Social capital includes those features of society such as trust, norms, and networks that can improve and strengthen society by enabling coordinated actions [1,2]. Social capital is important because it is linked to individual and community health and wellbeing via a range of processes between people. These processes facilitate cooperation and efficiency for mutual benefit [2-5].

Trust in agencies, participation in local organisations (including volunteering), and social connection or isolation are among the most commonly used indicators of social capital [5]. Social capital is significantly associated with many community- and individual-level outcomes, such as education, crime, child welfare, health and wellbeing, and the total mortality rate (although correlation does not establish causation) [1,2,6].

Social capital is an important component of a strengths-based approach, which identifies the protective and promoting factors that improve health and wellbeing.

Key trends within the social capital

The results seen across the range of indicators for social capital, for greater Christchurch, over the last five to seven years, are mixed. The proportion of greater Christchurch respondents who indicate feeling a sense of community has been in decline since first measured in the Canterbury Wellbeing Survey in late 2012 (especially so for young people, 18–24 years). However, the decline in sense of community appears to have plateaued in recent years, at just below fifty percent of respondents. While most respondents reported having regular face-to-face and/or non-face-to-face contact with family and friends in the 2016 General Social Survey, a significant minority (15%) of young people (18–24 years) indicated that they felt lonely or isolated most or all of the time (in the Canterbury Wellbeing Survey 2017 and 2018). On the positive side, most respondents indicated that they can express their personal identity in New Zealand, reporting that they find it easy or very easy to be themselves. Finally, participation in sports has increased since late 2012, along with increasing attendance and participation in the arts.

Key equity issues within social capital

A number of differences are apparent across the social capital indicators, notably: sense of community, personal identity, loneliness and isolation, and confidence in agencies. Age (particularly the youngest and oldest age groups), having a long-term health condition or disability, and identifying as belonging to certain ethnic groups, appear to be related to lower levels of social capital in greater Christchurch.

What this means for wellbeing

Social capital covers many aspects of community, and all are concerned with the quality and characteristics of human relationships. Generally, the pattern of results for the social capital indicators for greater Christchurch appears supportive of individual and community wellbeing across greater Christchurch, however, some areas of concern are apparent.

Indicators in this domain

- Sense of community
- Contact with family and friends
- Loneliness and isolation
- Personal identity
- Arts attendance
- Participation in the arts
- Discrimination
- Sports participation
- Unpaid activities
- Confidence in agencies
SENSE OF COMMUNITY

Feeling like one belongs and is accepted in meaningful social groups has been linked to wellbeing and health-related outcomes [7,8]. Sense of community is generally seen as a desirable outcome, whereby community members feel a sense of belonging and commitment, and a feeling that members matter to one another and to the group [9,10]. In this context, community is ‘relational’, as it is mostly concerned with quality and characteristics of human relationships, not the geographical location (for example neighbourhood, town, city) [11]. Sense of community embraces a number of different elements including: community spirit or membership, influence, reinforcement, emotional safety, community boundaries, sense of belonging, trust, shared emotional connections, and quality interactions [9,12]. These elements are considered to act together to strengthen the social fabric, and improve community wellbeing and health outcomes [7-9].

This indicator presents the proportion of those aged 18 years and over agreeing or strongly agreeing they feel a sense of community with others in their neighbourhood, as reported in the Canterbury Wellbeing Survey.

The figure shows that in the year following the 2010 and 2011 earthquakes, over half of respondents in greater Christchurch (54.5%) agreed or strongly agreed that they felt a sense of community with others in their neighbourhood. However, there is a pattern of declining sense of community since September 2012. In 2014, the proportion feeling a sense of community with others in their neighbourhood (agree or strongly agree) dipped below 50 percent and the current result (49.6%, 2018) is statistically significantly lower than that for 2012. The overall downward trend in this proportion is also statistically significant. Note that no pre-earthquake data are available to act as a benchmark.

Breakdown by Territorial Authority
The figure shows that in 2018, the proportion of European respondents agreeing or strongly agreeing they feel a sense of community with others in their neighbourhood (50.4%) is statistically significantly higher than that for Pacific/Asian/Indian respondents (37.2%) but is not significantly different from Māori respondents (44.1%). This general pattern applies to the last three time-points (09/2016, 06/2017, and 05/2018). However, there is noticeable variability in the results for Māori and Pacific/Asian/Indian respondents due to smaller absolute numbers in the sample. These smaller numbers contribute to wider confidence intervals and make it difficult to discern differences for Māori and Pacific/Asian/Indian respondents.
Breakdown by age

Across the time-series, younger respondents’ sense of community is notably different from older respondents’ sense of community (such as lower, and in sharper decline). In 2018, 62.2 percent of respondents from the 65+ years age group indicated that they agreed or strongly agreed that they felt a sense of community with others in their neighbourhood, compared with only 26.9 percent of 18 to 24 year-old respondents. This may reflect actual relational differences within neighbourhoods by different age groups, for example as young people may be more transient and less likely to have neighbourhood attachments, such as owning a home or having children attend a local school. It may also reflect different understandings of the question (such as younger respondents may have different understandings of ‘communities’ and ‘neighbourhoods’), or a combination of both of these aspects.

Breakdown by gender

The figure shows a pattern of generally similar levels of sense of community (proportion agreeing or strongly agreeing that they feel a sense of community with others in their neighbourhood) for female respondents and male respondents in greater Christchurch, over the period 2012 to 2018 (more so, since late 2015).
The figure shows a pattern of generally similar levels of sense of community (proportion of respondents agreeing or strongly agreeing that they feel a sense of community with others in their neighbourhood) across the annual household income groups $30,000–$60,000; $60,000–$100,000; and $100,000+; in greater Christchurch, over the period 2012 to 2018. The exception is the lowest income group. The <$30,000 income group appears to have experienced a boost in sense of community (possibly an earthquake effect) from early 2013 to late 2014. However, this boost now appears to have dropped away, with sense of community for the <$30,000 group being statistically significantly lower compared with the $100,000+ group for three of the last five time-points.
Breakdown by disability

The figure shows that the level of sense of community (proportion of respondents agreeing or strongly agreeing that they feel a sense of community with others in their neighbourhood) for those respondents with a long-term health condition or disability was not significantly different from the proportion for those without, at the majority of time-points. The proportion for those with a long-term health condition or disability was significantly lower at the most recent time-point (43.9%, compared to 51.2% for those without a long-term health condition or disability) as well as in April 2014 and September 2016.

Data Sources

Source: Canterbury District Health Board.
Source data frequency: Annually.

Metadata for this indicator is available at https://www.canterburywellbeing.org.nz/index-data
CONTACT WITH FAMILY AND FRIENDS

Family and friends are a source of social support, and give people a sense of belonging. Staying in touch with family and friends who live elsewhere helps maintain social connections, which can contribute to well-being. A network of relatives, friends, colleagues, and other personal contacts can encourage healthy behaviours. People can call on their social networks for assistance in times of need [13].

This indicator presents the proportion of those aged 15 years and over who had face-to-face contact and non-face-to-face contact with family (top graph) and friends (bottom graph) in the last week (at least once a week) as reported in the New Zealand General Social Survey. Family included immediate family, like parents, siblings, and other relatives (for example uncles, aunts, and in-laws).

![Graph 1](image1)

![Graph 2](image2)

The figures show that most New Zealanders talk face-to-face with their family or friends regularly. In Canterbury, 60 percent of respondents had face-to-face contact with their family at least once a week; 75 percent reported face-to-face contact with
friends at least once a week. Most Canterbury respondents also had regular non-face-to-face contact with family and friends. Approximately eight out of ten respondents had non-face-to-face contact with family (77.7%) or friends (80%) in the last week. Contact with family and friends for Canterbury respondents is similar to that for New Zealanders overall.

Data Sources

Source: Statistics New Zealand.
Source data frequency: Every two years.

Metadata for this indicator is available at https://www.canterburywellbeing.org.nz/index-data
LONELINESS AND ISOLATION

Social connections are positively associated with individual and community health [2-5], while social isolation is associated with poor health [5]. Therefore, reducing social isolation is an important part of maintaining or building social capital. In the 2017 and 2018 Canterbury Wellbeing Survey, respondents were asked how often they had felt lonely or isolated over the past 12 months.

This indicator presents the proportion of those aged 18 years and over reporting feeling lonely or isolated always or most of the time, as reported in the Canterbury Wellbeing Survey 2017 and 2018.

The figure shows that between six and seven percent of respondents reported feeling lonely or isolated, always or most of the time, in greater Christchurch, in 2017 and 2018.
Breakdown by Territorial Authority

The figure shows the proportion of those respondents aged 18 years and over who reported feeling lonely or isolated, always or most of the time, in 2017 and 2018, for Christchurch City, Selwyn District, and Waimakariri District (7.4%, 3.5%, and 5%, respectively, in 2018). Respondents from Christchurch City reported the highest levels of social isolation in both 2017 and 2018 (statistically significantly higher than Selwyn District in 2018).

Breakdown by ethnicity

The figure shows the proportion of respondents who reported feeling lonely or isolated, always or most of the time, in 2017 and 2018, for European respondents, Māori respondents, and for Pacific/Asian/Indian respondents (6.2%, 13.1%, and 11.6%, respectively, in 2018). A lower proportion of European respondents reported social isolation compared with Māori and Pacific/Asian/Indian respondents, in both 2017 and 2018. The proportion for European respondents was statistically significantly lower in 2018. Note that these comparisons do not take into account possible confounders such as income or age.
Breakdown by age

The figure shows the proportion of respondents reporting feeling lonely or isolated, always or most of the time, by age group, in 2017 and 2018. The figure shows a clear pattern of higher levels of social isolation for young people. For respondents in the 18 to 24 years group, in particular, the self-reported level of social isolation has averaged approximately 8 percentage points above the other age groups in 2017 and 2018 (the difference between the youngest age group and all other age groups is statistically significant at both time-points).

Breakdown by gender

The figure shows a pattern of generally similar levels of social isolation (proportion of respondents reporting feeling lonely or isolated, always or most of the time) for female respondents and male respondents in greater Christchurch, for 2017 and 2018 (no statistically significant differences by gender or over time).
Breakdown by income

The figure shows the proportion of respondents reporting feeling lonely or isolated, always or most of the time, by annual household income, in 2017 and 2018. The figure shows a clear pattern of higher levels of social isolation for those in the lowest income groups. For respondents in the <$30,000 group, in particular, the levels of self-reported social isolation have averaged approximately 7 percentage points above the other income groups, in 2017 and 2018. The difference between the lowest income group and all other income groups is statistically significant at both time-points.

Breakdown by disability

The figure shows statistically significantly higher levels of social isolation (the proportion of those respondents reporting feeling lonely or isolated, always or most of the time) for those with a long-term health condition or disability, compared with those without, in greater Christchurch, for 2017 and 2018.

Data Sources

Source: Canterbury District Health Board.
website www.cph.co.nz/your-health/wellbeing-survey/
Source data frequency: Annually.

Metadata for this indicator is available at https://www.canterburywellbeing.org.nz/index-data
PERSONAL IDENTITY

Being able to express ‘who they are’ is important for people’s sense of self and overall wellbeing. A society which is inclusive of differences is desirable as it enables members to participate fully in life, and gives them a sense of belonging and security [14].

The indicator measures people’s ability to be themselves in New Zealand. This indicator presents the proportion who reported it was easy or very easy to be themselves in New Zealand, as reported in the 2018 Canterbury Wellbeing Survey.

The figure shows that in 2018, approximately 80 percent (80.1%) of respondents in greater Christchurch indicated that they find it easy or very easy to be themselves in New Zealand. The figure also shows that a statistically significantly higher proportion of Selwyn District respondents (85.6%) indicated they find it easy or very easy to be themselves in New Zealand than Christchurch City respondents and greater Christchurch respondents, overall (Selwyn District not significantly different from Waimakariri District).
Breakdown by ethnicity

The figure shows that in 2018, European respondents were more likely than Māori respondents and those in the Pacific/Asian/Indian ethnic group, to report that it was very easy or easy to be themselves in New Zealand (84.3%; 74.5%; and 51.5% respectively). The differences between the groups are statistically significant.

Breakdown by age

The figure shows that in 2018, younger people were less likely than older people to report that it was very easy or easy to be themselves in New Zealand (18–24 years, 70.0%; 25–34 years, 75.6%; 35–49 years, 79.9%; 60–64 years, 82.1%; and 65+ years, 88.0%). The difference shown between young people's (18–24 years) ease of being themselves, and those in the three oldest age groups (35–49 years, 50–64 years, and 65+ years), is statistically significant.
Breakdown by gender

The figure shows that males and females expressed a similar level of ease with being themselves in New Zealand (82.7% of females reported it was very easy or easy to be themselves, compared with 78.4% of males).

Breakdown by income

In 2018, people with higher household incomes were more likely than people with lower household incomes to feel it was very easy or easy to be themselves in New Zealand (87.6% of those with annual household incomes over $100,000; 81.7% with incomes $60,000–$100,000; and 77.1% with incomes $30,000–$60,000; compared with 72.5% for those with incomes under $30,000; proportion for highest income group statistically significantly higher than for all other groups).
The figure shows, in 2018, respondents with a long-term health condition or disability were statistically significantly less likely to indicate that it is very easy or easy for them to be themselves in New Zealand (73.8%), compared with those respondents without a long-term health condition or disability (82.3%).

**Data Sources**

**Source:** Canterbury District Health Board.


**Source data frequency:** Annually.

Metadata for this indicator is available at [https://www.canterburywellbeing.org.nz/index-data](https://www.canterburywellbeing.org.nz/index-data)
ARTS ATTENDANCE

Regular attendance at arts events and activities is associated with greater life satisfaction and general happiness [15]. Arts activities and venues, such as museums and historical sites, are also sources of cultural and economic value [16]. The social, cultural, educational, and health impacts of arts and cultural activities are supported by a substantial evidence base, in particular, with respect to wellbeing [17,18]. Research suggests that engaging in passive activities (for example attending museums, historical sites and arts events) and/or arts activities that involve active participation (such as playing an instrument or acting in a play) all have positive effects on wellbeing [19]. Information about attendance can also provide insights for arts organisations about the levels of cultural engagement, which can help in the development of marketing programming and income generation strategies [20].

This indicator presents overall attendance for the arts and is based on all those who have attended the following art forms in the last 12 months: visual arts, craft and object arts, performing arts, literature, Pacific arts and Māori arts. Attendance is defined as going to: art galleries or exhibitions or online galleries or film festivals; performances in theatres, contemporary dance, ballet, concerts or circuses; poetry or book readings, or literary festivals; cultural performances, festivals, exhibitions; or celebrations of Pacific or Māori arts.

The figure shows that 79 percent of respondents in Canterbury had attended at least one arts event or location in the 12 months before November 2017. This compares to 73 percent for New Zealand, although the difference is not statistically significant.

The 2017 New Zealanders and the Arts Survey [21] indicates that the most popular art form in Canterbury was performing arts. Fifty-nine percent of all Canterbury respondents had attended a performing arts event in the 12 months prior to November 2017. This was followed by visual arts (42%), and craft and object arts (34%). The least popular art form was literary arts. Only nine percent had attended a literary arts event or festival in the 12 months prior to being surveyed, although this proportion will also be affected by the frequency of such events. Attendance for individual art forms in Canterbury is in line with the national picture (art form data not shown).

Data Sources

Source: Creative New Zealand.
Source data frequency: Every three years.
Metadata for this indicator is available at https://www.canterburywellbeing.org.nz/index-data
The social, cultural, educational, and health impacts of arts and cultural activities are supported by a large evidence base [17,18]. Regular participation in arts events and activities is associated with greater life satisfaction and general happiness [15]. In particular, research suggests that regularly engaging in arts activities that involve active participation (such as playing an instrument or acting in a play) has positive effects on wellbeing [19].

This indicator presents overall participation in the arts, based on participation in the following art forms in the last 12 months: visual arts, craft and object arts, performing arts, literature, Pacific arts and Māori arts. Participation is defined as active involvement in the making or presentation of art forms.

The figure shows that 54 percent of Canterbury respondents to the 2017 New Zealanders and the Arts survey had participated in at least one art form in the 12 months prior to November 2017. This proportion is consistent with all New Zealanders (52%). Participation among Canterbury respondents was highest for the visual arts (33%), followed by craft and object arts (25%), performing arts (16%), literary arts (14%), Māori arts (13%), and Pacific arts (8%). Participation by Canterbury respondents in all six art forms is in line with participation by all New Zealanders (art form data not shown).

Data Sources

Source: Creative New Zealand.
Source data frequency: Every three years.

Metadata for this indicator is available at https://www.canterburywellbeing.org.nz/index-data
DISCRIMINATION

People and groups who are discriminated against may not be able to participate fully in society and discrimination also affects mental and physical wellbeing. Racism is one of the most common forms of discrimination [22] and is an important health and wellbeing determinant that contributes to ethnic inequities in physical and mental health, self-rated health, and overall life satisfaction [23].

This indicator presents the proportion of those aged 15 years and over who reported being discriminated against in the past 12 months, as reported in the New Zealand General Social Survey. Discrimination was defined as being treated unfairly or differently compared to other people, because of the group a person belonged to, or seemed to belong to.

The figure shows two data sets: the proportion of respondents who were discriminated against in the past 12 months for the periods 2008 to 2012 and 2014 to 2016. These two time-series reflect a change to the wording of the discrimination question in the New Zealand General Social Survey. In the earlier series, the question referred to being ‘treated unfairly or had something nasty done to you’ whereas in the later series, the question referred to being ‘treated unfairly or differently compared to other people’. The later question represents a broader concept of discrimination and the resulting higher proportion of respondents reporting discrimination based on this definition can be seen, for 2014 to 2016, compared with 2008 to 2012. Based on the revised question, in 2016, 16.9 percent of Canterbury respondents reported that they had been discriminated against in some way in the past 12 months (17.1% for New Zealand).

Data Sources

Source: Statistics New Zealand.
Source data frequency: Every two years.

Metadata for this indicator is available at https://www.canterburywellbeing.org.nz/index-data
Evidence suggests that people who participate in sports and recreation enjoy better health and wellbeing and have a better quality of life [24-26]. When people are more productive and healthier, society benefits, and savings are made in the health system [25].

This indicator presents the total membership for Canterbury regional sports organisations (people who are members of clubs or school teams affiliated to the Canterbury regional sports body; may include Timaru, Grey and Westland for some sports). This indicator does not capture people who participate in non-organised/recreational sports (such as road cycling, mountain biking, running and swimming).

The figure shows that the total membership number of regional sports organisations in Canterbury has increased substantially over the period 2012 to 2016. The most recent data indicate that overall sports participation totalled 136,314 participants in 2016 (up from 123,471 in 2008). This level of participation is well above pre-earthquake levels, having increased by over 10,000 members during the post-earthquake period.

Note that it is not possible to secure membership data for every code in each year and some sports may also have changed the criteria by which membership is judged and counted. Changes to the definition of membership for cricket may largely explain the drop in total membership seen between 2015 and 2016.

**Data Sources**

*Source*: Sport Canterbury.


*Source data frequency*: Annually.

Metadata for this indicator is available at [https://www.canterburywellbeing.org.nz/index-data](https://www.canterburywellbeing.org.nz/index-data)
UNPAID ACTIVITIES

Unpaid activities are typically considered in two distinct categories: unpaid work and formal volunteering (informal volunteering is typically not captured). Unpaid work comprises non-remunerated family and household-related activities and is regarded as a building block of societal functioning [27,28]. The allocation of unpaid activities (often largely arising from the presence of children in households) tends to be shaped by household economics or ‘who can best afford’ to devote the most time to care activities, in terms of overall household income and other factors [29,30].

Formal volunteering is voluntary work performed in an organised manner, generally in the wider community, usually under the auspices of an organisation. People frequently involved in unpaid caring (be it for children, elderly, or disabled persons) are less likely to participate in formal volunteering [27].

Volunteering can play an important role in contributing to people’s subjective wellbeing and life satisfaction – for example, by helping to build social connections and giving a sense of purpose and belonging within their communities [31]. Volunteering also contributes to skills development and strengthens social cohesion. However, while many people are willing, in principle, to volunteer, most do not [27].

This indicator presents the proportion of those 15 years and over who had undertaken unpaid activities, by type (five types of unpaid work plus formal volunteering) as recorded in the 2013 population Census. Unpaid activities are activities performed without payment, for people living either in the same household, or outside.

The figure shows that in 2013, nearly all those completing the Census in greater Christchurch regularly took part in at least one type of unpaid activity. Almost all respondents (86.4%) regularly took part in unpaid housework. Just under one-third of respondents reported looking after a child who is a member of their own household (29.5%) while almost seven percent (6.9%) reported looking after a person who is ill or has a disability who is a member of their own household. Helping someone who is ill or has a disability who is not a member of their own household was reported by just under nine percent (8.9%) and looking after a child who is not a member of their own household was reported by just over fifteen percent (15.5%). However, less than 15 percent of respondents (14.1%) indicated that they took part in helping or voluntary work, for or through any organisation, group or marae. The responses for greater Christchurch were similar to those for New Zealand overall.
Breakdown by Territorial Authority

The figure shows that in 2013, the proportions of Census respondents who had undertaken unpaid activities, were similar for Christchurch City, Selwyn District, and Waimakariri District, for each activity type.

Breakdown by ethnicity

The figure shows that in 2013, the proportions of Census respondents who had undertaken unpaid activities, were generally similar for the European, Māori, Pacific, and ‘Other’ ethnic groups in greater Christchurch. Two notable differences between Māori and European respondents, by type of activity, were for ‘looking after a child who does not live in own household’ (Māori 21.4%; European 16.3%) and ‘looking after a child who is a member of own household’ (Māori 38.4%; European 29.2%). Respondents who identified as Asian, appear less likely to report engaging in unpaid work, across all activity types, compared with the other groups (statistical significance testing was not applied to these data).
Breakdown by age

The figure shows two different patterns for unpaid activities, by age group, in 2013. Firstly, for unpaid activities within the household, the proportions of those respondents 15 years and over who had undertaken these activities were highest in the middle age bands (25–34 years, 35–49 years, and 60–64 years) and lowest for the 15 to 24 years (youngest) and 65+ years (oldest) age groups. Secondly, for the activities outside of the household (such as traditional volunteering), the proportions of those respondents reporting having undertaken these types of unpaid activities generally increased with each age band (a positive association between age and volunteering).

Breakdown by gender

The figure shows that females in greater Christchurch are more likely than males to undertake unpaid activities, with higher rates of participation in every activity type (the differences being approximately five percentage points across the activity types).

Data Sources

Source: Statistics New Zealand.
Source data frequency: Census conducted every 5 years.

Metadata for this indicator is available at https://www.canterburywellbeing.org.nz/index-data
CONFIDENCE IN AGENCIES

The confidence people have in their central and local government agencies tends to influence whether they participate in and engage with consultations and other decision-making processes. In 2018, Canterbury Wellbeing Survey [32] respondents were asked about the confidence they have in decisions made by central and local government.

This indicator presents the proportion of those 18 years and over agreeing or strongly agreeing that central and local government agency decisions are in the best interests of their city or district, as reported in the 2018 Canterbury Wellbeing Survey.

The figure shows that a lower proportion (33.6%) of Christchurch City respondents agree or strongly agree that decisions made by central and local government agencies are in the best interests for their city or district, compared to Waimakariri District respondents (38.9%) and Selwyn District respondents (38.3%). However, the differences are not statistically significant.
Breakdown by ethnicity

The figure shows that respondents in the Pacific/Asian/Indian ethnic group were statistically significantly more likely than Māori respondents and European respondents to agree or strongly agree that central and local government agencies make decisions in the best interests of their city or district (43.7%; 27.3%; and 34.1% respectively). Māori respondents were the least likely to have confidence in central and local government agencies’ decision making.

Breakdown by age

The figure shows no obvious pattern or statistically significant differences across the age groups, in the proportion of respondents who agree or strongly agree that central and local government agencies make decisions in the best interests of their city or district.
Breakdown by gender

The figure shows no statistically significant difference between the proportions of male respondents and female respondents who agree or strongly agree that central and local government agencies make decisions in the best interests of their city or district.

Breakdown by income

The figure shows no obvious pattern or statistically significant differences across the household income groups in the proportion of respondents who agree or strongly agree that central and local government agencies make decisions in the best interests of their city or district.
Breakdown by disability

The figure shows that a statistically significantly smaller proportion of respondents with a long-term health condition or disability agree or strongly agree that central and local government agencies make decisions in the best interests of their city or district, compared with respondents without a long-term health condition or disability (27.4% and 36.6%, respectively).

Data Sources

Source: Canterbury District Health Board.
Source data frequency: Annually.

Metadata for this indicator is available at https://www.canterburywellbeing.org.nz/index-data
REFERENCES


New Zealanders and the Arts – Canterbury report
This 2017 Creative New Zealand report summarises information from the 2017 ‘New Zealanders and the Arts’ survey for the Canterbury population.

Christchurch City communities and neighbourhoods survey
This webpage summarises information from a 2017 Christchurch City Council survey on communities and neighbourhoods.