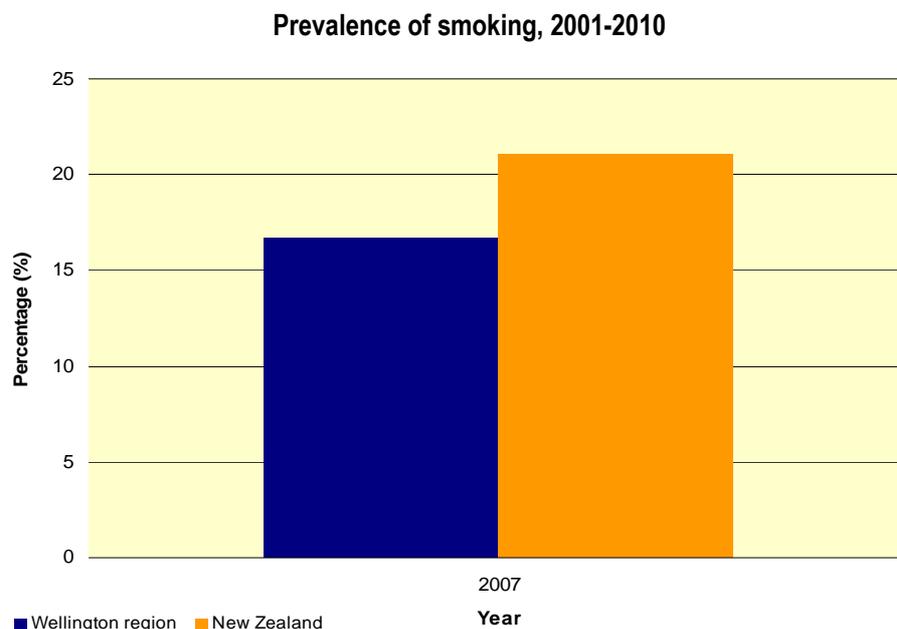
- In 2007, 46.1% of the Wellington region adult population participated in regular physical activity, a decrease from 50.3% in 2003.
- The percentage of New Zealand adults participating in regular physical activity is higher than Wellington region adults in both 2003 and 2007, and has remained relatively unchanged over this time.

<sup>7</sup> Rates are age-standardised.

## 8.4. Prevalence of smoking

**?** No trend data is currently available

Tobacco smoking is a well-recognised risk factor for many cancers and for respiratory and cardiovascular diseases. Smoking is a leading cause of preventable morbidity and mortality in New Zealand and is also linked to socio-economic and educational disadvantages.



Source: Ministry of Health New Zealand Health Survey<sup>8</sup>

### Findings

- In 2007, 16.7% of the Wellington region population were current smokers, compared to 21.1% for the New Zealand population overall.

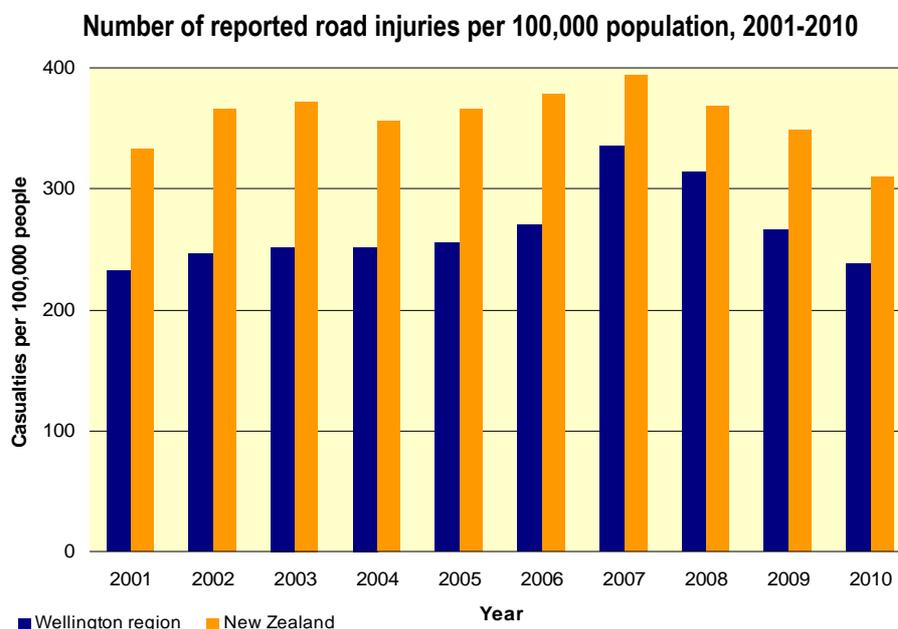
<sup>8</sup> Rates are age-standardised.

## 8.5. Number of reported road injuries per 100,000 population



The number of reported road injuries per 100,000 people has changed over the 2001 to 2010 period, but the rate in 2010 is at a similar level to that in 2001

The number of deaths and injuries on our roads is a direct reflection of road safety and security. This includes driver behaviour as well as road maintenance. Motor vehicle crashes are a major cause of premature death, especially among younger age groups. Deaths, injuries and disability resulting from motor vehicle crashes inflict considerable pain and suffering on individuals, families and communities, as well as impacts on other road users, emergency service providers, health workers and others.



Source: New Zealand Transport Agency Crash Analysis System

### Findings

- 1,152 people were killed or injured on the Wellington region roads in 2010; a rate of 238 per 100,000 people.
- From 2001 to 2007 the number of reported road injuries in the Wellington region per 100,000 people increased. Since 2007 the number of reported road injuries per 100,000 people has decreased and was at a similar level in 2010 as it was in 2001.
- The number of reported road injuries per 100,000 people in New Zealand has consistently been higher than in the Wellington region, but a similar trend over the 2001 to 2010 period was observed.

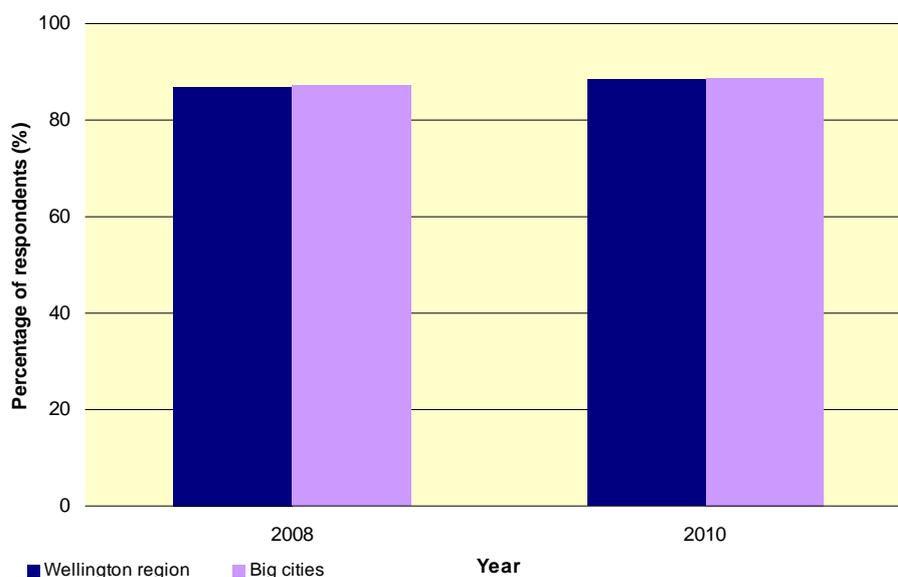
## 8.6. Residents perception of their health



### Residents' perception of their health remained unchanged from 2008 to 2010

Self-reported health has been found to be a powerful predictor of future health problems, health care use and mortality, independent of other medical, behavioural or psychosocial factors.

Percentage of residents rating their health as good, very good or excellent, 2001-2010



Source: Quality of Life Survey

### Findings

- In 2010, 88.3% of respondents from the Wellington region rated their health as good, very good or excellent. This is not significantly different to the 86.8% in 2008.
- Respondents in the Wellington region rating their health as good, very good or excellent is similar to that of the respondents from the big cities participating in the survey in both 2008 and 2010.
- The percentage of respondents from the big cities rating their health as good, very good or excellent, has increased slightly from 87.1% in 2008 to 88.6% in 2010.

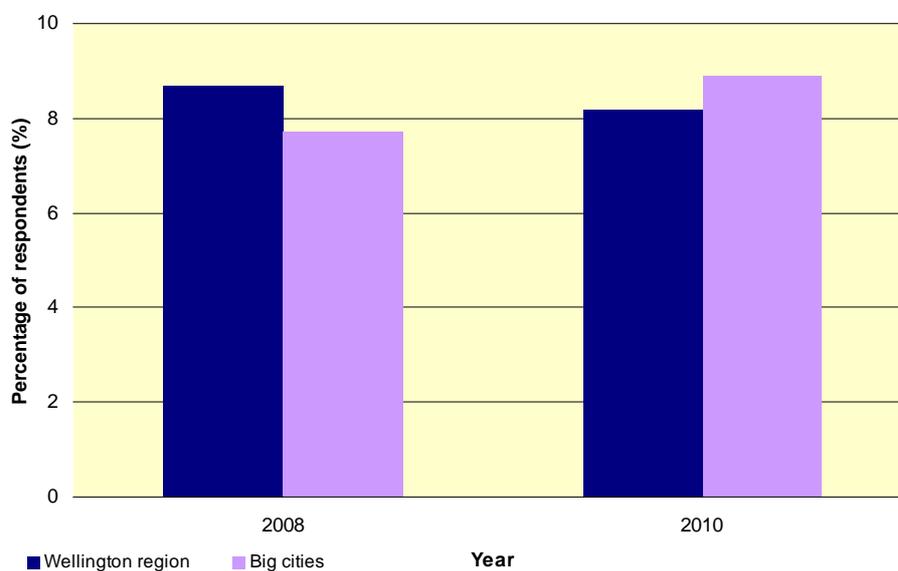
## 8.7. Residents regularly experiencing stress



**Residents' regularly experiencing stress remained unchanged from 2008 to 2010**

Stress is both an outcome of other health determinants and a key influence on mental and physical health in its own right. Research has identified several biological mechanisms by which stress has an impact on health, including several chronic illnesses. Good mental health is fundamental to the well-being of individuals, their families and the population as a whole.

**Percentage of residents indicating that they have experienced stress in the last 12 months most of the time or always, 2001-2010**



Source: Quality of Life Survey

### Findings

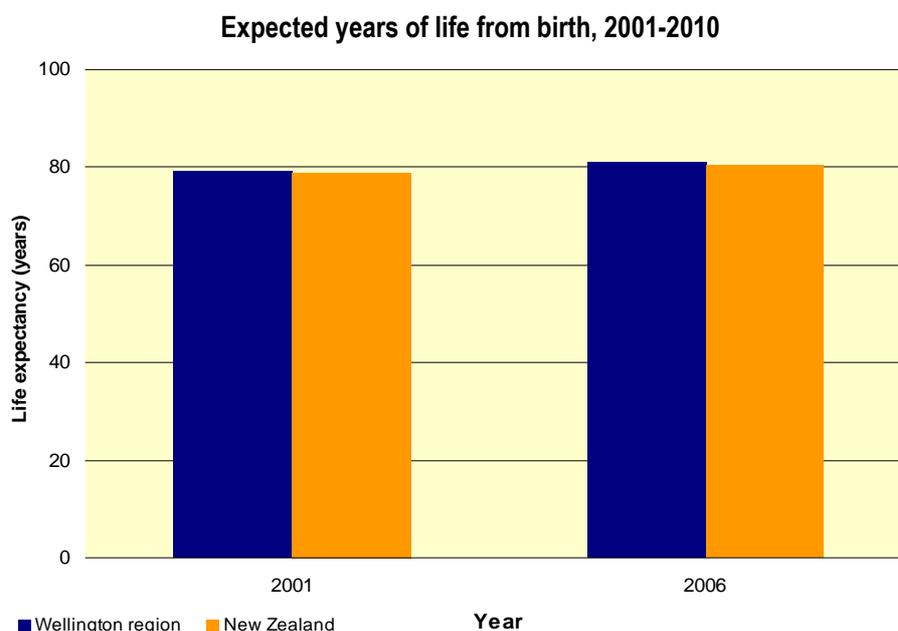
- In 2010, 8.2% of Wellington region respondents indicated that they had regularly experienced stress in the last 12 months; this has not changed significantly from 8.7% in 2008.
- The percentage of Wellington region respondents regularly experiencing stress was higher than the New Zealand percentage in 2008 and lower in 2010, but none of these differences are significant.

## 8.8. Expected years of life from birth



Between 2001 and 2006, life expectancy at birth increased

Life expectancy at birth is a key indicator of the survival experience of the population. Improvements in life expectancy reflect changes in social and economic conditions, lifestyle changes, medical advances and better access to health services.



Source: Statistics New Zealand

### Findings

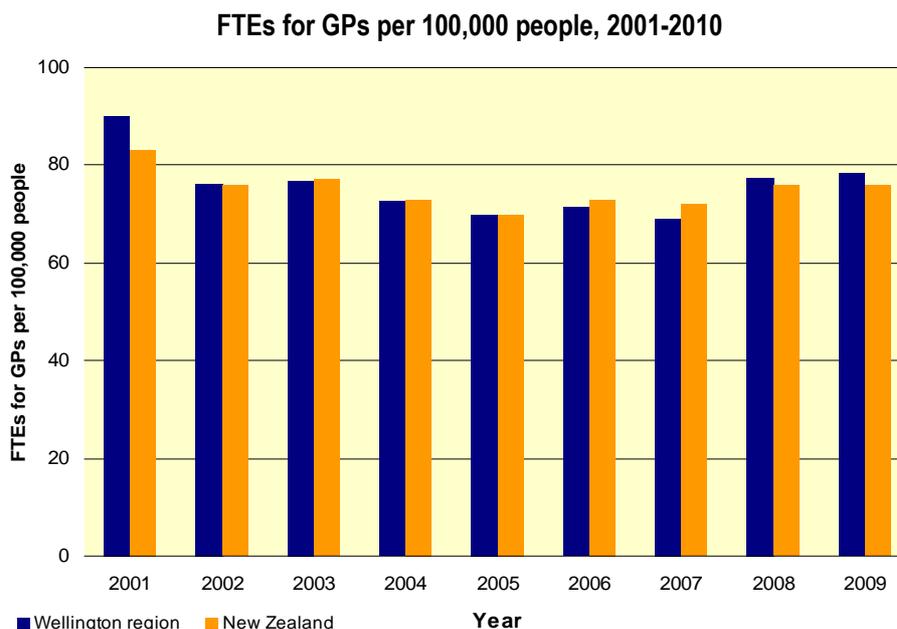
- In 2006, the average life expectancy at birth in the Wellington region was 81 years compared with 80.3 years for New Zealand.
- Average life expectancy at birth increased in the Wellington region from 79.3 years in 2001 to 81 years in 2006.
- Average life expectancy at birth for New Zealand also increased from 2001 to 2006 (79 years to 80.3 years)

## 8.9. FTEs for GPs per 100,000 people



The rate of GPs per 100,000 people has increased over the last few years but remains lower than that observed in 2001

GPs are part of the front line of primary health care provision. Accessibility to a GP is important in both treatment and prevention of poor health and in reducing the rate of hospitalisations.



Source: Medical Council of New Zealand Workforce Survey

### Findings

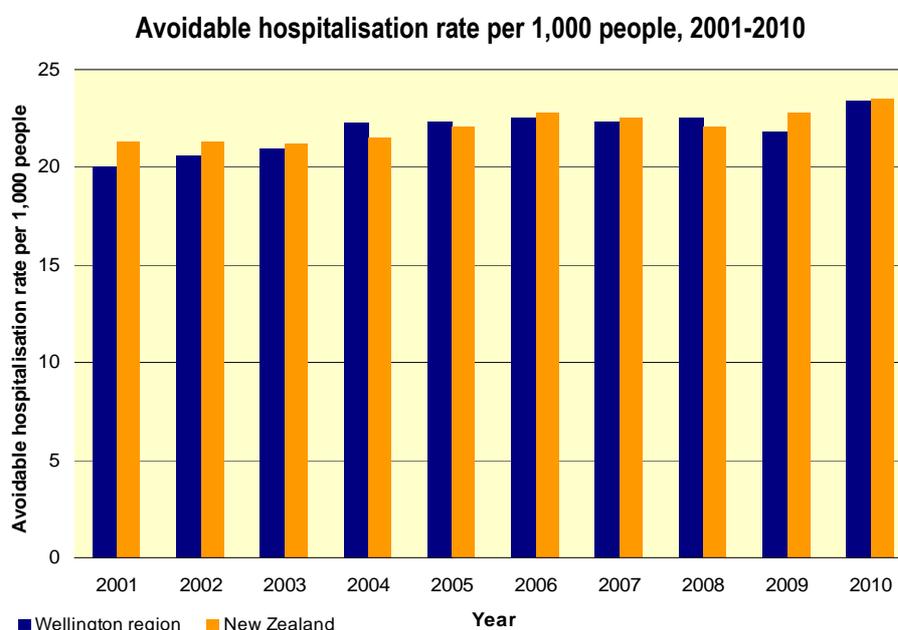
- In 2009, there were 375 full-time equivalent (FTE) GPs in the Wellington region, a rate of 78.4 per 100,000 people.
- Over the last few years the number of GPs in the Wellington region per 100,000 people has increased but remains below the high rate of 90.1 observed in 2001.
- The number of FTEs for GPs per 100,000 people in the Wellington region compared to New Zealand has been similar over the study period.

## 8.10. Avoidable hospital admissions rate per 1,000 people



**The avoidable hospitalisation rate has increased compared with 2001**

Every year people are admitted to hospital with conditions that could have been treated in a community setting. Avoidable hospital admissions are a proxy for people's access to, and the effectiveness of, community health care services. Avoidable hospital admission rates are affected by social conditions such as housing quality and income, personal variables such as age and ethnicity, and geographic factors such as location and access to affordable health care in the community. Avoidable admissions are also affected by the quality of community care and the links and communication between GPs and hospitals.



Source: Ministry of Health<sup>9, 10</sup>

### Findings

- The avoidable hospitalisation rate in the Wellington region was 23.4 per 1,000 people in 2010, similar to the New Zealand rate of 23.5 per 1,000 people.
- The avoidable hospitalisation rate in the Wellington region and in New Zealand overall has varied over the 2001 to 2010 study period, but in 2010 it was at its highest rate over this time.

<sup>9</sup> The data provided on avoidable hospitalisations will be an undercount as the programme the Ministry of Health used to calculate rates did not include avoidable hospital admissions for conditions which are exclusively "population preventable" including HIV/AIDS, oral and lung cancers, nutrition, and alcohol related diseases. This will be updated in the near future.

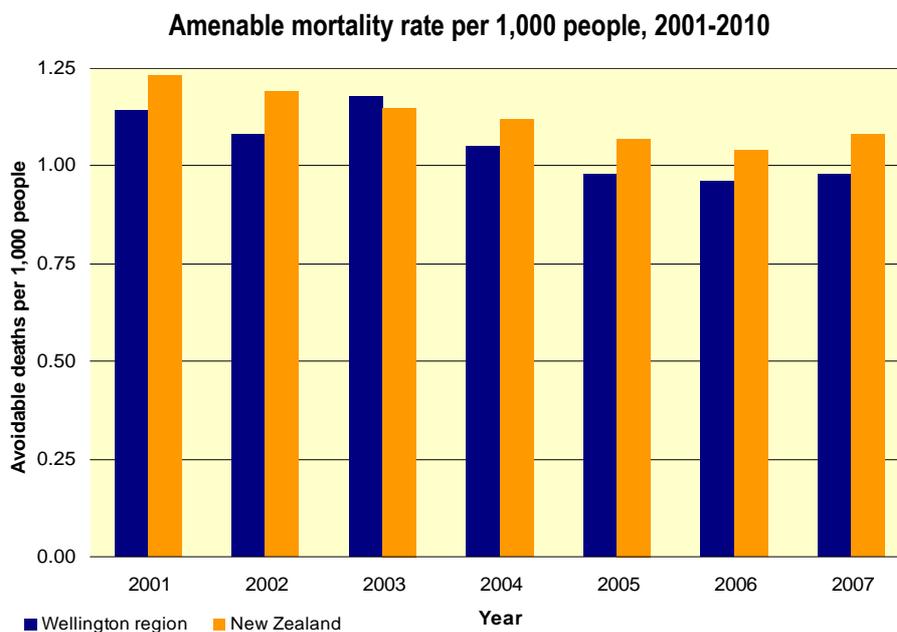
<sup>10</sup> Rates are age-standardised.

## 8.11. Amenable mortality rate per 1,000 people



The amenable mortality rate in the Wellington region has decreased signifying an increase in well-being between 2001 and 2007

Amenable mortality (deaths potentially avoidable through health care) is a proxy measure of the effectiveness of the health system. Amenable mortality rates are affected by social conditions and personal variables.



Source: Ministry of Health<sup>11</sup>

### Findings

- In 2007, the Wellington region had an amenable mortality rate of 0.98 per 1,000 people. This is lower than the New Zealand rate of 1.08 per 1,000 people.
- The amenable mortality rate has decreased from 2001 to 2007 in the Wellington region (other than a spike in 2003) and in New Zealand overall.

<sup>11</sup> Rates are age-standardised.

## 9. Connected community indicators

### **OUTCOME DEFINITION:**

**Our connections and access are efficient, quick and easy - locally, nationally and internationally. Our communication networks, air and sea ports, roads and public transport systems are world class and enable us to link with others, both within and outside the region**

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Connected community indicators have been selected to measure progress towards the connected community outcome definition goals for the region. Focus has been given to our transport options and our connections through the internet.

In total 10 indicators are included in the WR-GPI 2001-2010 framework that form part of the connected community outcome area. Each indicator is assigned a symbol to represent how the data trend relates to well-being progress (refer to the symbol key in Table 1, section 1).

For a full list of connected community indicators, including the indicator definition, its influence on well-being and the data sources refer to Appendix 2 in the paper titled “The approach to the Wellington region genuine progress index (WR-GPI) 2001-2010” (Durling, 2011).

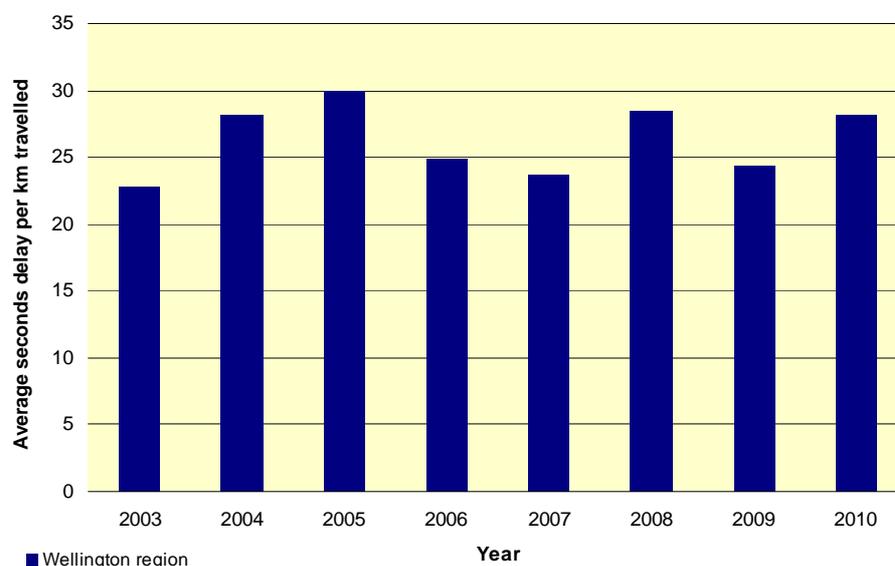
## 9.1. Peak AM/PM congestion rates



**Peak AM/PM congestion rates have fluctuated over the 2003 to 2010 period, but are higher in 2010 than 2003**

Ease of movement along Wellington’s strategic road network is central to the efficient movement of people and goods, and to generating social and economic outcomes. The average amount of time taken to travel around the region is an indicator of the reliability of using the road network.

**Peak AM/PM congestion rates, 2001-2010**



Source: New Zealand Transport Authority

### Findings

- In 2010, the peak AM/PM congestion rate of selected Wellington region roads was 28.2 seconds delay per km travelled.
- Congestion rates have fluctuated over the study period but were higher in 2010 than 2003.

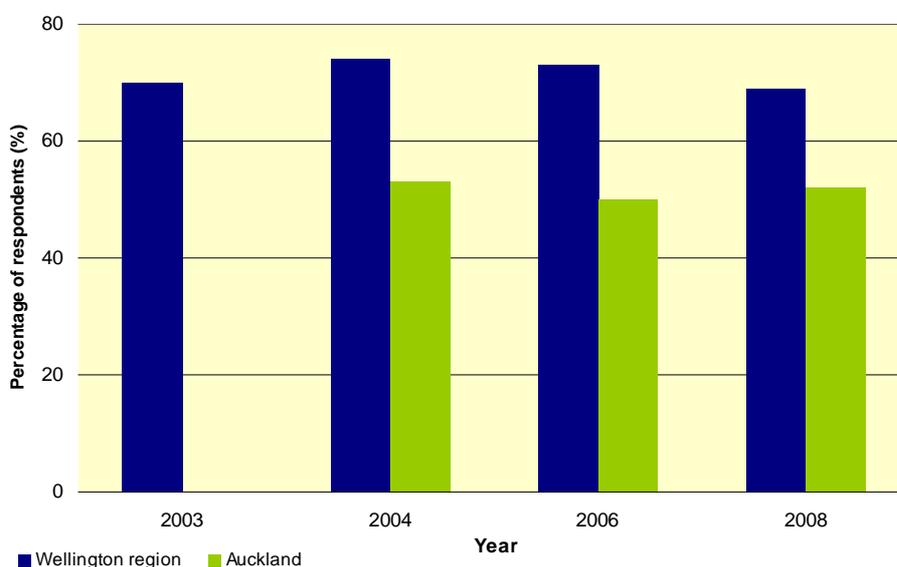
## 9.2. Ease of walking around the region



**There has been little change in residents' perceptions of the ease of walking around the region since 2003**

An increase in cycling and walking can contribute to important transport outcomes such as reducing congestion and associated air pollution, greenhouse gas emissions and vehicle costs. There are also additional health benefits to increasing walking and cycling. Perceptions of the ease of various forms of transport for getting around the region can impact on people's travel opportunities and choices.

**Residents rating getting around the region by walking as good, 2001-2010**



Source: GWRC and ARC Transport Perceptions Survey

### Findings

- In 2008, 69% of respondents rated getting around the Wellington region by walking as 'good'.
- Respondents in the Wellington region are more likely to think walking around the region is 'good' compared to Auckland region residents.
- There has been little change in residents' perceptions of walking around the region in both Wellington and Auckland over the study period.

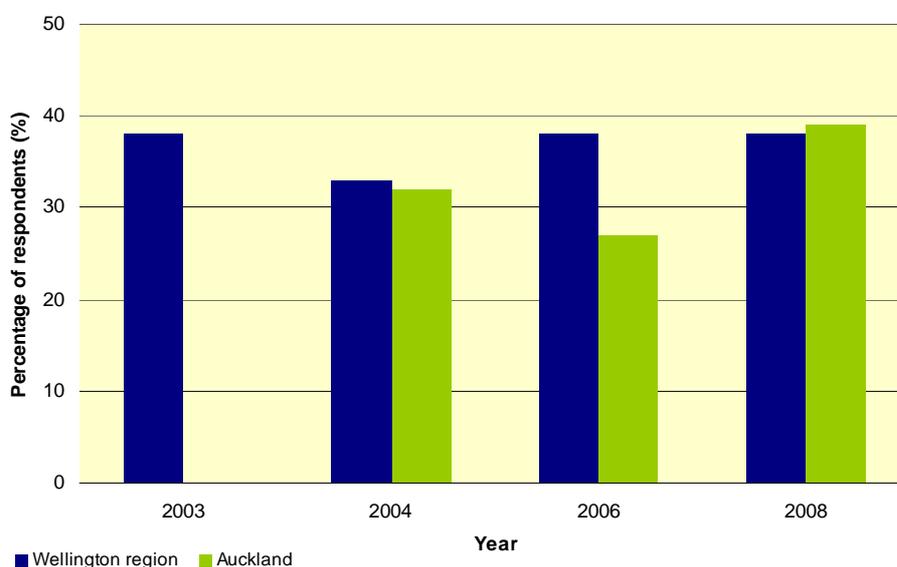
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**There has been little change in residents' perceptions of the ease of cycling around the region since 2003**

An increase in cycling and walking can contribute to important transport outcomes such as reducing congestion and associated air pollution, greenhouse gas emissions and vehicle costs. There are also additional health benefits to increasing walking and cycling. Perceptions of the ease of various forms of transport for getting around the region can impact on people's travel opportunities and choices.

**Residents rating getting around the region by cycling as good, 2001-2010**



Source: GWRC and ARC Transport Perceptions Survey

#### Findings

- In 2008, 38% of respondents rated getting around the Wellington region by cycling as 'good'.
- There has been little change in residents' perceptions of cycling around the Wellington region over the study period.
- Other than a marked difference in 2006, respondents in the Wellington region are just as likely as respondents in the Auckland region to think cycling around the region is 'good'.

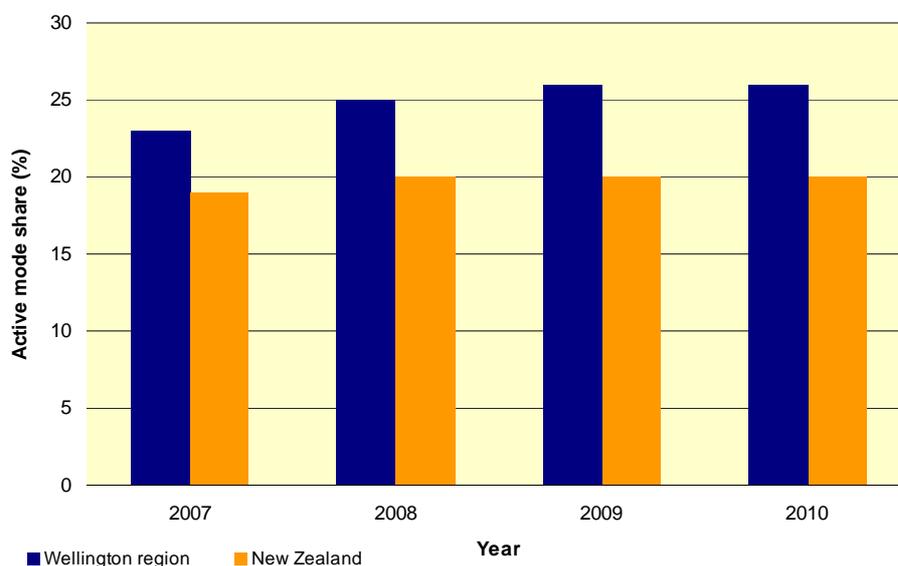
## 9.4. Active mode share of total household travel



The use of active modes for travel around the region has increased slightly from 2007 to 2010

Increasing active travel can contribute to important transport outcomes such as reducing congestion and associated air pollution, greenhouse gas emissions and vehicle costs. It also has the additional benefit of increasing physical activity which improves physical and mental well-being, encourages social interaction and lowers the risk of a number of diseases.

Active mode share of total household travel by residents in main urban areas, 2001-2010



Source: Ministry of Transport TMIF indicator TP005

### Findings

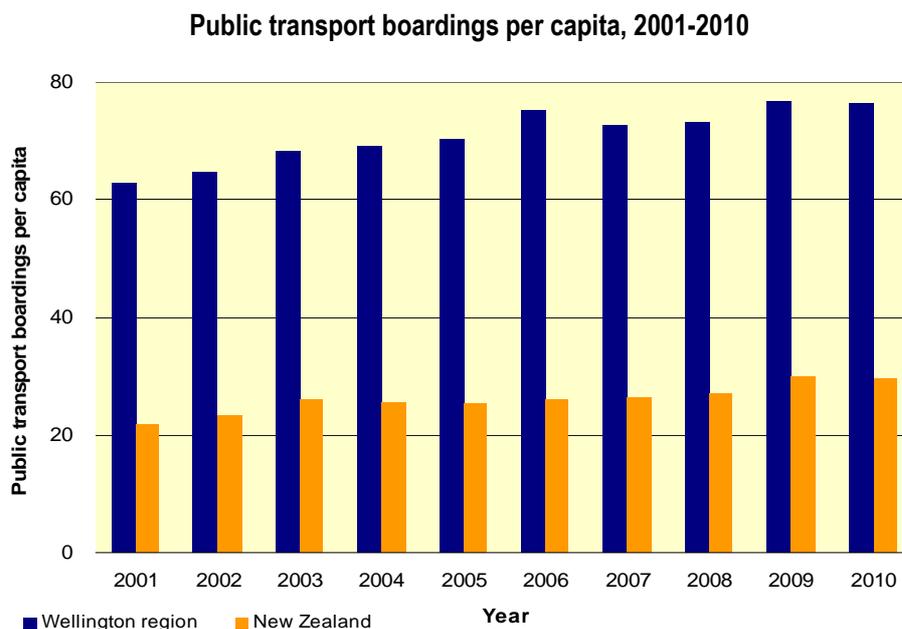
- In 2010, active travel made up 26% of total travel by residents of main urban areas in the Wellington region. This has increased slightly from 23% in 2007.
- Higher proportions of trips are made by active modes in the Wellington region than in New Zealand overall.

## 9.5. Public transport boardings per capita



### Public transport boardings per capita have increased from 2001 to 2010

Public transport is seen as a key sustainability indicator as it has wide-ranging benefits on the environment, employment options and access to services. It is generally a more energy-efficient means of transport than light passenger vehicles.



Source: Ministry of Transport TMIF indicator TV020

### Findings

- In 2010, there were 76.4 public transport boardings per capita in the Wellington region; this has steadily increased from 62.9 in 2001.
- Public transport boardings per capita across New Zealand have also increased over this time but these are much lower than those observed in the Wellington region.

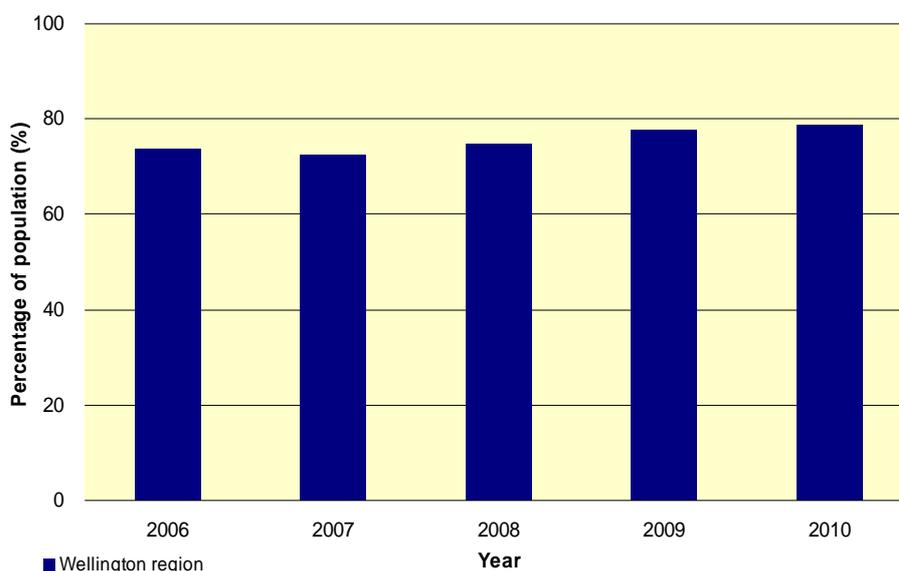
## 9.6. Percentage of people living within 400m of a public transport stop



**There has been a slight increase in the percentage of people living within 400m of a public transport stop between 2006 and 2010**

This indicator gives a measure of people's access to public transport. This facilitates their ability to access health services and programs, education and employment. It also reduces dependence on private vehicles which has positive benefits for the environment. Limited access to public transport can result in social isolation so it is especially important for the elderly to have access.

**Percentage of people living within 400m of a public transport stop, 2001-2010**



Source: Greater Wellington Regional Council

### Findings

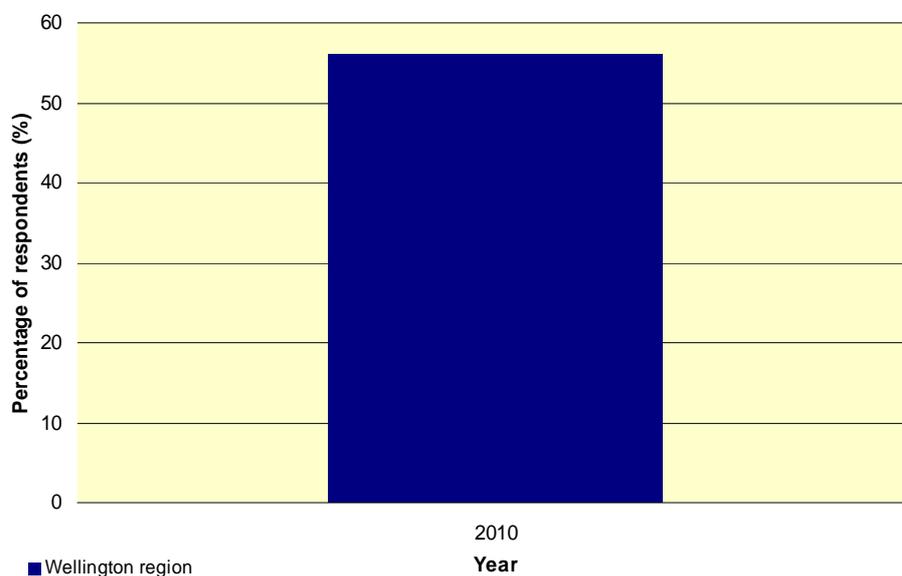
- In 2010, 78.6% of people within the Wellington region lived within 400m of a public transport stop.
- There has been a slight increase in the percentage of the Wellington region population living within 400m of a public transport stop between 2006 and 2010.

## 9.7. Ease of making a journey across the region by public transport

**?** No trend data is currently available

Public transport facilitates people’s ability to access health services and programs, education and employment. Perceptions of the ease of various forms of transport for getting around the region can impact on people’s travel opportunities and choices.

**Percentage of residents that find it somewhat easy, very easy or extremely easy to make journeys across the Wellington region by public transport, 2001-2010**



Source: GWRC Annual Public Transport Satisfaction Monitor<sup>12</sup>

### Findings

- In 2010, 56% of respondents rated getting around the Wellington region by public transport as somewhat easy, very easy or extremely easy.

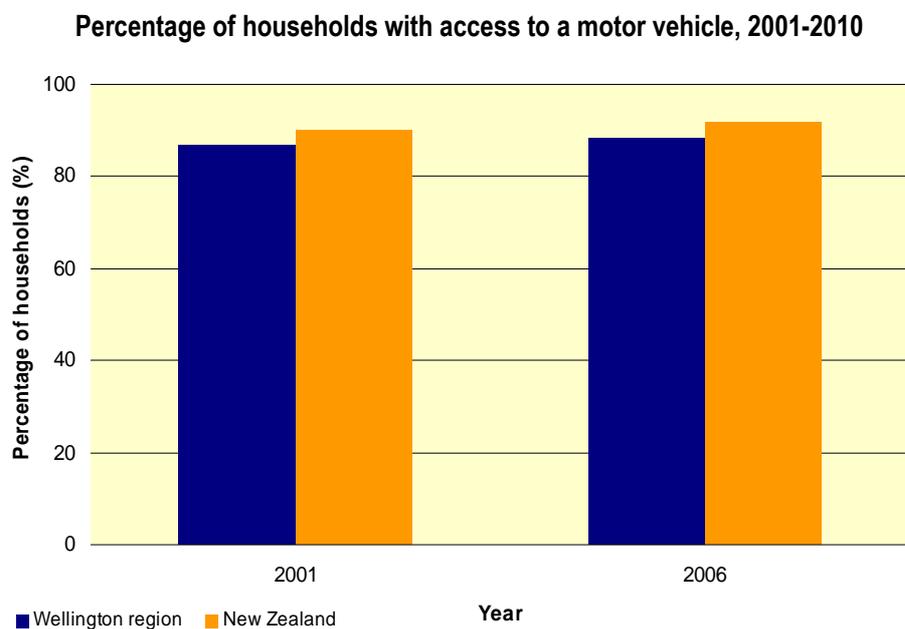
<sup>12</sup> In 2010 the wording of the question changed from very easy or easy to somewhat easy, very easy or extremely easy so it is not possible to compare results for 2010 with previous results.

## 9.8. Percentage of households with access to a motor vehicle



Between 2001 and 2006 the percentage of households with access to a motor vehicle increased

Access to both public and private transportation is essential for people to contribute to their community, and access health services and programs, education and employment. It also impacts on people's travel opportunities and choices. Limitations in regard to transport are related to social isolation and also have a relationship with sedentary lifestyles.



Source: Statistics New Zealand Census

### Findings

- In 2006, 88.3% of households in the Wellington region had access to a motor vehicle, an increase from 86.9% in 2001.
- The percentage of households with access to a motor vehicle has also increased for New Zealand over this time (89.9% in 2001 to 91.9% in 2006).
- The percentage of households with access to a motor vehicle is higher for New Zealand than for the Wellington region.

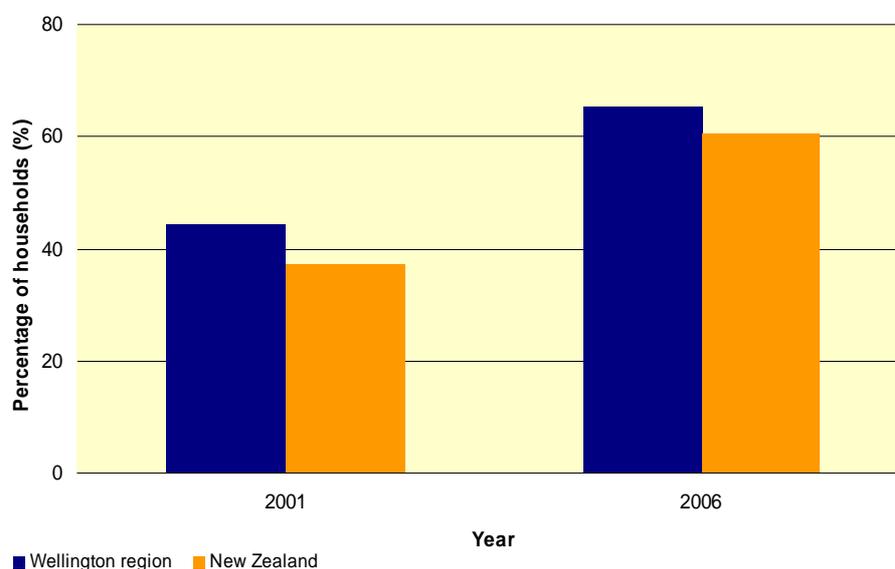
## 9.9. Percentage of households with access to the internet



**The percentage of households with access to the internet increased from 2001 to 2006**

Access to communication via the internet helps to maintain social connectedness. It enables social contact with friends and family in the absence of frequent face-to-face contact. The internet is an important means of accessing a wide range of information and services. People who are unable to access information technologies, or who are without the skills to use them, run the risk of being excluded from possible social, educational, cultural and economic benefits. This may have adverse effects on their educational outcomes, employment prospects and other aspects of well-being.

**Percentage of households with access to the internet, 2001-2010**



Source: Statistics New Zealand Census

### Findings

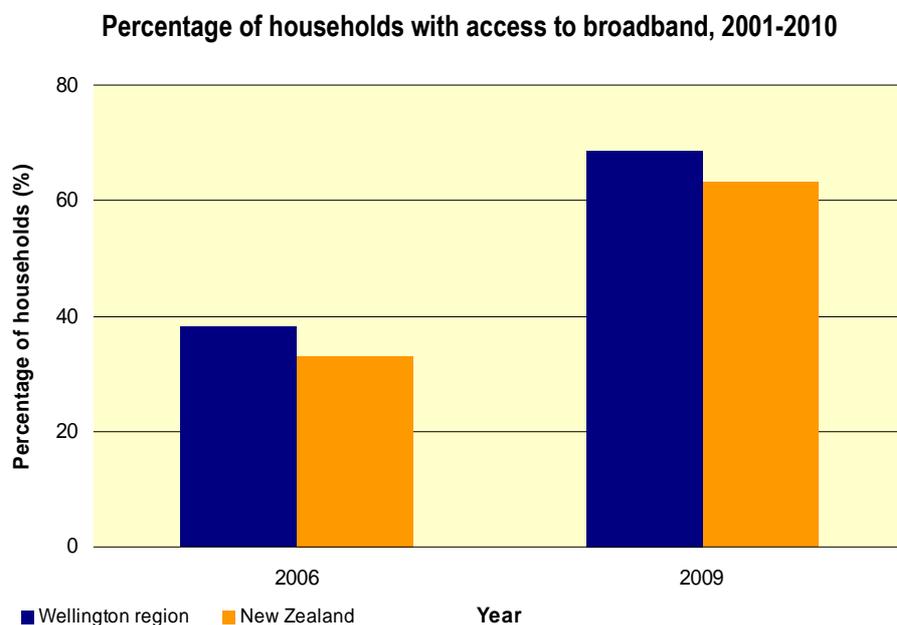
- In 2006, 65.5% of households in the Wellington region had access to the internet, a large increase from 44.2% in 2001.
- The percentage of households with access to the internet has also increased for New Zealand over this time (37.4% in 2001 to 60.5% in 2006).
- The percentage of households with access to the internet is higher in the Wellington region than for New Zealand.

## 9.10. Percentage of households with access to broadband



**Between 2006 and 2009 the percentage of households with broadband access increased**

Broadband is a high-speed connection to the internet and enables people, business and government fast access to ICT services and information. This can enhance people's social and educational outcomes, employment prospects and other aspects of well-being; as well as contributing to the production and sale of goods and services in the economy.



Source: Statistics New Zealand ICT Survey

### Findings

- In 2009, 68.5% of households in the Wellington region had broadband, an increase from 38.1% in 2006.
- The percentage of households with broadband access also increased for New Zealand over this time (33.0% in 2006 to 63.1% in 2009).
- The percentage of households with broadband access is higher in the Wellington region than for New Zealand overall.

## 10. Sense of place indicators

### OUTCOME DEFINITION:

**We have a deep sense of pride in the Wellington region and there is strong community spirit. We value the region's unique characteristics – its rural, urban and harbour landscapes, its central location, and its capital city**

Sense of place indicators have been selected to measure progress towards the sense of place outcome definition goals for the region. Focus has been given to our sense of pride about the area and social connectedness.

In total five<sup>13</sup> indicators are included in the WR-GPI 2001-2010 framework that form part of the sense of place community outcome area. Each indicator is assigned a symbol to represent how the data trend relates to well-being progress (refer to the symbol key in Table 1, section 1).

For a full list of sense of place indicators, including the indicator definition, its influence on well-being and the data sources refer to Appendix 2 in the paper titled “The approach to the Wellington region genuine progress index (WR-GPI) 2001-2010” (Durling, 2011).

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<sup>13</sup> There are six indicators included in the WR-GPI framework that form part of the sense of place outcome area, however one of these indicators does not currently have a data source attributable to it so is not included in this report.

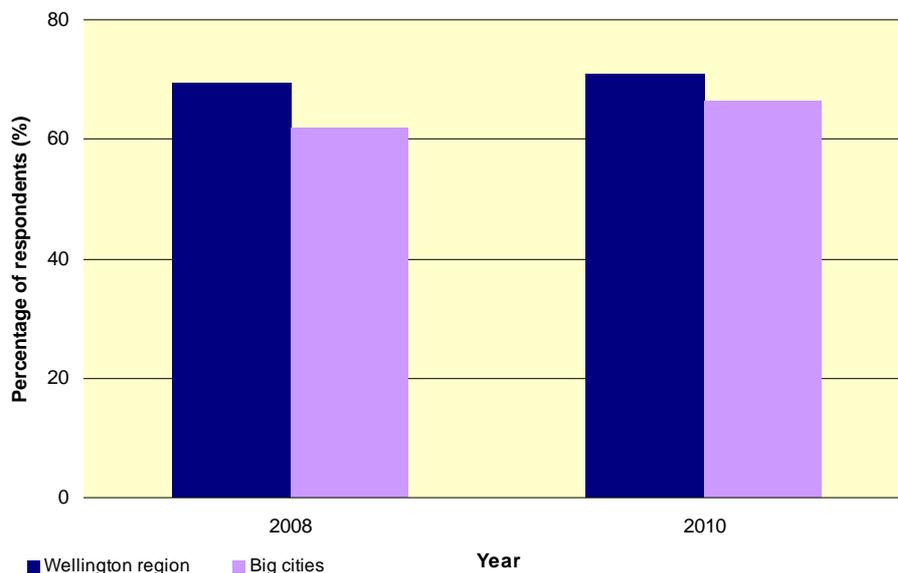
## 10.1. Percentage of people that feel a sense of pride in the way their city looks and feels



**The percentage of resident's feeling a sense of pride in the way their city looks and feels is unchanged from 2008 to 2010**

Built environments contribute to the way people feel about where they live and impact strongly on the sustainability of the natural environment. Residents who are happy with their neighbourhood are more likely to utilise local amenities and services and contribute to improving their neighbourhood.

### Percentage of resident's agreeing or strongly agreeing that they feel a sense of pride in the way their city looks and feels, 2001-2010



Source: Quality of Life Survey

### Findings

- In 2010, 71% of Wellington region residents agreed or strongly agreed that they felt a sense of pride in the way their city looks and feels, this is unchanged from 2008.
- In 2008 and 2010 Wellington region residents were more likely to feel a sense of pride in the way their city looks and feels compared to participating residents in the eight big cities.
- However, from 2008 to 2010 there were significant increases in the percentage of residents from the eight big cities feeling a sense of pride in the way their city looks and feels.

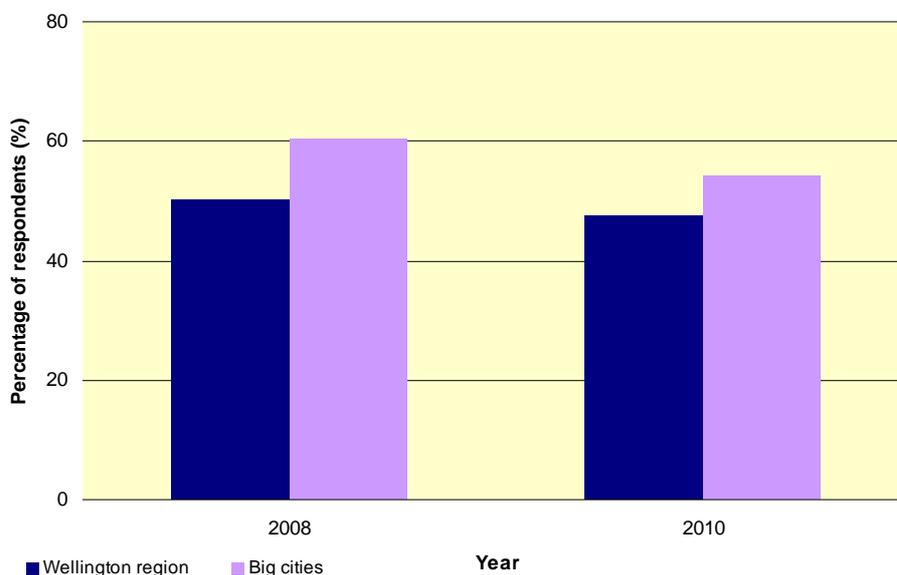
## 10.2. Perception that graffiti, vandalism and litter is a problem



The percentage of resident's that thought graffiti, vandalism or litter is a problem in their local area was similar in 2008 to 2010

Neighbourhoods in which people keep an eye out for each other, take an interest in maintaining ties and networks and have a shared pride of place are more likely to be safe and fulfilling environments. Litter, graffiti and vandalism can undermine a person's sense of well-being as it can affect how safe they feel, and can have an impact on the way people feel about where they live.

Percentage of resident's thinking that rubbish or litter lying in the streets, graffiti or tagging, or vandalism had been a problem in their local area over the past 12 months, 2001-2010



Source: Quality of Life Survey

### Findings

- In 2010, an average of 47.5% of Wellington region residents thought that litter, graffiti or vandalism had been a problem in their local area over the last 12 months. This is not significantly different to the 50.2% of Wellington region residents in 2008.
- However, from 2008 to 2010 there was a decrease in the percentage of residents from the eight big cities that thought that litter, graffiti or vandalism had been a problem. However, residents of the eight big cities remain more likely to think that litter, graffiti or vandalism had been a problem compared to Wellington region residents.
- In both the Wellington region and the eight big cities, residents are more likely to think that graffiti had been a problem compared to litter or vandalism.

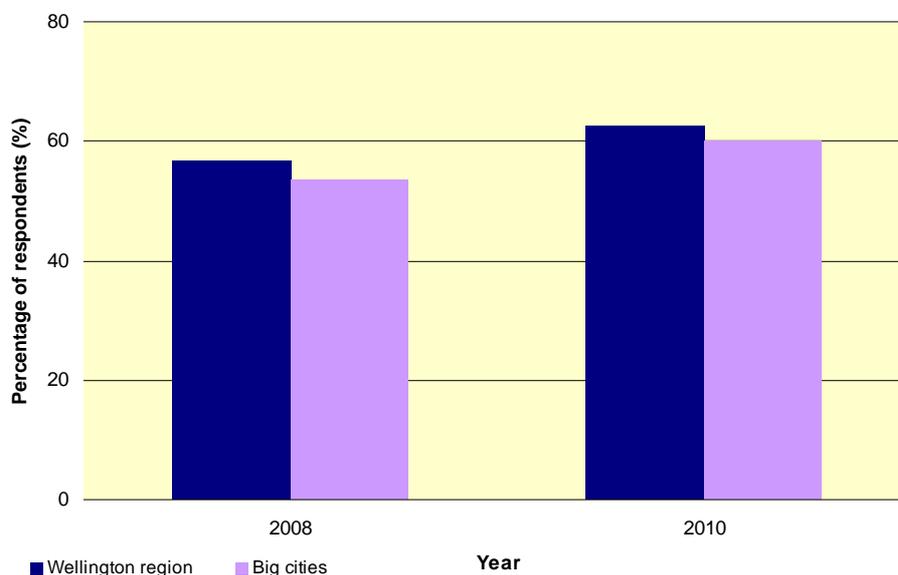
### 10.3. Residents' sense of community in local neighbourhood



The percentage of resident's feeling a sense of community in their local neighbourhood has increased from 2008 to 2010

A well-functioning and integrated society is underpinned by trust and caring at the neighbourhood community level. Neighbourhoods in which people keep an eye out for each other, take an interest in maintaining ties and networks and have a shard pride of place are more likely to be safe and fulfilling environments than neighbourhoods where there is little, or negative, interaction.

Percentage of resident's agreeing or strongly agreeing that they feel a sense of community with others in their local neighbourhood, 2001-2010



Source: Quality of Life Survey

#### Findings

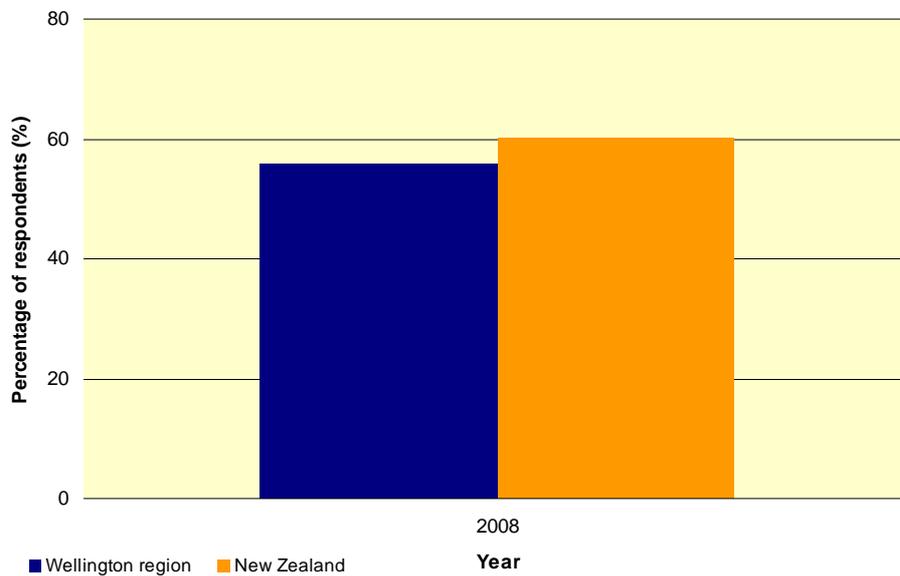
- In 2010, 62.7% of Wellington region residents agreed or strongly agreed that they felt a sense of community with others in their local neighbourhood, a significant increase from 56.8% in 2008.
- A similar trend is also observed for the residents of the eight big cities from 2008 to 2010, but in both years higher percentages of residents in the Wellington region, than the eight big cities, felt a sense of community with others in their local neighbourhood.

## 10.4. Residents' reported contact with friends and family

**?** No trend data is currently available

Families and friends are key sources of social support and give people a sense of belonging. Staying in touch with family and friends who live elsewhere helps maintain social connectedness between households and across geographical boundaries.

**Percentage of resident's who thought the amount of contact they have with friends and family is about right, 2001-2010**



Source: Statistics New Zealand General Social Survey

### Findings

- In 2008, 55.9% of Wellington region residents thought the amount of contact they have with friends and family was about right, this is lower than for New Zealand residents overall.

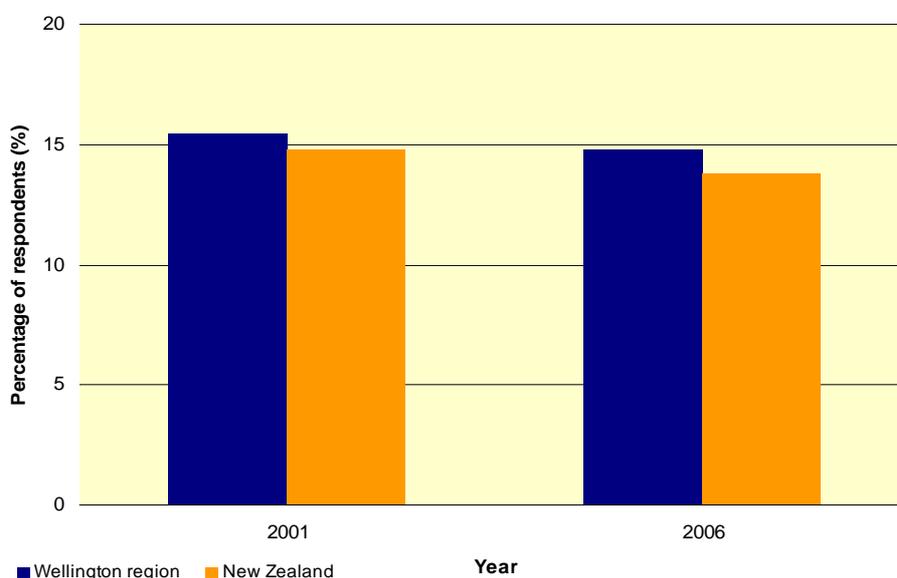
## 10.5. Volunteerism rates



**The percentage of adults undertaking voluntary work has decreased between 2001 and 2006**

Voluntary work underpins a wide range of groups and organisations whose activities contribute to social well-being. People volunteer for a variety of reasons which provide benefits not only to the community, but also to the volunteers themselves. The number of volunteers in the community is a proxy measure of community engagement and social connectedness. Volunteer work helps build social networks and increases social cohesion, as well as having direct economic value.

**Percentage of adults helping or undertaking voluntary work for or through an organisation, group or marae, 2001-2010**



Source: Statistics New Zealand Census

### Findings

- In 2006, 14.8% of Wellington region adults helped or undertook unpaid voluntary work for or through an organisation, group or marae. This is slightly higher than the percentage of New Zealand adults (13.8% in 2006).
- The percentage of adults in New Zealand and in the Wellington region that undertook voluntary work decreased between 2001 and 2006.

## 11. Quality lifestyle indicators

### **OUTCOME DEFINITION:**

**Living in the Wellington region is enjoyable, and people feel safe. A variety of healthy and affordable lifestyles can be pursued. Our art, sport, recreation and entertainment scenes are enjoyed by all community members – and attract visitors**

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Quality lifestyle indicators have been selected to measure progress towards the quality lifestyle outcome definition goals for the region. Focus has been given to aspects of resident's satisfaction, safety, access and participation in social activities, attracting visitors and affordable housing.

In total 13 indicators are included in the WR-GPI 2001-2010 framework that form part of the quality lifestyle community outcome area. Each indicator is assigned a symbol to represent how the data trend relates to well-being progress (refer to the symbol key in Table 1, section 1).

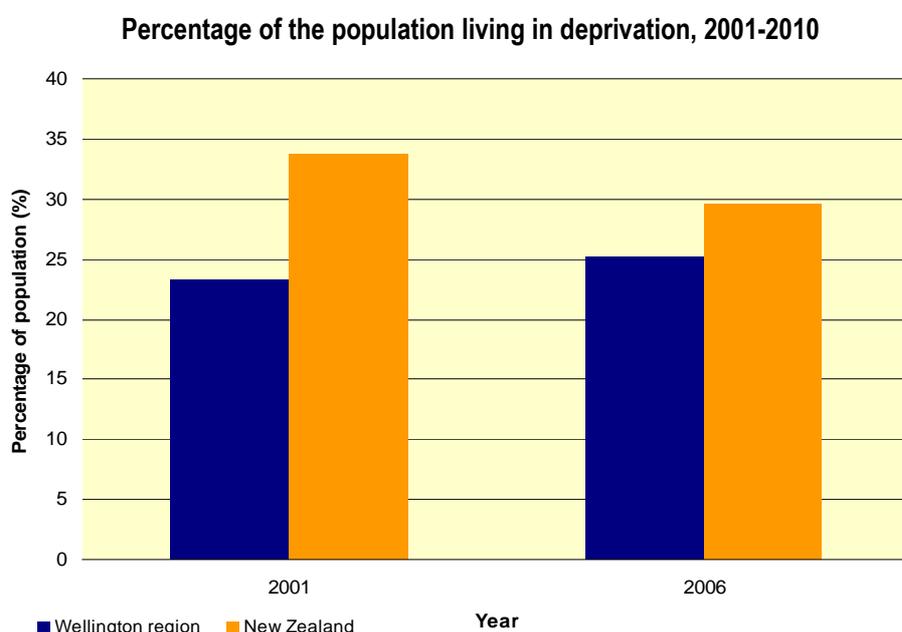
For a full list of quality lifestyle indicators, including the indicator definition, its influence on well-being and the data sources refer to Appendix 2 in the paper titled "The approach to the Wellington region genuine progress index (WR-GPI) 2001-2010" (Durling, 2011).

## 11.1. Percentage of the population living in deprivation



The percentage of the population living in deprivation increased between 2001 and 2006

Addressing disadvantage is a key sustainability challenge. Persons and households experiencing low incomes, low levels of education and under-employment are less likely than others to have access to affordable housing, and to have the ability to secure a good quality of life for themselves and their families, now and in the future.



Source: University of Otago: Department of Public Health

### Findings

- In 2006, 25.2% of the Wellington region population were living in deprivation (areas with decile ratings of 8, 9 or 10).
- The proportion of the population living in deprivation in the Wellington region has increased from 23.3% in 2001 to 25.2% in 2006.
- In both 2001 and 2006 the proportion of the New Zealand population living in deprivation was higher than that in the Wellington region. However, the proportion of the New Zealand population living in deprivation has decreased between 2001 and 2006 whereas it has increased in the Wellington region.

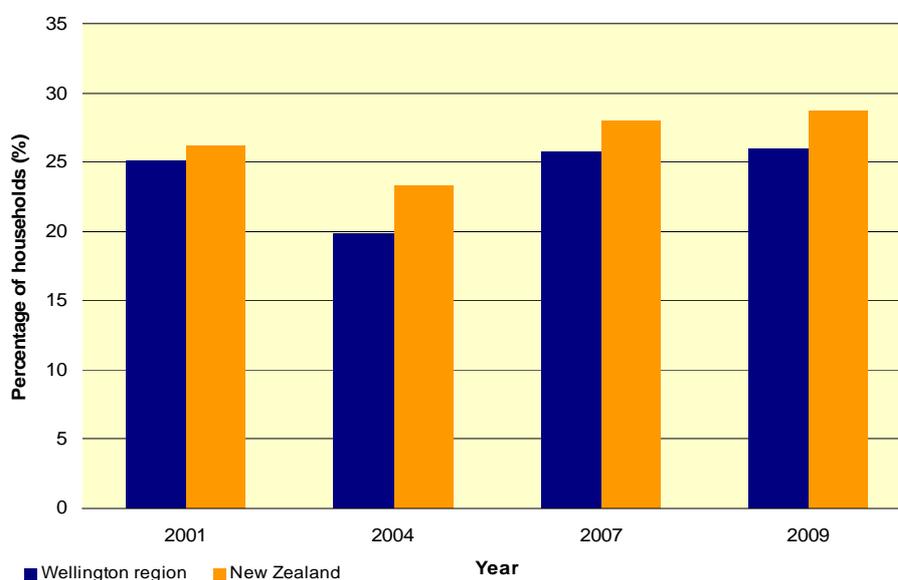
## 11.2. Percentage of households that spend more than 30% of their disposable income on housing



The percentage of households that spend more than 30% of their disposable income on housing in 2009 was at a similar level as that in 2001

Affordable housing is important for people's well-being. For lower-income households especially, high housing costs relative to income are often associated with severe financial difficulty, and can leave households with insufficient income to meet other basic needs such as food, clothing, transport, medical care and education. High outgoings-to-income ratios are not as critical for higher-income earners, as there is sufficient income left for their basic needs.

Percentage of households that spend more than 30% of their disposable income on housing, 2001-2010



Source: Statistics New Zealand Household Economic Survey

### Findings

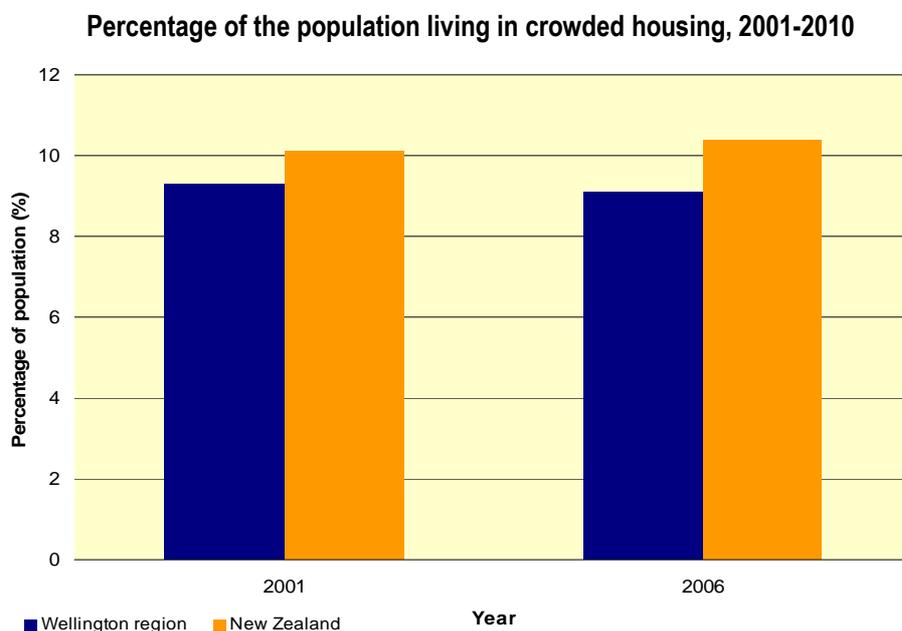
- In 2009, 25.2% of households in the Wellington region spent more than 30% of their disposable income on housing costs. This was an increase on the 2004 level but similar to that in 2001 and 2007.
- A similar trend was observed for households in New Zealand over this time, but in all years higher percentages of households in New Zealand compared to the Wellington region spend more than 30% of their disposable income on housing costs.

### 11.3. Percentage of the population living in crowded housing



The percentage of the population living in crowded housing is unchanged between 2001 and 2006

Housing space adequate to the needs and desires of a family is a core component of quality of life. National and international studies show an association between the prevalence of certain infectious diseases and crowding, between crowding and poor educational attainment, and between residential crowding and psychological distress.



Source: MSD Social Report from Statistics New Zealand

#### Findings

- In 2006, 9.1% of the population in the Wellington region lived in crowded housing compared to 10.4% for New Zealand overall. Similar percentages were also observed in 2001.
- In both years, higher percentages of the New Zealand population lived in crowded housing compared with the Wellington region population.

## 11.4. Number of households on Housing New Zealand waiting lists



The number of households on Housing New Zealand waiting lists is higher in 2010 than 2001

Lack of social housing can result in parts of the population living in inadequate housing. This may lead to ill health and an unhealthy and unaffordable lifestyle, thus resulting in a lower quality of life.



Source: Housing New Zealand

### Findings

- In 2010, there were 1,087 households in the Wellington region on Housing New Zealand waiting lists.
- The number of households on waiting lists has fluctuated over the study period, but is higher in 2010 than 2001.

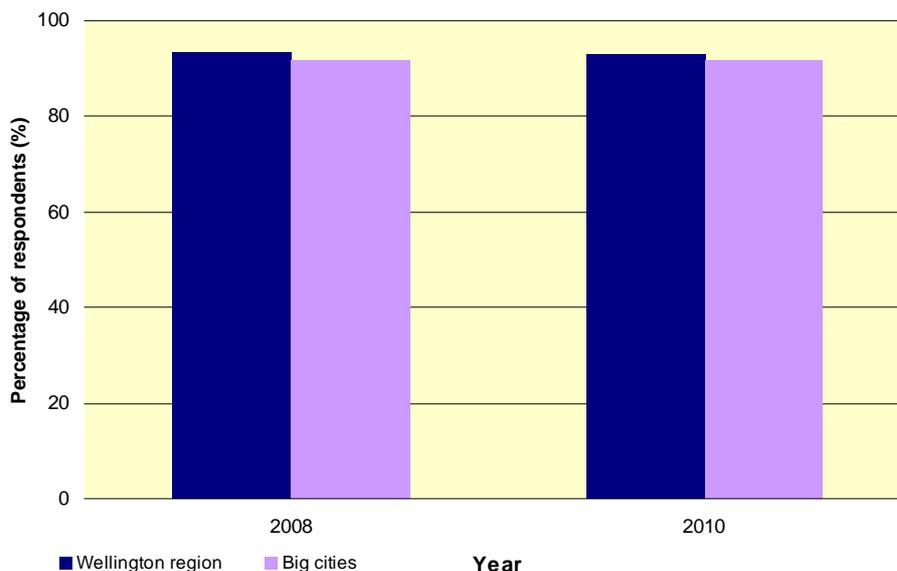
## 11.5. Percentage of people that are positive about their quality of life



**Between 2008 and 2010, residents rating of their quality of life remained unchanged**

Quality of life is about feeling good and being satisfied with things in general. Self-rated quality of life measures the gap between a person's hopes and expectations and their present experience.

**Percentage of resident's rating their quality of life as good or extremely good, 2001-2010**



Source: Quality of Life Survey

### Findings

- In 2010, 93% of Wellington region residents rated their quality of life as good or extremely good, similar to the 93.3% in 2008.
- In 2010, 91.8% of residents from the eight big cities rated their quality of life as good or extremely good. This was similar to the 2008 percentage and not significantly different to that observed in the Wellington region in both 2008 and 2010.

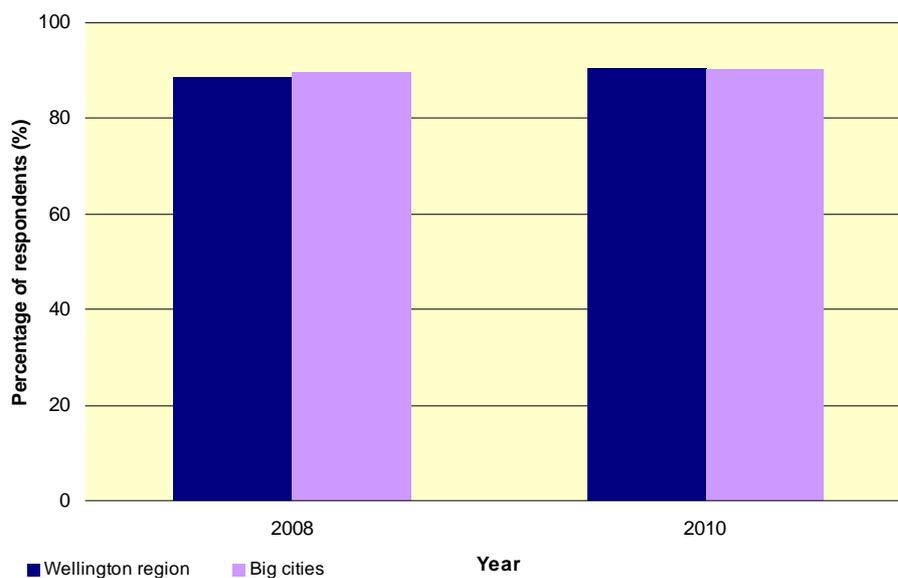
## 11.6. Residents rating of their happiness



The percentage of residents indicating they were happy or very happy increased between 2008 and 2010

Perceptions of individual happiness gives an overall measure of mental well-being and are directly related to people's overall quality of life.

Percentage of resident's saying that, in general, they are happy or very happy, 2001-2010



Source: Quality of Life Survey

### Findings

- In 2010, 90.6% of Wellington region residents said that, in general, they were happy or very happy, an increase from 88.7% in 2008.
- Similar percentages were also observed for New Zealand residents.

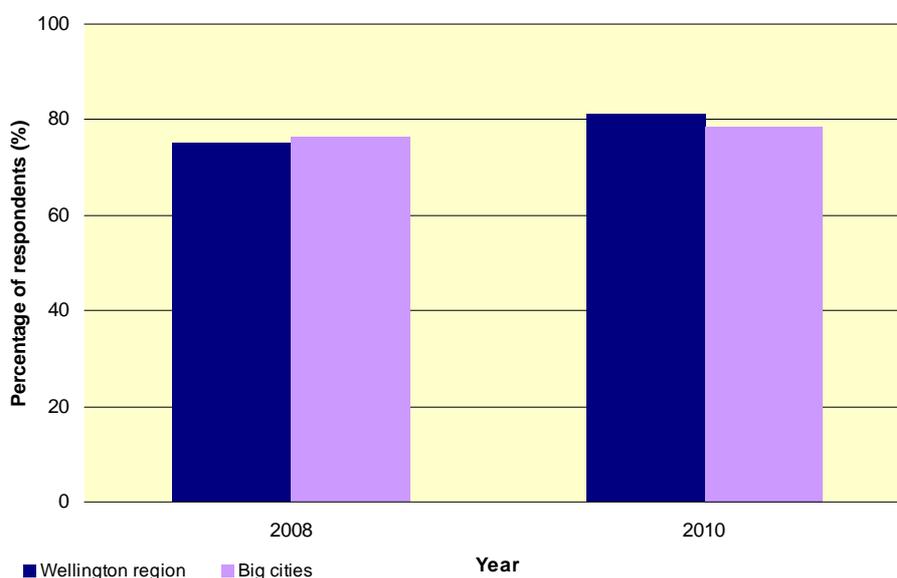
## 11.7. Residents satisfaction with work/life balance



**Higher percentages of employed residents were satisfied with their work-life balance between 2008 and 2010**

It is important that people find a balance between paid work and other aspects of their lives. When this balance is not found, people may suffer from stress or anxiety which impacts on a person's well-being.

**Percentage of resident's feeling satisfied or very satisfied with the balance between their work and other aspects of their life, 2001-2010**



Source: Quality of Life Survey

### Findings

- In 2010, 81.2% of employed Wellington region residents were satisfied or very satisfied with their work-life balance. This was a similar increase from the level in 2008 (75%).
- Similar percentages were also observed for New Zealand residents.

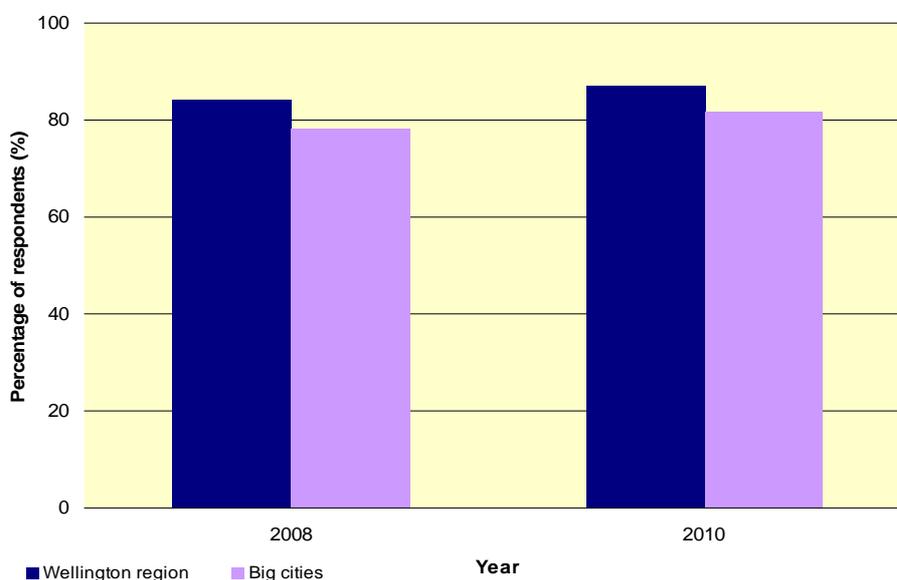
## 11.8. Residents sense of safety



### Residents' sense of safety increased between 2008 and 2010

Perceptions of safety are as important as actual instances of crime. If people feel unsafe in their home and local area they may be less likely to talk to their neighbours, to trust others living in the area, to use public transport, to walk in the area, use public amenities and generally participate in their communities. The built environment and the way neighbourhoods are designed and maintained also impact greatly on perceptions of safety.

The average percentage of resident's feeling fairly safe or very safe,<sup>14</sup> 2001-2010



Source: Quality of Life Survey

### Findings

- In 2010, an average of 86.9% of Wellington region residents felt fairly safe or very safe, an increase from 84.1% in 2008.
- The average percentage of New Zealand residents feeling fairly safe or very safe also increased from 2008 to 2010 (78.2% to 81.7%). However, in both 2008 and 2010 lower percentages of New Zealand residents compared to Wellington region residents felt fairly safe or very safe.

<sup>14</sup> This is an average of residents feeling safe or very safe: in their home during the day, in their home after dark, walking alone in their neighbourhood after dark, in their city centre during the day and in their city centre after dark.

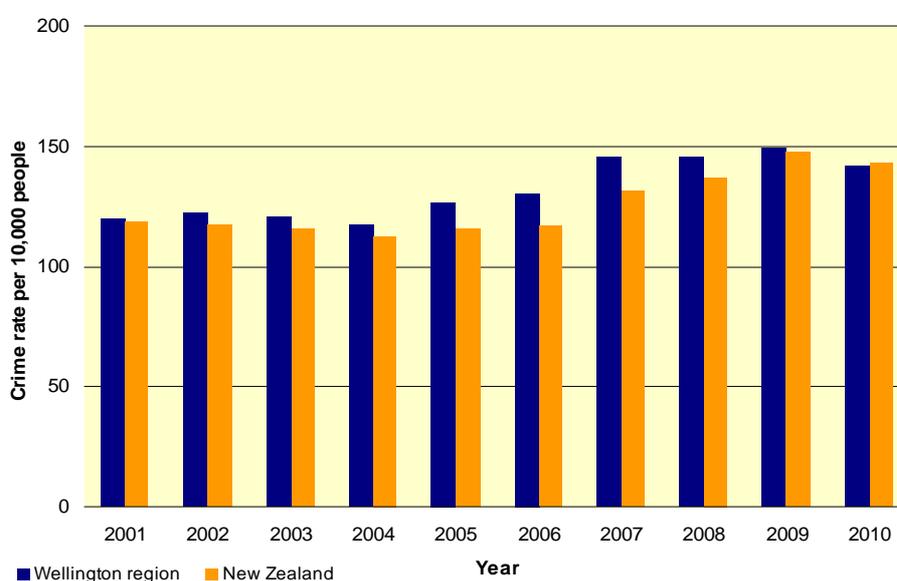
## 11.9. Recorded offences for crimes against the person - rate per 10,000 people



The rate of recorded offences for crimes against the person is higher in 2010 than 2001

Crime, and fear of crime, impacts negatively on the community in terms of personal security, the attractiveness of an area for recreation, and on general amenity. The incidence of crime is both a cause and symptom of low quality of life, and is associated with poverty, exclusion and the need for support services.

Recorded offences for crimes against the person per 10,000 people, 2001-2010



Source: Statistics New Zealand Recorded Crime Offences

### Findings

- In 2010, recorded offences against the person in the Wellington region were 142 per 10,000 people.
- Recorded offence rates in the Wellington region remained relatively unchanged between 2001 and 2004, and then gradually increased from 2005 to 2007 before again becoming relatively static.
- National rates of recorded offences against the person are also higher in 2010 than in 2001.
- Recorded offences against the person have generally been slightly higher in the Wellington region than in New Zealand overall.

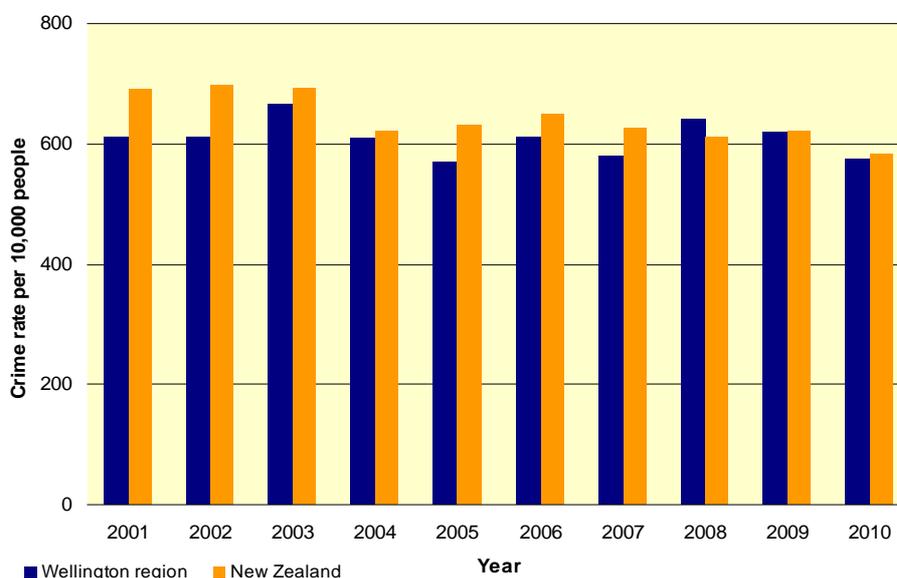
## 11.10. Recorded offences for crimes against property - rate per 10,000 people



The rate of recorded offences for crimes against property is lower in 2010 than 2001

Crime, and fear of crime, impacts negatively on the community in terms of personal security, the attractiveness of an area for recreation, and on general amenity. The incidence of crime is both a cause and symptom of low quality of life, and is associated with poverty, exclusion and the need for support services.

Recorded offences for crimes against property per 10,000 people, 2001-2010



Source: Statistics New Zealand Recorded Crime Offences

### Findings

- In 2010, recorded offences against property in the Wellington region were 576 per 10,000 people.
- Recorded offence rates in the Wellington region has fluctuated over the study period, but is slightly lower in 2010 than 2001.
- A similar trend is also observed for recorded offences against property in New Zealand. However, in general rates for New Zealand are higher than the rates in the Wellington region.

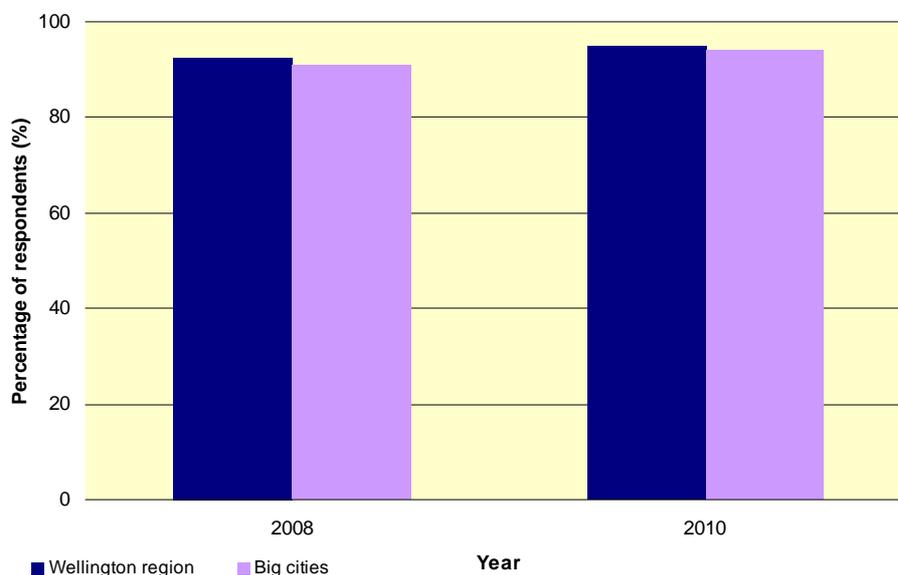
## 11.11. Ease of access to local parks or other green space



### Residents' perception of the ease of access to local parks or other green spaces increased between 2008 and 2010

This indicator relates to a person's perception of how accessible parks and green spaces are to them, and also to how that person feels within that space. Factors affecting access to open spaces can be social, physical or emotional and may include distance, isolation, social exclusion from certain places, and anti-social behaviour.

#### Percentage of residents finding it easy or very easy to get to a local park or other green space in their city or local area, 2001-2010



Source: Quality of Life Survey

### Findings

- In 2010, 94.8% of Wellington region residents thought it was easy or very easy to get to a local park or other green space in their city or local area, an increase from 92.5% in 2008.
- From 2008 to 2010 there was also an increase in the percentage of residents from the eight big cities that thought it was easy or very easy to get to a local park or other green space in their city or local area.
- In 2008, higher percentages of residents from the Wellington region thought it was easy or very easy to get to a local park or other green space in their city or local area, but in 2010 the difference was not significant.

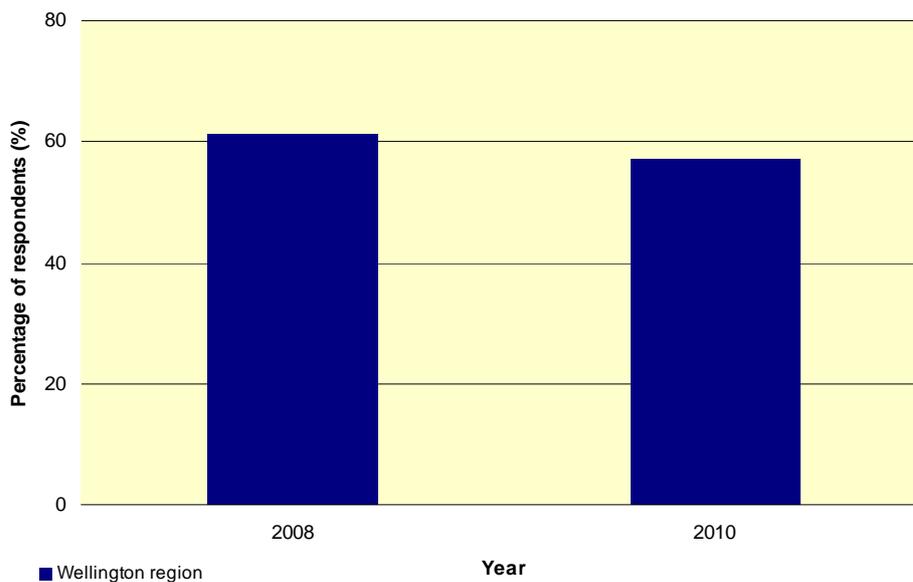
## 11.12. Participation in social activities



**There was a decline in the percentage of residents belonging to two or more social networks or groups between 2008 and 2010**

This indicator is a measure of participation in the wider community. Participation builds social cohesion and connectedness, thereby reducing isolation.

**Percentage of residents indicating that they belong to two or more social networks or groups,<sup>15</sup> 2001-2010**



Source: Quality of Life Survey

### Findings

- In 2010, 57.0% of Wellington region residents indicated that they belonged to two or more social networks or groups, a decrease from 61.4% in 2008.

<sup>15</sup> Networks/groups include: a sports club, a church or spiritual group, a hobby or interest group, a community or voluntary group, a network of people from work or school, gym/walking group, age specific group or ethnic/cultural group.

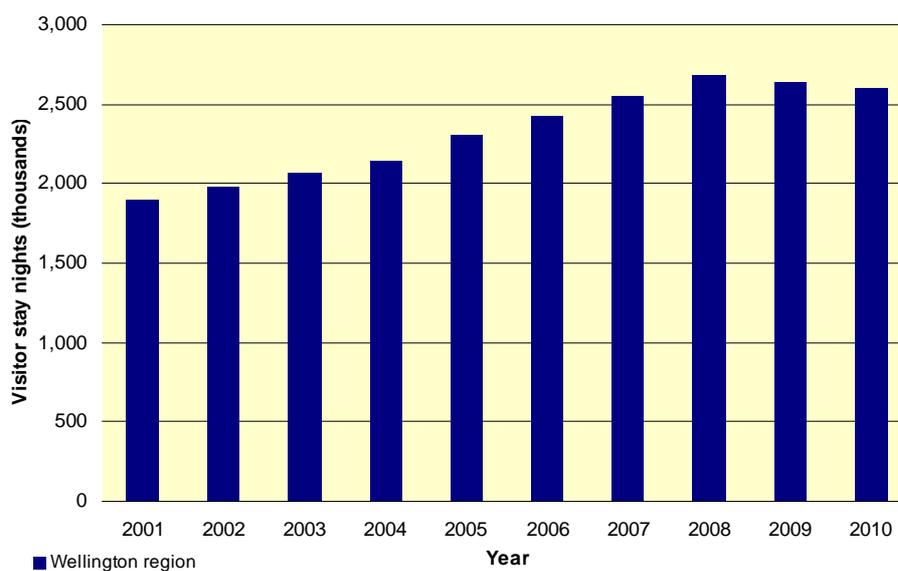
### 11.13. Visitor guest night



The number of visitor guest nights has decreased slightly over the last few years, but remain much higher than they were in 2001

Tourism is a major contributor to the economy. Infrastructure developed to serve the visitor market also benefits local residents and adds to the quality of life in the region.

Visitor guest nights, 2001-2010



Source: Statistics New Zealand Accommodation Survey

#### Findings

- In 2010, the number of visitor guest nights in the Wellington region was 2,605,000.
- The number of visitor guest nights in the Wellington region increased from 2001 to 2008, but since this time has decreased slightly. However, the number of visitor guest nights remains much higher in 2010 than in 2001.

## 12. Regional foundations indicators

### **OUTCOME DEFINITION:**

**High quality and secure infrastructure and services meet everyday needs. These are developed and maintained to support the sustainable growth of the region, now and in the future**

Regional foundations indicators have been selected to measure progress towards the regional foundation outcome definition goals for the region. Focus has been to the availability and reliability of services essential in modern society.

In total four<sup>16</sup> indicators are included in the WR-GPI 2001-2010 framework that form part of the regional foundations outcome area. Each indicator is assigned a symbol to represent how the data trend relates to well-being progress (refer to the symbol key in Table 1, section 1).

For a full list of strong and tolerant community indicators, including the indicator definition, its influence on well-being and the data sources refer to Appendix 2 in the paper titled “The approach to the Wellington region genuine progress index (WR-GPI) 2001-2010” (Durling, 2011).

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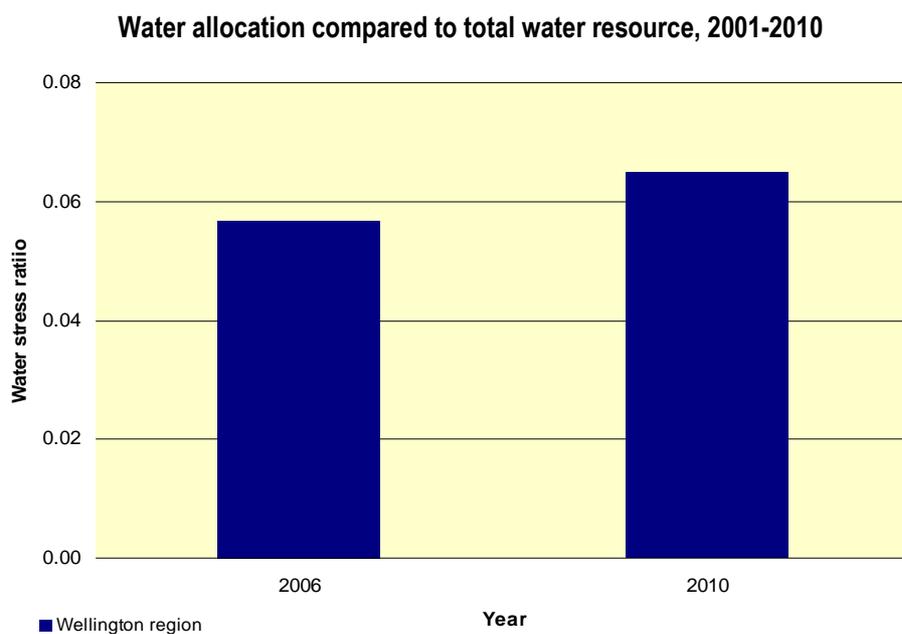
<sup>16</sup> There are five indicators included in the WR-GPI framework that form part of the regional foundations outcome area, however one of these indicators does not currently have a data source attributable to it so is not included in this report.

## 12.1. Water allocation compared to total water resource



**Water stress in the region has increased between 2006 and 2010**

Fresh water is a finite resource, so competing demands for water use must be balanced with maintaining the resource. This indicator is a proxy measure of sustainable water use.



Source: Ministry for the Environment

### Findings

- In 2010, the water stress ratio (water allocation compared to total water resource) was 0.0649, an increase from 0.0568 in 2006.
- This increase is due to an increase in water allocation of this time. Despite this increase water stress remains low in the region (ratio is less than 0.2).<sup>17</sup>

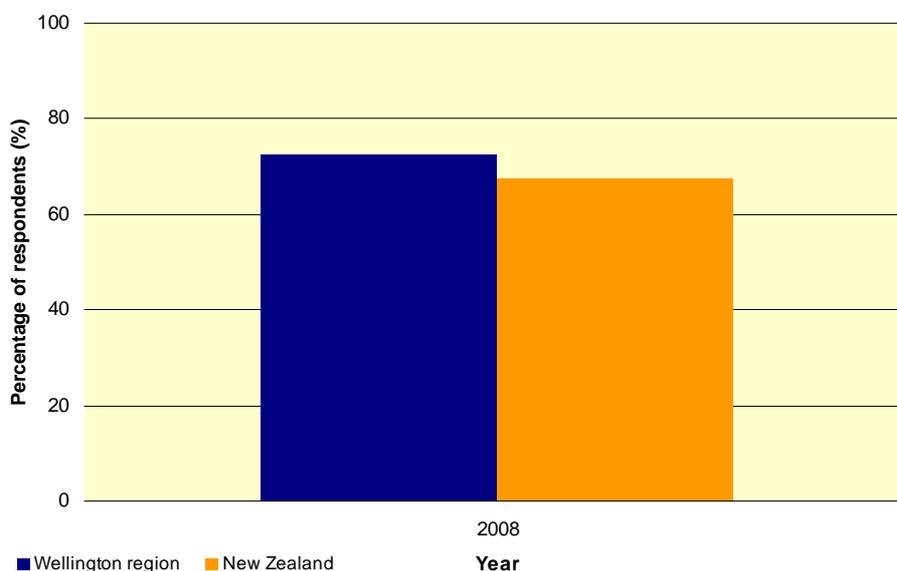
<sup>17</sup> Stress ratios: low – ratio less than 0.20; medium – ratio is between 0.20 and 0.40; severe – ratio is higher than 0.40.

## 12.2. Perception of council services such as water supply, drainage, rubbish collection and roads

**?** No trend data is currently available

Councils provide a number of services that are needed to achieve a good quality of life. Without high quality council services community's may become isolated and be affected by a number of health, and environmental issues.

**Percentage of residents indicating that they are satisfied or very satisfied with the quality of council services in their area, 2001-2010**



Source: Statistics New Zealand General Social Survey

### Findings

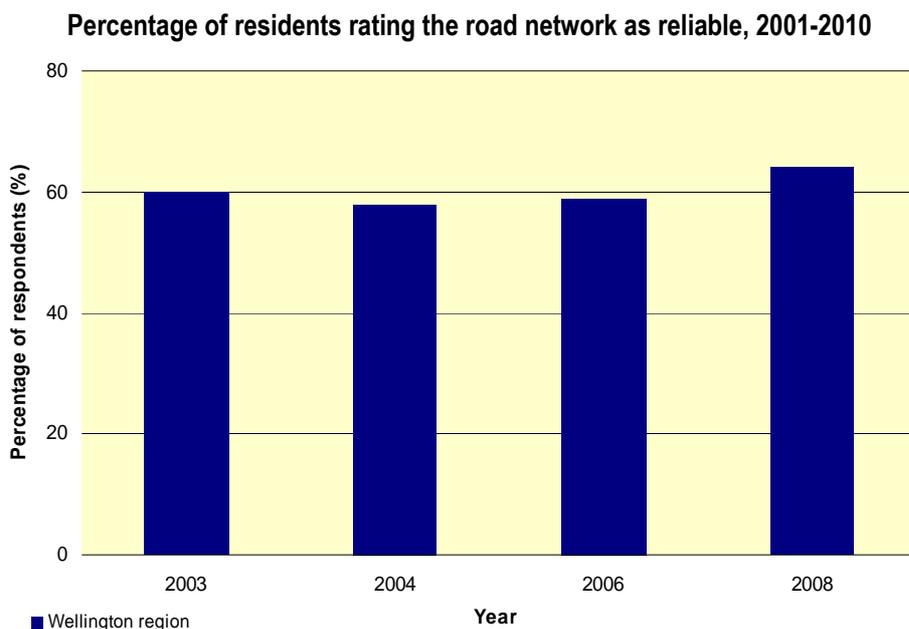
- In 2008, 72.7% of Wellington region residents were satisfied or very satisfied with the quality of council services in their area.
- Nationally, 67.4% of residents were satisfied or very satisfied with the quality of council services in their area, which is lower than that observed for the Wellington region.

### 12.3. Perception of road network reliability



#### Residents' perceptions of road network reliability are higher in 2008 than 2003

Perceptions of the reliability of various forms of transport for getting around the region can impact on people's travel opportunities and choices. Reliability is also a measure for how well the roading infrastructure can cope with current and future demand.



Source: GWRC Transport Perceptions Survey

#### Findings

- In 2008, 64% of Wellington region residents thought that the road network was reliable.
- Since 2003, there has been a slight increase in the percentage of residents rating the road network as reliable.

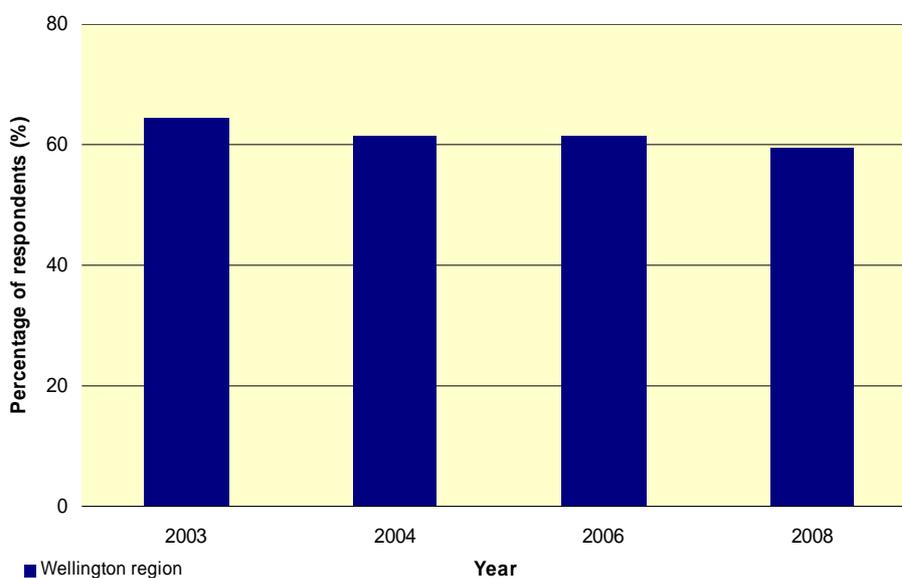
## 12.4. Perception of public transport reliability



**Residents' perceptions of public transport network reliability have decreased between 2003 and 2008**

Perceptions of the reliability of various forms of transport for getting around the region can impact on people's travel opportunities and choices. Reliability is also a measure for how well public transport infrastructure can cope with current and future demand.

**Average percentage of residents rating the bus and train network as reliable, 2001-2010**



Source: GWRC Transport Perceptions Survey

### Findings

- In 2008, an average of 59.5% of Wellington region residents thought that the train and bus network was reliable.
- Overall, there has been a slight decrease in the percentage of residents rating the public transport network as reliable since 2003.

### 13. Comparison of regional GPI and cultural well-being GPI

The GPI was conceived as a way to measure the region’s collective well-being in terms of assessing progress towards each of the nine community outcomes. Where necessary the indexes for each community outcome indicator have been averaged to form the four composite well-being GPI’s, and the four well-being GPIs have been brought together and averaged to form one composite regional GPI. Figure 8 shows the regional GPI from 2001 to 2010. The four well-being GPI’s are also shown for comparison.

Other than a slight decrease between 2001 and 2002, and little change between 2009 and 2010, the regional GPI has increased over the study period. Regional GPI was at its highest in 2010 and is 5% higher in 2010 compared to 2001.

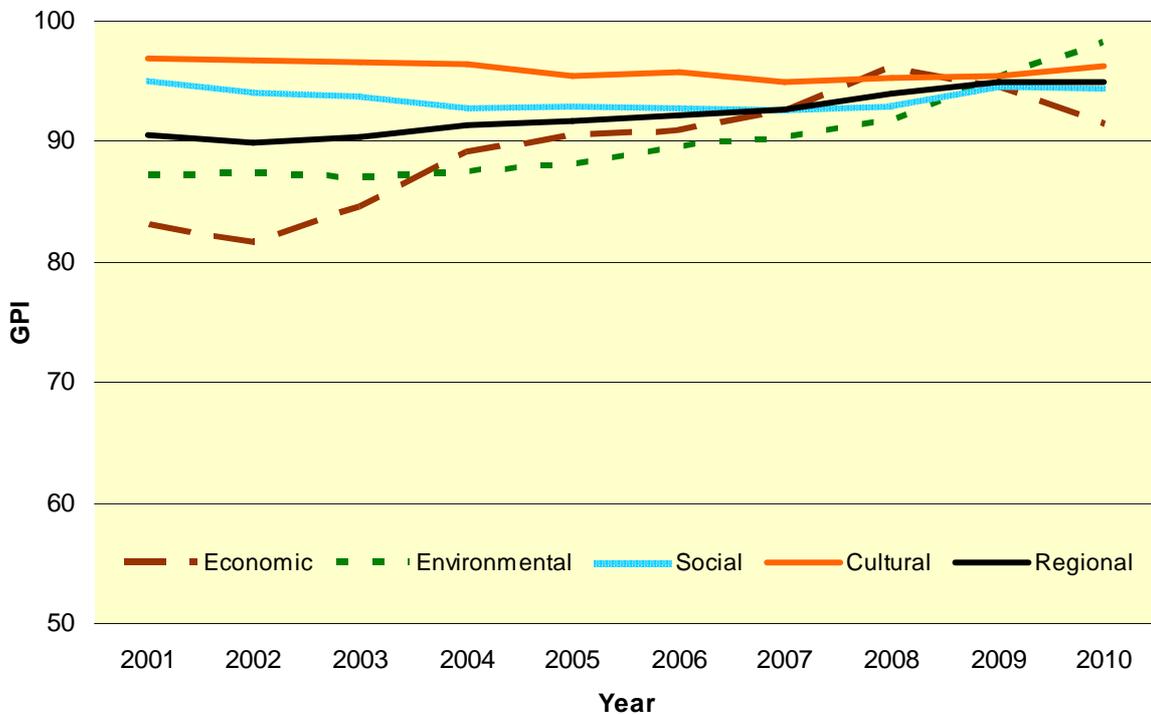


Figure 8. Comparison of overall regional GPI and the four well-being GPI’s, 2001-2010

The GPI is about measuring progress and this needs to be remembered when comparing GPI’s. Just because an area has a higher GPI value it does not necessarily mean that as a region we are performing better in that area. For example if we compare the cultural well-being GPI with the overall regional GPI, it is intuitive to think that we are performing better in cultural-well-being as this has a higher GPI value. What the GPI actually tells us is that between 2001 and 2010 little progress was made in the region on cultural well-being, whereas we have made some progress on our well-being overall (regional GPI).

## 14. Conclusion

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Looking at the indicators used to measure the regions progress towards our healthy community, connected community, sense of place, quality lifestyle and regional foundations community outcomes, and measure our social well-being it is found that little progress has been made except in the area of connected community. Of the 43 indicators used to measure our progress, 16 showed improvements, 12 showed declines and 15 remained unchanged over the 2001 to 2010 period. It must be noted that 26 of these indicators currently only have one or two data points available over the study period.

The changes to the indicators meant that once converted to index values, from 2001 to 2010, there was an increase in the region's GPI for connected community, a decline in the region's GPI for healthy community and regional foundations, and little change in the region's GPI for sense of place, quality lifestyle and social well-being. As a region we have made little progress towards our social well-being goals but pockets of progress are beginning to emerge in certain areas over the last few years. However, it must be noted that the availability of data for the social well-being indicators is currently limiting our ability to monitor our progress in this area.

Lastly, it must not be forgotten that a GPI is a long term monitoring tool. As a region we are just in the early stages of data collection, and have been faced with numerous challenges to get to where we are today. Over time, the data available for monitoring our progress will increase making it easier to monitor any changes to our well-being. While the results cannot always show what is driving these changes, it can help identify adverse trends at an early stage, and if necessary point us to where there needs to be further analysis to help understand the changes and how we address them.

## 15. References

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