



Stepping Stone Trust
Year in Review - 2020
Annual Report

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E whakawhetai ana matou ki a koe, e te runga rawa.
Nau hoki ra i tuku atu te tono ki a matua, kia mahi i roto i to mara
Whaka hangia matua, hei kohatu poutama mo nga Tangata e whiri ana i te ora
Ko koe hoki to matua kai hanga.

Amine

*Thank-you our sovereign Lord for trusting us to your work.
Please grant us your compassion, wisdom and hope,
enabling us to be Stepping Stones to life for the people you have placed in our care.*

Amen



Artist credit – Jo Smith

About Stepping Stone Trust

Stepping Stone Trust (SST) was formed over 25 years ago, as a community ministry of South West Baptist Church. Originally offering a place people affected by mental illness could come to, during the day, and receive care and support. From this low-key start, the Trust quickly expanded into providing full residential services. Community support services were added after this, to assist people transitioning back to independent living, or to support them to remain in their own home.

SST is now one of the largest community mental health service providers in New Zealand. Each week, our services reach over 500 people in the Canterbury region. SST is fortunate to receive the majority of its funding through the Canterbury District Health Board, with all services remaining free of charge. The Trust is also grateful to receive additional funding from philanthropic sources, which enables it to provide both an additional level of service to some contracts and to deliver non-contracted services where it sees unmet need in the community.



Crisis Respite Service

Our Vision, Mission and Values

Our vision

An organisation which seeks to partner and collaborate with mana whenua ki waitaha to honour the treaty covenant through providing culturally informed services to deliver wellbeing for all.

Our mission

Motivated by Christ's love, Stepping Stone Trust journeys with people to find a place of standing, hope, recovery and wellness. Te Roopu o te Taumata Kohatu

Our values

- **Faith** - supporting tangata whaiora (clients) and staff to explore belief in God as a pathway to wellness.
- **Grace** - accepting and respecting people regardless.
- **Hope** - every person has value, potential and new possibilities.
- **Love** - being professional and showing respect in all our relationships.
- **Integrity** - practising accountability with each other and stakeholders

Our Board of Trustees



Grant Adams (Chair) - the Chair of Partners at Parry Field Lawyers, Grant practices business, trust and personal law and is involved in several charities as well as Rotary. He and his wife, Robyn have three adult sons. Reading, mountain biking and involvement at his church, St Christopher's Avonhead, are how Grant chooses to utilise his free time.



Mona Contractor (Consumer Advisor) - originally from the UK, Mona is a Community Advisor with Department for Internal Affairs working with Ethnic Communities, with a background in Community Development. Mona loves hanging out with family and friends and her interests include cooking and reading.



Bill Hardie - a chartered accountant and business consultant, Bill specialises in financial management, systems analysis and reporting. Holding a BCom and MBA from Canterbury University, Bill also has a Development Studies Post-Graduate Diploma from Massey University. Other governance roles include the Stroke Foundation of New Zealand, Cobham Village Trust and The WEA Book Discussion Scheme.



Chris Ansley - married to Caroline with 2 primary school age children, Chris and his family share a love of tramping and camping with friends. Chris is a Consultant Psychiatrist with the CDHB at the Child, Adolescent and Family Inpatient Unit. Chris has an interest in clinical safety and seeing the trust attending to our core work and values.



Peter Griffiths - a medical practitioner for 35 years, Peter works in Addiction Services for a range of South Island DHBs. He is also a part of Southwest Baptist's pastoral care team.



Steve Withington - a physician, works in Ashburton Hospital and for the University of Otago doing rural health research and training post-graduate Doctors. He chairs the board of elders at South West Baptist Church, and has worked abroad in global health and development leadership for over 10 years, with extensive experience of grant applications and management.

Our Senior Management Team



Tim Butcher
Chief Executive



Annette Mildon
Finance Manager



Chris Hewitt
P&C Manager



Sharon Schwalger
Services Manager, Adult
(Community & Residential)



Glen McLennan
Services Manager, Adult
(Community & Residential)



Aland Fish
Services Manager, Youth
(Community & Residential)



Dr Annie Southern
Peer Practice Manager &
Barnett House Coordinator



Helen Clyde-Smith
Quality & Safety Manager



Sean Pawson
Chaplain



Craig Wenmoth
Property and Fleet Manager

Chairman's Report

Kia ora koutou

I am sure that almost every annual report from chair persons around the world, whatever the type of organisation, will be acknowledging 2020 as an extraordinary year. Covid 19 has not only affected many individuals, it has hugely disrupted the provision of the delivery of goods and services. It has also been particularly challenging for health services.



In this context I am extremely proud of the team at Stepping Stone Trust ably led by Tim Butcher and his senior management team of Annette Mildon, Sharon Schwalger, Fiona Barr, Aland Fish, Annie Southern, Helen Clyde-Smith, Shaun Poulson and Chris Hewitt.

The whole team responded magnificently to the need for an urgent plan to deal with the unique circumstances, so that our clients were not put at risk. This was no easy task given the number of staff that Stepping Stone relies on for the provision of 24-hour services – many of whom had their own concerns regarding the Covid risk. As with all clouds, there are silver linings and the organisation has learned much that will be useful for the future, but hopefully not required to quite the same extent.

If the Covid crisis posed one major backdrop for the year, then another would have to be continuing impact of the Government's focus on mental health services and the provision of increased funding. Although on the face of that is good news for our sector, such funding does not always find its way to existing experienced providers i.e. there is a tendency to set up new and competing entities, which only exacerbate employment issues for existing operators, such as Stepping Stone.

This continues to contribute to a level of staff turnover that we would like to see improved, but to some extent seems to be out of our hands. The lure to better paid positions for the same or similar work is understandable, but a detriment to the sector as a whole, we feel.

Another slightly unsettling feature for the year was the well-publicised senior management issues at our main funder-the Canterbury District Health Board. The standing down of its CEO and other senior staff signalled the extent of difficulties being experienced there. That in turn led to uncertainty over the renewal of SST's own contracts. Although we were confident of renewal of our contracts, the delay did hold up commitment to various projects until the dotted line had been signed on.

It was pleasing to be able to develop a subsidiary company called Stepping Stone Connect Limited during the year to focus on the property needs for the trust, including a need to consolidate and relocate our headquarters. We also have a desire to push towards entry into the community housing sphere and for that it is appropriate to have a specialised team with both property and social housing experience. Robin Hughes, Justin Stevenson (former chair of Stepping Stone Trust), Bill Hardie, Margaret Willis and I are the first directors of that board. At the time of writing this, the application for registration as a community housing provider was slowly working its way through the system.

As indicated above, headquarters requirements have become an issue and although it was originally hoped that the trust's acquisition of 135 Lincoln Road would solve that issue, subsequent analysis of the suitability of that building has called that into question. The building may or may not retain a role in the trust's plans going forward.

Many other options are currently opening up in the commercial property market at far more reasonable rates than was previously the case. There are so many facets of the trust's work that are worthy of comment and so many people who deserve mention that in doing so there is the usual danger of missing out others equally worthy of mention.

One of the ventures however that continues to excite the Board is the trust's move into peer-led services in the planned respite area. Led by Annie Southern, this is an exciting development which now has the trust very much at the cutting edge in New Zealand as a supplier and emerging model for such services.

The financial health of the trust remains strong notwithstanding the uncertainties of the year. In part, the focus on reducing reliance on nursing agency services (external contractors) as well as running with a leaner management team due to restructuring over the last year has led to considerable savings. However, the board and management are aware that there is a need to build further strength in the administration and management areas, which have been given a mandate to build support where required.

I will leave it to the CEO's report to address some of the many other areas of activity - however the board does note the considerable number of RFPs (request for proposals) that seem to come our way each year, many of which are proposals that, due to the experience and breadth of SST's work, we would be able to adequately respond to given further resourcing.

Consequently, there is a constant tension between responding to these, either as the possible sole provider, or in concert with others as a planned collaborative approach, or simply realising we can't do everything and leaving it alone-which is never easy when one thinks of the seemingly growing mental health needs in our community.

I thank my fellow Board members for their continued support and work through the year. They are each busy in their own vocations, so I am grateful for the time they so willingly put into the great work of the trust.

All our staff deserves our thanks for wanting to be involved in a caring and healing industry, even though at times it can be hard work and occasionally with some risk. Notwithstanding all of that, it is thrilling to see reports of the great outcomes that occur in so many instances. It is gratifying to know that for many of those who are mentally unwell in our community there are at least some safe harbours where there is opportunity to step slowly and surely back towards the life that they want to live.

Grant Adams
Chair, Board of Trustees



Artist credit – Marianne Hamill

Chief Executive's Report

Tena Koutou, Tena Koutou, Tena Koutou Katoa



Covid19 and our vulnerable residents

Whilst Stepping Stone Trust has always had a pandemic plan, which is periodically reviewed, we didn't expect that it would be called on to be implemented, challenged and put to the test as it has been in 2020.

Both our residential and mobile community services are contracted as essential services by the CDHB. Within a short space of time, we had all mobile staff working from home with remote access to our Information systems. We were blessed to, only weeks before, have been gifted over 10 second hand laptops which, enabled all staff who needed one to work from home.

People with chronic and severe mental illness are prone to having very poor physical health status and outcomes. Premature morbidity of 20 years is a conservative figure commonly used. Our older people in residence are therefore particularly at risk from Covid19 - at least as much as many of those in rest homes. As such, we adhered to very strict protocols with restricting visitors, "bubbling" house residents and staff and using PPE.

We established an isolation unit for residents entering or returning to our homes if they exhibited symptoms or had been a close contact of a person with Covid19. We were additionally required to demonstrate compliance with a pandemic audit developed by the Health Quality and Safety commission in May developed for the aged care sector. This process was demanding on staff and I must express my deepest appreciation for the staff who went the extra mile and worked sacrificially during this testing time.

Mindwise and Mental Health First Aid Initiatives

This year has seen the piloting or consolidating of several new initiatives. One of these is the *Mindwise* programme for adults with emotional dysregulation which is at such a high level that they are at risk of severe self-harm or suicidality. I am pleased to report that we now have a contract with the CDHB to deliver this programme which we hold on behalf of a group of providers who are joining us to deliver *Mindwise*. *Mindwise* is being researched for outcome effectiveness by a Masters' student at the University of Canterbury. We are hoping to have up to fifty people go through this programme in the current financial year.

Another initiative is the Mental Health First Aid Course (MHFA) which we are delivering to groups of up to 20 over two days or four evenings. We are pleased to have just trained three more presenters to deliver the course. We receive very good feedback from the course which is also available in 25 countries around the world and which over four million people have attended. We are the only South Island based provider of the course and are looking forward to delivering it widely across the South Island over the coming 12 months.

Peer Work Developments at the Planned Respite House

The past 18 months has seen Stepping Stone reconnect more deeply at its roots with people with lived experience of mental distress and illness. With the support of the CDHB and our provider sector, following running some focus groups with people using our Planned Respite Service, we transitioned that service to being staffed and led solely by people with experience of mental distress and illness, widely referred to as 'Peers'. Much learning has gone into this transition and we are very pleased to report improved outcomes for people in developing their self-management skills and in the sustained mutual support they are giving each other on their return to independent living in the community.

Barnett House Recovery Centre and the Adult Recovery College

Further significant Peer Support development has occurred in the establishment of the *Barnett House Recovery Centre* on Domain Tce which operates in conjunction with the also new, Adult Recovery College. This is a first for the mental health sector in New Zealand and draws on similar models of support internationally. During lockdown we had up to 55 people join online communities of learning in mental health self-management tools (including from as far away as Los Angeles).

The Adult Recovery College operates both in person and online with a wide variety of course content from one off to multi-session modules on topics as broad as *Autism awareness, Nutrition and mental health, Prayer as a recovery tool* and *Trauma, the self and Recovery*.

Reframe Wānanga

Reframe Wānanga is our new Youth Recovery College - an exciting new youth co-designed and led community initiative capably conceptualized and led by Aland Fish, Youth Service Manager and Kelly Pope, staff member and member of the interim Mental Health commission. Reframe Wānanga had its official (delayed since April) launch at Turanga library on 4th December.

Reframe Wananga was made possible by a substantial set-up grant from the David Ellison Trust for which we are immensely grateful. Aland will speak further to this in his report. This is another first-for-New Zealand initiative launched by Stepping Stone this year and has received considerable sector attention and now Ministry of Health funding. See the website at www.rw.org.nz.

National Leadership Role in Peer Worker Training

Late in the year, the Trust entered into an MOU with Intentional Peer Support (IPS) Central (based in the USA) to provide the coordination and administrative support for the delivery of IPS Training across NZ. It is a privilege to support the Mental Health Peer community in this work and to be part of imbedding a robust, well developed model of support and self-management from a lived experience perspective. None of this could take place without the vision, experience and skills of (Dr) Annie Southern, our Peer Practice Manager whom we are so grateful to have steering and leading the thinking and practice in these developments.

Adult Residential Care

We have been very conscious that residential care in even a community facility such as our residential care homes should be reserved for relatively short term stays or for those who are most unwell and lack the capacity to live in the community, even with intensive mobile support. We believe that many people in our residences could have a better quality of life in the community with the right support.

We are in regular dialogue with the CDHB about our desire to have more people move to mobile-supported independent living. We will be continuing this pursuit, which would free up more beds for the most seriously and vulnerably unwell.

Changing use of Financial Resources

The Trust has been increasingly aware of its growing financial capital base accruing from its property portfolio over its 30-year existence. In late 2019, the Trust sold much of its existing property to Kāinga Ora (formerly Housing New Zealand) in a lease-back arrangement. It used the proceeds in part to purchase an acre of land across four titles in Domain Terrace next door to its Crisis Respite Service.

A master plan is being developed to construct social housing on the land to provide quality, safe and secure homes for people experiencing significant and enduring mental health challenges.



CE Tim Butcher, with Service Managers Sharon Schwalger and Glen McLennan, hands over the keys to Crisis Respite in Domain Tce to Vivienne Limmer of Kāinga Ora as part of the sale of properties to them.

The balance of the funds is set aside for financing the purchase of new offices. The Trust, with the guidance of its subsidiary, Stepping Stone Connect Limited, is searching for an appropriate commercial property to be home to administration staff and mobile community services. We hope to achieve this in the first half of 2021. The Board of SST has been increasingly aware of the need for a more cohesive and efficient working environment for management and administration services in a rapidly changing service delivery environment.

Funding challenges in the Canterbury Health Sector

The tenth anniversary of the two major Canterbury earthquakes is soon to be upon us. A few years after the earthquakes, the Ministry of Health put some extra funding into Canterbury Mental health services specifically to address Earthquake induced needs. This funding recently came to an end and we lost two Full Time Equivalent (FTE) positions.

These were both in our youth services – one with the Caroline Reid Family Support Service and the other from our CYMHS collaboration. Fortunately, we have been successful with another youth contract which will see permanent funding for Reframe Wānanga our new Youth Recovery College and to replace the lost FTE under a new contract.

The Trust does well to live within its financial means. We are conscious of the financial constraints on the Canterbury District Health Board to whom we primarily contract. The CDHB is conscious of the relatively low contract price it pays to all NGO providers compared to other DHB's.

This price disparity among other things, represents a transfer of risk from specialist hospital-based services to community providers making it more difficult for organisations like SST to retain staff, which further exacerbates risk through non-retention of knowledge and skills. We are therefore all the more deeply indebted to so many of our staff who respond daily with a deep sense of call to this work at Stepping Stone Trust.

Late in the year, we regrettably accepted the resignation of Service Manager of adult respite services and adult community services, Glen McLennan. We have been blessed with Glen's heart for the marginalized and considerable experience in social service delivery, particularly in addictions services and in clinical and management roles. Glen is retiring after making a deeply impacting contribution to the sector.

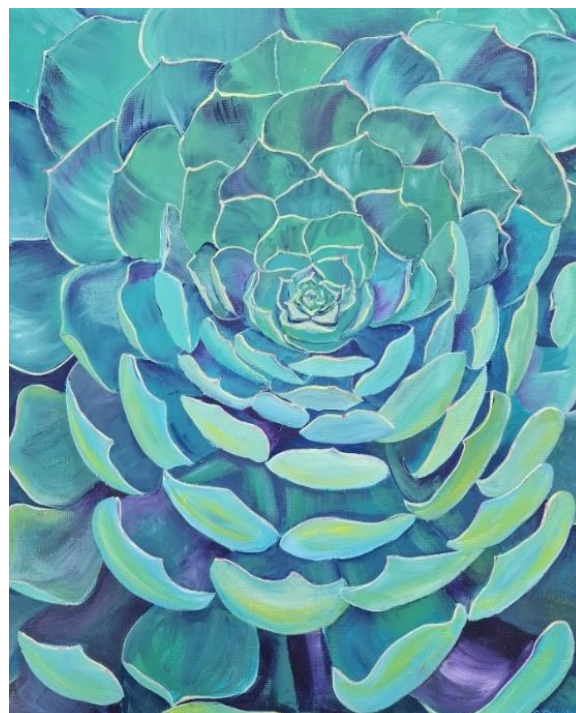
It has been a tiring and demanding year for all staff, with none having a lockdown rest. Many have been asked to work outside their normal areas of work within the organisation as well as at times work extended hours or working weeks to ensure we continued to operate a full service.

A number of staff, particularly those from overseas, having to contend with being far from their families in need in Covid ravaged parts of the world. I extend my sincere gratitude and thanks to all staff for their above and beyond effort during such testing times.

To the Board, particularly Board Chair Grant Adams, I wish to record my deepest appreciation for your care, concern, availability and support throughout the year.

Your continued deep commitment to the vision, values and purpose of the Trust and to the welfare of the management team and indeed the total staff team has been a source of considerable confidence. Thank you.

Tim Butcher
Chief Executive



Artist credit – Sharon Schwalger

Finance Manager's Report

Last year had its challenges financially, and not through lack of funds!

In September 2019 Stepping Stone sold the majority of its houses to Kāinga Ora (previously known as Housing New Zealand) and is leasing them back. This gave us sufficient capital to pay back all of our mortgages and loans, buy 100-108 Domain Terrace and still have nearly \$2million in the bank.



Properties purchased on Domain Tce.

100-108 Domain St will become SST's first foray into social housing. We received a grant from NZ Communities Growth Trust for the initial expenses and planning of this project and toward becoming a registered Community Housing Provider (CHP) with the Ministry of Housing and Urban Development is under way.

Covid19 was a financial challenge for my team too in the beginning. However, a speedy installation of ApprovalMax and HubDoc has enabled our managers to authorise invoices electronically. And as an added bonus, reducing paper consumption and more importantly reducing our filing to about a quarter of previous years.

There were several financial worries about Covid19 initially. We needed additional staff to enable houses to operate separately and we needed a lot more thermometers and personal protective equipment (PPE).

Fortunately, we managed to source enough PPE and equipment to meet our needs at the time, but staffing was a different issue.

We'd been working at reducing our reliance on Agency staff over the prior months but now we couldn't get any at all. So, the SMT worked out some additional allowances to entice our staff to continue working in what could possibly be difficult circumstances. Again fortunately, we didn't have any staff or client infections although several were tested and asked to self-isolate for periods of time. The end result financially, was an overall saving, mostly thank to the great reduction of Agency staffing required.

Fundraising and Grant seeking plays an important part in SST's ability to provide additional resources and services to our clients. Over 2019-20 SST received over \$120,000 in Grants and Donations. This has enabled SST to provide an additional 0.5 FTE into the Caroline Reid Family Support Service, kick start the Youth Recovery College – Reframe Wānanga – additional resources for the Youth Services and begin an Adult Recovery College at Barnett House.

Stepping Stone Connect Ltd (SSCL) was also created in this last year. SSCL is a charitable company, wholly owned by SST. SSCL was created for two main purposes. Firstly, SSCL is to be a Social Housing Landlord - separate from the trust which provides recovery support services. Secondly, SSCL also holds the property assets of the Group as a financial risk management strategy. The remaining SST-owned properties are in the process of being gifted to SSCL, along with sufficient capital to start this major project.

Annette Mildon
Finance Manager

**Stepping Stone Group
Income Statement
For year ended 30 June 2020**

<u>Income</u>		Total
Grants & Donations	120,136	
Contract Income	8,253,177	
Interest Income	22,500	
Other Income	549,962	
		8,945,775
<u>Expenses</u>		Total
Employee Related costs	6,874,836	
Client & Service Delivery Expenses	415,736	
Property & Vehicle Expenses	1,071,711	
Other Expenses	355,934	
		8,718,217
Operating Surplus		227,558
Property Sale Related Gains		216,529
Net Surplus		\$ 444,087

**Stepping Stone Group
Statement of Financial Position
As at 30 June 2020**

Current Assets	4,682,185	
Non-Current Assets	4,440,888	
Total Assets		9,123,073
Current Liabilities	1,882,414	
Non-Current Liabilities	1,016,296	
Total Liabilities		2,898,710
Net Assets		\$ 6,224,363
Equity		
Accumulated Funds	5,658,349	
Reserves	566,014	
Total Assets		\$ 6,224,363

Youth Services Report

Caroline Reid Family Support Service (CRFSS)

This year the CRFSS has seen a lot of challenges, including the resignation of our two long-standing Children's Workers, Kelly and Adam. We were fortunate to recruit Madeline into one of these roles and she has settled in quickly. Madeline came to this role as a Youth Worker and Youth Pastor and was a youth leader in her church as well as a youth worker with the YMCA. We have experienced more difficulty in successfully recruiting for the male Children's Worker role. The first person we employed found the challenges of lockdown too difficult.



We have now recruited Rohan, who comes to CRFSS with a wealth of experience working with young males across a range of different agencies, and is an experienced outdoor education specialist. Other challenges faced by the team include one staff member having extended sick leave. We have seconded Renee from the Youth Community team, with her special interest in the family area and experience in family therapy, making her an ideal candidate. Like other teams, CRFSS faced challenges providing support during lockdown.

During this reporting period we introduced an additional component to service delivery from the COPMIA Emerging Minds Australia portfolio, *Let's Talk*. This is a one to one tool aimed at supporting parents in a brief intervention way. We have run two parents' group from June 2019 till now, one was an adapted version due to Covid-19 restrictions and the other is one that is currently running - there should have been four parent groups in this space however due to Covid the one in July 20 was not run and last year the October 19 one had the same parents as the July intake. We have held 2 Family events; one a BBQ and picnic at Margaret Mahy, and the other at Flip Out. We have also run a camp which was at Wainui.

Reframe Wānanga

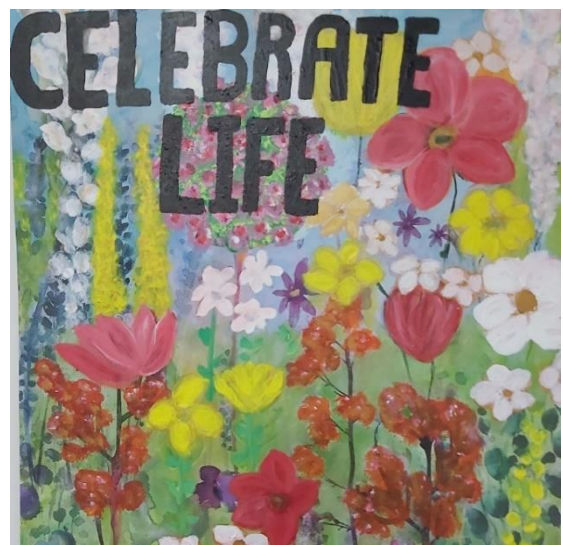
After 2 years of background exploration and research, Reframe Wānanga was born and became another service line for the Youth Community Service. At the end of May 2019, we received the first of 3 years annual grant of \$30,000.00 from the David Ellison Trust and in September 2019, Kelly Pope became the first employed staff as the Reframe Co-ordinator in this exciting new initiative. The birth of Reframe Wānanga heralded the first Youth Recovery College in Aotearoa New Zealand. From its inception it has completely embraced the model of co-production.

The first step was to establish a service design group, made up of participants with lived experience and professionals. The first six months saw the service design group hold frequent and extensive meetings, keeping integrity with the co-production model. Work by the service design group included establishing what the RW would provide in alignment with Te Whare Tapa Wha. In the work up to forming RW and prior to the establishment of the service design team, meetings had been held with Ao Tawhiti (Unlimited Discovery School), as it was envisaged running courses in schools would be on the areas RW would provide to. The service design group then designed the website <https://www.rw.org.nz/> and Facebook and Instagram pages.

Youth Community Team

The Youth Community Team has continued with the role of a clinical CEP worker although the staff in this role has changed. The CEP role is a component of the CAF CEP and cements this partnership with them. It has provided Stepping Stone the opportunity to have an active role in the AoD service provision for young people. We have taken the opportunity to link this service provision with Te Ara Rangatahi.

During this reporting period we have not only provided support to young people with substance use problems residing at Te Ara Rangatahi as part of their recovery and maintaining their placement, but we have also provided training on substance use problems to staff at Te Ara Rangatahi.



Artist credit – Jo Smith

The Youth Community Team has two other clinical staff who have been engaged in group work facilitated by the CAF teams and CDHB staff. These are the Riding the Waves programme, a dialectical behavioural therapy (DBT) programme for young people with affect dysregulation, and the Family Therapy Group. Having staff actively involved in CAF groups enables professional development for them but also enriches learning for the Youth Service.

This year has seen Rachel join the Riding the Waves team at CAF, which supports young people with emotional dysregulation. This programme specialises in group work using the DBT model, which is widely accepted as one of the main practice modalities for affect dysregulation. We also welcomed two new Community Mental Health Workers, Liam Hutchinson, a new graduate with a Masters in Behavioural Psychology, and Kathryn Hart who also has a psychology background.

Youth Mobile Team

Throughout the year the Youth Mobile team has continued to provide support to young people who need more intensive follow up and can often be experiencing a crisis and end up engaging in harmful or suicidal behaviour. The team increased its awareness of risk in clients and also developed a tool for staff to share with colleagues, on how they each respond to crisis.

During this reporting period, The Youth Mobile team invested in developing a *practice framework* to capture and express the work they engage in. The intention with this was to provide clarity about their unique roles and to build on the identity of the team. The Youth Mobile *practice framework* draws on different models; Strengths, Trauma informed practice, Bicultural practice, The Power Threat Meaning Framework, DBT, Motivational Interviewing, the Cycle of Change, and Youth development. The *practice framework* was presented at a vertical team meeting and was well received.



Artist credit – Merrin Davies

Both the Youth Mobile and Youth Community team provide a service to young people which stretches beyond the boundaries of Christchurch to include North Canterbury, Rangiora and Kaiapoi, south to Ashburton, and to more rural townships such as Oxford, Sheffield, and Darfield.

The Unaunahi

The purpose of the Unaunahi was to enable clients to receive a streamlined service that utilised all the resources within the community to achieve better outcomes. Most importantly through this process, we have strengthened the partnership between Specialist Services and NGOs. The Maori meaning for Unaunahi refers to the imagery of fish scales or carving design that holds the body together, allowing nothing to ‘slip through the cracks’ which appropriately captures the purpose of the group.



Since March 2019, there have been over 150 young people presented at Unaunahi. 120 of those have already received one or more of the community services offered at Unaunahi. In addition, the waitlists for youth community services have halved and remained steady. Prior to COVID-19 the Unaunahi Team worked diligently to target waitlists and managed to keep waitlist numbers low. Post COVID, the Unaunahi has seen an increase of referrals, as referrals to CAF services skyrocketed.

For the majority of 2020, there has been no waitlist to present at the Unaunahi which meant clients were being waitlisted faster to the allocated service. The CSW waitlist saw a significant decrease when two new Stepping Stone staff members started in August. However, Emerge Aotearoa were no longer able to pick up rural clients due to a loss in contract. This has impacted waitlists and meant that Stepping Stones also needed to be responsive to Ashburton and Rural clients.

COVID-19

Undeniably, the COVID-19 Lockdown was one of the most dominant events of 2020 which had a significant impact on the community teams functioning.

Being a community worker without the use of the community introduced significant challenges. Keeping young people on the phone instantly presented difficulty. However, the Youth Community Team members quickly adapted their practice and mustered up all the creativity that had to support teenagers through the isolating months of lockdown. The initiative to engage over 'zoom' was impressive. In the Youth Community Team, Rachel Ritchie conducted yoga sessions with her client. Renee Adams- Richardson embarked on mindfulness walks with her clients drawing on the sensory elements of nature.

Jacinta Fraser from Youth Mobile engaged in virtual cooking classes and musical instruments sessions with her clients over zoom in the Caroline Reid Family Service, Anjena Singh held parent groups on zoom and found the parents attendance rates increased when they didn't have to physically attend.



Artist credit – Marianne Hamill

Emma Talbot, Hana Lee, Rachel Ritchie all volunteered to work at Youth Residential. In their own homes, the Youth Community Teams processed the mental health challenges that their clients faced. The employees discussed suicidal ideation, self-harm, adhered to treatment plans and responded to client risk from their own homes. Debriefing with a colleague in person was not available when working from home. The Youth Community teams met daily via zoom and planned their days together and debriefed the client issues of the day before. The team members agree this was a positive way to stay focused and connected.

Te Ara Rangatahi & Youth Crisis Respite

Te Ara Rangatahi began this period with some staff disharmony and instability. August 2019 saw Donna Moot join the team as Team Leader, bringing a wealth of knowledge and experience, complimenting her skills as a Registered Nurse. Donna's impact on the service provided at Te Ara Rangatahi, has seen the service grow into a period of stability, and consistent supervision and professional advice becoming available to the team.

An initial focus for the Service Manager and Team Leader has been engaging with the disharmony and negative culture in the team. With the support of People & Capability, this process was engaged in resulting in a *Practice Statement* being developed. The *Practice Statement* is a guide for staff which is in current use. A further development in building the culture within Te Ara Rangatahi, has been providing an external supervisor for team supervision. Suzanne Alliston provides group supervision to the team monthly.

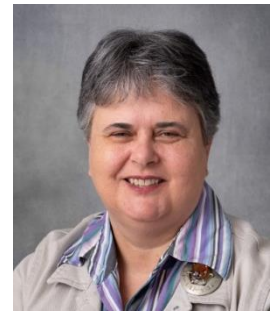
Substance use amongst some of the young people living at Te Ara Rangatahi has been a challenge to work alongside. In order to support staff manage this and the issues resulting from substance use, the CEP practitioner from the Youth Community Team has engaged with some of the residents to support their recovery. The CEP practitioner has provided training to the team at Te Ara Rangatahi on substance use problems and has been a resource available to the team for advice.

During this reporting period, the young people and staff have seen a number of high-risk scenarios occur. Staff have responded well to managing and providing support to the young people and have been instrumental at times in preventing fatalities from taking place. The team at Te Ara Rangatahi has promoted the use of two respite facilities to CAF services, one for planned respite and one for crisis respite. This development in respite service has enabled us to provide increased support to CAF. The use of respite at Te Ara Rangatahi has been well used throughout the year excluding the dip resulting from lockdown.

Aland Fish

Youth Services Manager

Peer Services Report



At the second *National Summit of Mental Health Consumers and Survivors*, Justin Dart, a disability rights movement leader, said “One of the first priorities of the empowerment society will be real rights for all – including people with psychiatric disabilities ... But rights are only the beginning. We must guarantee to each person – with and without a psychiatric disability – the tools to create a good life.”

Peer Services in General

Peer services at Stepping Stone Trust have developed greatly. Starting with Shery Mead and Chris Hanson from Intentional Peer Support Central in Vermont, USA, coming to Aotearoa/New Zealand and opening Barnett House Recovery Centre on 24th February 2020 through to hiring a Team Leader for peer staff in the Adult Community Support Work team in December 2020.

In the intervening time, Barnett House Recovery Centre’s recovery college saw 1,000+ people attend 130+ sessions, a core group of 15+ facilitators develop, and an online recovery college lead be employed. “I’m so glad I got into Stepping Stone services ... They have been the most help to me of any service.” (Peer-run Planned Respite guest & Barnett House intentional recovery community member 2020).

Barnett House Recovery Centre

Barnett House runs as an intentional recovery community that in turn runs the recovery college and other community activities. It is a venue for youth recovery college events and hosts a joint annual art exhibition with Step Ahead, as well as being a venue for people attending online conferences such as TheMHS.

Quotes from Barnett House intentional recovery community members: “This feels so safe that I don’t think I have ever comprehended a single time in my life that I would have been that safe.”

“If I could retain some degree of independence but still be part of a community, I wouldn’t be so terrified about my future.”

Barnett House Recovery Centre received grants from the Mazda Foundation and the Ministry of Social Development for food security projects, as well as receiving computers donated by the Christchurch City Council. We also received other donations from community individuals and were chosen as the project for the 2020 Laser Plumbing & Electrical National Conference. Laser came in for a day and did major plumbing and electrical upgrades.



Barnett House Recovery Centre

During the seven weeks of lockdown in 2020, Barnett House shifted online and became a regular feature in many people’s lives, drawing attendees from all over NZ and overseas. It ran workshops and support groups which were greatly appreciated. “I don’t know how I would have gotten through this time if it wasn’t for you guys [peer support group] and Barnett House on Zoom.” Tangata whaiora, Barnett House Recovery Centre online service during lockdown.

Even though the service had only just started a few months before, there was significant attendance and some of the workshops, e.g., autism and altered states of reality, were attended for professional development by staff from other mental health and addiction services. This led to the idea of setting up an online resource for access at any time and digital divide skills lab providing scheduled workshops and a peer lead for this was hired in December 2020.

Peer-run Planned Respite

Mid-way through 2020 after research with guests and a successful pilot, Peer-run Planned Respite incorporated cohort entrance and exit into its service design. This is where a group comes and stays together for 3 or 4 nights. This is a bit like people booking into a Bach or Airbnb together and sharing tasks so the

house is kept clean, meals are prepared and everyone gets the most from their stay. This involvement in the running of the house is core to a peer approach of building community, connection and co-operation. "I love it that we get more involvement, that we can do stuff here" (Peer-run Planned Respite guest 2020).

During lockdown four peer staff of Peer-run Planned Respite set up a phone system whereby many guests who had been to Peer-run Planned Respite over the previous 12 – 18 months were regularly contacted for support and encouragement. Many spoke gratefully of how this made such a difference in their ability to manage through uncertainty and isolation. A good rapport had already been established with guests by the peer staff who had been operating the service as peer-run since May 2019.

We employed peer support workers with a lived experience of mental health distress and/or addiction and also some peer staff with additional experience of inpatient and outpatient mental health and addiction services throughout the whole of 2020. This was the first year this had been done in a Stepping Stone Trust service since the very early days in the early 1990s.

Intentional Peer Support

Peer staff are trained in Intentional Peer Support, as have been several managers at Stepping Stone Trust. Managers are trained so they understand the practice model being used by peer staff across the organisation. The aim is in the end to have all staff – peer or non-peer – trained in IPS, being a key trauma-informed training in the sector. It is relational, recovery focused, person-centred and gives insights into lived experience from which all staff can benefit. Therefore, the Crisis Respite team trained in IPS in September and November 2020 since the nature of their work made use of such a practice as IPS particularly useful.

All peer staff work within the Intentional Peer Support (IPS) mode of practice to convey the expectation that recovery is not only possible, but most often inevitable for people with lived experience. Having been borne by innovative initiatives around the world, Stepping Stone Trust is embracing developing similar initiatives. To reflect the practice of IPS, the interaction between peer support workers and guests is markedly different from that in more clinically orientated services. Peer staff use their personal recovery experience and their understanding of recovery principles together with a specific IPS engagement style to work with guests to support their ongoing recovery goals.

IPS in New Zealand was co-ordinated from October 2020 to March 2021 by Stepping Stone while the former co-ordinator relocated to a role in Europe. Since then a trust has been established and Stepping Stone continues to hold an MOU to be the administrator for the Trust. Monthly IPS co-reflection occurs at Barnett House for all IPs trained Stepping Stone Trust staff, volunteers and community members as well as the session being opened to IPS practitioners from throughout Canterbury, which has seen peers attend from Emerge Aotearoa, Comcare, Mind & Body, Awareness, MHAPS and Changing Minds.

Autism Peer Support

A significant community of autistic people is connecting through Barnett House and this includes Stepping Stone staff, of which there are several who are autistic. This opens the possibility for specifically autistic peer service provision in future and Stepping Stone Trust – through the Peer Practice Manager who is herself an autistic advocate and public speaker – is beginning to be recognised as an organisation that is a 'go to' for advice and lived experience input, around autism issues by other services and even government departments. Stepping Stone Trust is in the planning phase of developing shared accommodation for autistic people not requiring support workers on-site, which is a gap presently in autism service provision.

Planning for Innovative Future Initiatives

Initial planning was done in 2020 for setting up other initiatives in future such as a peer-run social housing project for women with a peer community house onsite, an online recovery college, and a living room (distress support) project in collaboration with other organisations. Research has been undertaken on the feasibility of some of these for future projects.

Dr Annie Southern

Peer Practice Manager

Adult Services Report

Te Ara Pakeke (*a pathway for adults*) Services

Pakeke services are made up of a contract for 52 residential beds which provide a range of different houses and service delivery models and Mobile Medication (MMS) delivery services for 50 people living independently in the community and Temporary (emergency) housing contracted for 4 people.



Residential

The residential services are carved into different sections. Thirty of the beds are managed by team leader Fiona Barr over 3 facility sites. Fiona has these facilities geared up to meet the needs of the people in care in clusters so that peoples age stage and needs are grouped.

We instituted a system of senior support workers in the residential services this year and we have Evelyn Marimon who is a trained overseas nurse who is working as a support worker in NZ and she is Fiona's right-hand woman. Our bed based residential services continue to provide a stable home like environment, providing the support and guidance our clients need to live a fulfilled and meaningful life while managing their mental illness.

Many moves have taken place this year, reflecting the changing needs of our clients. Some have moved on to a more independent life in the community, with one client who started at Somers, and has since moved home altogether. Another has left Somers to go to Aylmer as he had outgrown the initial service. He is now working one day per week, as well as volunteering at St Luke's on two others, and is now managing his diabetes with less staff help and is cooking and caring for himself independently.

Alternatively, as our clients age, we are needing to provide a different level of care. For example, a Somers Place resident recently moved to a Retirement Home as he had become elderly and required more nursing input for his physical health needs. Assessments are made at regular intervals to ensure we are providing the very best care and support at the appropriate level to our client base.

We continue to provide hope and support to those who come to us for care, and we proudly watch as clients make significant changes in their lives, where once they had been inpatients for lengthy periods in the long term Seager unit or Hillmorton hospital.

Intensive Mobile services

The other twenty-two beds are managed by team leader Wayne Linklater and we call this cluster of services Tupu Ake (*continuing ongoing growth and development*). These are the more mobile services where people are somewhat more independent. Staff pop in to visit residents in the four group homes multiple times throughout the day to ensure people are doing okay.

There are another three to four people who receive intensive CSW support from the service where Tupu Ake staff pop in to see them every day in their own homes and in some cases MMS staff deliver medications daily to these people as well.

The Tupu Ake service concept was developed last year. The initial team leader to head up the service resigned due to ill-health. His input however, was instrumental in the setup of the service and he is greatly missed. The service finally set up in November 2019 with Wayne at the helm. He ran the gauntlet of the Christmas holidays, moving the office base of the service a couple of times then Covid and then a significant compliance issue with the housing provided which required stalling night awake staff on two sites! Phew! Wayne has had a baptism in fire!

Co-Existing Problems (CEP) service also sits under Tupu Ake. For approximately the last five years we have had a dedicated house for five residents reserved for people who experience a combination of difficulties with mental distress and addiction. In the past these beds have all been at Palatine Tce house however due

to the steep access to the house this is no longer fit for purpose. We are currently using a couple of Stepping Stone properties temporarily and hope to develop a model of using private rentals for groups so that we can withdraw service and leave them in situ if the group are working well together. Stephanie Davies is the senior support worker who works alongside Wayne and her specialty is CEP. She oversees the CEP work in the service and Temporary housing services.

Temporary Housing

Stepping Stone Trust has a contract to provide four Emergency Housing beds for people who have been languishing in hospital due to a lack of housing. This comes under Tupu Ake as well and Steph also oversees this house. We call the service Temporary Housing due to EH having a different meaning in other sectors. This contract used to be managed under the Respite portfolio and in the same building as Planned respite.

The close proximity of these two service lines was becoming increasingly difficult so it was decided that the contract would sit with Tupu Ake earlier this year. The service remains with four contracted beds but has the capacity to have six people with the extra two as boarders. The service is spread over two houses.

MMS

Our Mobile Medication service (MMs) is also part of Tupu Ake services managed by Wayne. Fiona O'Farrell is the coordinator of the service. MMs delivers medication to 50 people per day some people receiving medication twice a day. There are two, four-hour medication runs every morning and three, four-hour medication runs every night. This service keeps 50 people out of hospital every week and is a very important part of a continuum of care.

Our hope for the future is that we will have a greater capacity to create more bespoke packages of care around people rather than squeezing people into the services available using the range of Residential and community services available in Pakeke. MMs and Tupu Ake services have recently moved into 92 Lincoln Rd together which has been a very positive move for both teams and enables a greater ease of oversight for Wayne.

Rosters

All services except MMs in Pakeke have had roster changes recently which in general, staff are very happy. The change gives them better consistency and predictability of shift pattern, always two days off together each week. The pattern is either full time Sunday to Thursday or Tuesday to Saturday. One-week AMs next week PMs. Then there are .8 FTE positions which are Fridays to Tuesdays. This roster does away with the Tuesdays off the floor days which saves the organization an estimated 50k per year. With the changes some staff have moved to other sites which gives people experiences in other parts of the services and different teams to work in.

Covid

None of our lives are quite the same after Covid. As would be expected Covid had a great impact on services and service delivery. All the Pakeke services are essential services so all needed to remain functioning during lockdown. We bubbled houses and services keeping residents at home and stopped staff from working on more than one site. We were not able to engage agency staff and our staff really stepped up and kept all the services running smoothly continuing to care for the clients and residents incredibly well.

They were outstanding. Helen our Quality and Risk manager set up an isolation house for anyone who had been unwell or who had been in hospital. In the NGO sector any bed-based services were subject to the same level of compliance with infection control as rest homes which was a different level to what was expected in hospitals and DHBs.

Not surprisingly this caused some angst and confusion from some sectors. We are so grateful to the staff who worked unwaveringly on shifts right through Covid lockdown, often on their own and often only remotely supported. We have created a significant business continuity plan for any future pandemic which includes the use of community teams to help and support bed-based services.

There were a few unexpected silver linings in the Covid cloud. What we noticed was because there was a lot of increased infection control cleaning, distancing and so on which lead us to having very few staff off work sick and very little sickness with residents.

We were not able to engage agency staff over the Covid period due to keeping our bubble tight, but we didn't really need them either because staff couldn't take leave and were not off work sick. This saved us quite a lot of money in agency fees and enabled a better continuity of care with consistent staffing.

We decided after that, that we would hire a pool of our own casual staffing. This has meant a flurry of advertising, interviewing and orientating new staff. There has been a bit of staff churn after Covid, so many of the casuals have taken permanent slots therefore starting again with more advertising required.

We are confident that things will settle and many of the staff changes have been positive ones. One of the things that we are noticing is the number of people applying for support roles who have never worked in the care industry before. Many of these folks when hired are doing exceptionally well.

Nurse

It has become evident over the last year or so that Pakeke services could do with the oversight of a nurse in particular for medication administration and compliance. R.N. Jessica White has come to us from the Salvation Army Bridge program starting with us on the 14th of September.

She has been completing meds competencies with residents and staff and meds doing meds audits around all our sites. Jess has a particular interest in AoD work and is keen to get cracking the developing Equally Well programs and strategies.

2020 was a big but interesting year! Heoi ano.

Sharon Schwalger
Adult Services Manager



Planned respite service

Crisis and Planned Respite Services Report

Being 60 Crisis Respite clients down over the October 2019 – September 2020 period, compared with the same period a year earlier, sounds like a downturn. What this figure does not speak to is that Crisis Respite stayed operational during the Covid-19 Level 4 – Level 2 lockdown period from March 25 until June 8.



Courageously gearing up to offer an appropriately modified service to face the uncertainties of this new threat, those staff who were able to work 12-hour shifts, three days on and three days off. In this way Crisis Respite was able to continue to support its colleague organisations to provide a haven for distressed tangata whaiora.

Significant in the life of Planned Respite since May 2019 has been the move from a modified medical model to a peer-led model informed by the principles of Intentional Peer Support. To prepare the way for this move senior and on-the-floor staff attended accredited IPS training run through MHAPS. For most it was both revelation and confirmation of emerging threads in the field. Additional preparation was provided for via a series of focus groups that provided a consultation and feedback opportunity for tangata whaiora.

A reference group remains key to ensuring adherence to the IPS model. It was felt that being an 'island' physically away from other imperatives, priorities and influences would provide Planned Respite with the space to transition in an unfettered way. Progress is abundantly evident, nonetheless some roadblocks remain to be addressed. It's an interesting and exciting journey.

During lockdown four peer staff of Planned Respite set up a phone system whereby many guests who had been to Planned Respite over the previous 12 – 18 months were regularly contacted for support and encouragement. Many spoke gratefully of how this made such a difference in their ability to manage through uncertainty and isolation.

Rochelle from Planned Respite writes:

A peer guest has struggled over the years without family or friends or a sense of connection anywhere, apart from Planned Respite. Her journey was one of constant overdoses and heightened internal struggle compounded by a job loss and injury. It was a fragile time for her. A connection flourished at planned respite where the peer guest developed a healthy friendship with another peer guest. There was a noticeable shift in the peer's thinking and she had a new outlook on life.

This friendship has supported both peers as they journey through life assisted through their mutuality and understanding. There is a noticeable change that has happened because of this peer friendship. The peer appears more confident and cheerful and speaks of a sense of connection and a strong friendship with her new-found friend. I have worked with this peer over four years and have always admired her resilience and courage. She shows she does have strength of character. I have noticed a huge change in how the peer guest manages difficult times.

The Adult Community Support Work team is best known for its mobile support in the lives of tangata whaiora wanting to make shifts in their lives. The team makes 10,000 visits in a year. Integrated to this ACSW work is the provision of the Mindwise Programme. This group programme for those 18+ is aimed, through its psycho-educational syllabus, to assist participants in learning and developing emotional regulation skills. The work is underpinned by Mentalisation Based Therapy (MBT) and is supported by clinicians from the CDHB who have run the allied Mindsight intervention for several years. Mindwise is a more readily accessible GP-referred programme and is supported because there is recognition that many more can be helped via a community-based psycho-educational programme than can access the more specialised Mindsight work.

The answer to the question of to what degree Mindwise can assist its participants is of great interest to funders and providers alike. This year and in 2021 Stepping Stone, in collaboration with the University of Canterbury and the CDHB Mindsight, is participating in a research project to get an answer to this. The first 40 – 50 participants in this year's relaunch of Mindwise will be part of a Masters student's research. Once

screened for suitability each participant will provide the researcher with data at three stages along the way that will track and confirm changes to their lives via participation in the programme. It's very exciting.

It is planned that Mindwise is retained as a feature of mental health recovery in the Canterbury community. To this end CDHB Planning and Funding provided funding to support collaborative development of Mindwise with partner NGOs in Christchurch. To date staff from 298 Health, St. John of God and Step Ahead are joining in restarting this very important community health and wellbeing enterprise.

Christina from the Adult Community Support Work team who collates stories of hope writes:

One of our team has been working alongside of a tangata whaiora whose intractable eating disorder has meant that the likely outcome is her death. However, in recent weeks, with a supportive approach to testing out some foods, she has increased her intake from what had been down to 200 calories per day to a current 900 calories.

Because of this progress she is now being supported within the specialist system which is supporting her with an eating plan. It is not all plain sailing; the prospect of being able to eat is scary as it is accompanied by an increase in the intrusive thoughts that had previously made it so difficult to eat.

Keeping her focussed and managing to eat is her goal of eating meals with her pre-school daughter. Another success came when, together, they were able to eat a meal – one of the food supplement powders that had been made into an especially yummy ice-cream. Success is following success and the tangata whaiora is now eating solid food eight times a day and building up to 2,000 calories.

When tangata whaiora no longer need the service, this is success.

This tangata whaiora, long-standing in our service, and in a mental health service since her teenage years, was recently discharged from us after achieving her goals. At first, she was unable to be at any mall when it was crowded, unable to take a bus and unable to do anything with her week. She is now able to go into busy malls during school holidays and does not break out into her 'anxious sweats'. She is bussing independently, has completed some credits of an NCEA Level 3 computing course and is volunteering part-time.

Obsessive Compulsive Disorder can be an incredible burden

Tangata whaiora with OCD is working with her Community Support Worker about changing her impulse to control her young daughter's behaviour. She has been excessively fearful about her daughter hurting herself and, as a result, has been significantly over-protective and unhealthily restricting her daughter's exploration of the world.

Over time, with modelling from the CSW and together working out some self-soothing and reassuring strategies, she has recently been able to overcome her own anxiety sufficiently to allow her daughter to play at playgrounds. The woman has also been able to go out for coffee and has gone to community activities with her daughter.

These changes have been sustained over a considerable time. There are all-round improvements in family relationships. Not only is the tangata whaiora now able to let her daughter do more, but she is also pulling back from controlling how her husband interacts with their daughter.

Glen McLennan
Adult Services Manager



Artist credit – Tony Hand

Chaplain's Report

Navigating the Waters of Spiritual Care



The Stepping Stone Trust Waka - *waka* is a distinctively Christian vessel. We proudly identify as a “Christian Social Service provider of community mental health services.” This identity is embedded in our origins, mission, vision and core values statements. It is woven into our policies, and sensitively outworked in our practices.

We are ‘motivated by Christ’s love,’ to provide ‘holistic’ care and we “support staff and clients to explore belief in God as a pathway to wellness.”¹ As chaplain, I help promote and guard this *ahurea* / culture & *kaupapa* / purpose, assisting staff and clients to explore, discern, navigate and express the spiritual dimensions of their wellbeing and recovery.

My core routines involve regular, home and site visits, team meetings, individual support meetings with staff and clients, and training sessions with our people. I also assist people to strengthen their relational networks and, when desired, link them with caring people in church and other faith communities.

A typical week during 2020 involved 5-6 house and home visits, 3-4 team meetings 10-15 individual (*kanohi ki te kanohi* - *eye to eye/face to face*) meetings. It also included conducting training sessions, facilitating spiritual reflections, offering *karakia*, and leading other ceremonies and rituals on special occasions.

During the (atypical!) Covid-19 lockdown I worked closely with Dr Annie Southern at our Barnett House Recovery Centre to deliver online courses and facilitate support group meetings. We took the opportunity to help 20+ participants explore the place of prayer in journeys of recovery and open discussion about the impact of ‘lockdown’ on people’s spiritual & wider wellbeing.

We also looked at ways in which childhood experiences (especially adversity and trauma) impact on our relationship with God. These groups became the ‘still waters’ that helped ‘restore souls’ over this time. They were marked by prayer, practical support, personal storytelling and a few virtual ‘hugs!’ Participants spoke warmly of their experiences with us in these forums. Post lockdown I have continued working with Annie, connecting with our people at the Centre and facilitating further courses.

In November I trained with other staff to be a Mental Health First Aid Course facilitator. This course equips everyday people with the knowledge and skills to provide initial help to people experiencing particular mental health crisis. Feedback from our first co-facilitation, and previous courses has been overwhelmingly positive, and we are excited about delivering more throughout Canterbury and *Te Wai Pounamu*/the South Island in 2021.

During the coming year I will also build on the wider ‘pastoral care’ values of this course, further exploring ways we can help local churches welcome and embrace people living with mental distress and mental health challenges.

2020 has been undoubtedly been a tough year. Global, local and personal events have loaded up the stress and distress levels of all of our clients and workers. In this environment, the ‘spiritual worlds’ of many have been shaken and sometimes shattered. Others have woken up and embraced new relationships with themselves, others and God.

At the end of each workday I enter a number into my diary representing the “significant conversations” I have been privileged to have. These are the conversations in which clients and staff discuss important life issues and stressful concerns with me. They are the conversations when they open up about the deeper, often very painful parts of their lives.

¹ 1 The quoted phrases are all taken from Stepping Stone Trust’s (Te Rōpū o te Taumata Kōhatu) current Mission, Vision and Core Values documents.

Questions and concerns about faith, hope and love are frequently raised. Sometimes I am privileged to observe people, taking little steps of faith, bravely opening up to a God of love, and growing in their capacity to offer love to themselves and others. Many of them have lived through great tragedy and unspeakable trauma.

In one conversation Steven² told me his story of adversity, abuse and trauma. Long dark years suffering in a family, in foster homes, institutional psychiatric care, gangs and prisons. At one point in the conversation I gently asked him, “Was there anyone who you felt loved by?” He paused for a while then said, “Yes there was ... he was a Christian leader who later went to jail for sexually abusing some of my friends!” When he said this, I reeled back on the inside. I felt waves of horror, revulsion, sorrow, compassion and anger wash over me. “No hope of faith in a good world, good people, or a good God here,” I thought to myself. At the end of the conversation long pause, Steve turned my world upside down. “You know, I still believe in a loving God,” he said. “Can you please pray for me?”

“The light keeps shining in the darkness, and the darkness has not put it out.”

I roto i te pōuri te marama e whiti ana; heoi kihai i mau i te pōuri.

John 1:5

Sean Pawson
Chaplain



² Not his real name. Some details have been changed.

Property & Fleet Report

It has been an interesting year, meeting the challenges of the lockdown, and ensuring the provision of comfortable homes and surroundings was maintained. We currently have 20 housing units and 4 office facilities. This includes the acquisition of 3 older properties that will allow for future developments, and an additional office facility that brings together 2 of our mobile services and allied staff. This also provides for an additional training and seminar space.



Fleet management

We currently hold a fleet of 48 vehicles, most travelling multiple short journeys daily. Approximately 350,000kms in total were travelled last year (down on the previous year, mainly due to the lockdown period). Rationalisation of vehicles has been implemented where possible but is limited while staff groups are scattered around multiple locations.

2020 saw Stepping Stone trust make its first move toward alternative fuel use with the purchase of 2 hybrid cars, with more on order. Initial indicators show a 40% reduction in fuel use.

Energy costs

The vehicle fuel bill has dropped this year, mainly due to decreased use during lockdown, and an overall decrease in petrol cost since this time last year (retail price Nov 2019 \$2.369 compared to approximately \$181 currently).

Electricity costs have spiked in some homes, maybe due to less external activities available during lockdown seeing more people staying home.

Challenges of lockdown

The lock down period provided us with some challenges around movement between properties to do essential and emergency work. With the cooperation and patience of staff and residents, we were able to keep everything operational. Responding to people showing signs of being unwell during lockdown, and proving isolation homes created new challenges, which were quickly provided.

Issues around keeping things ship shape at houses

The sale, and lease back of several of SST's homes to Kāinga Ora this year has seen a different way of addressing maintenance needs. Kāinga Ora have undertaken several significant capital works which has seen multiple contractor visits onsite and the associated disruption for residents and staff yet has resulted in improvements that will benefit residents and staff alike.

Meeting good landlord requirements in our older homes

I have used the governments 'Healthy Homes' standards as the guide to what we should be providing in all of our residential services in regard to heating, ventilation, and insulation. We are complying with these standards, with some additional work likely to be needed on some older homes if they remain in our use after July 2024.

Maintenance team staffing

Robin has chosen to retire in February 2021, and Marianne is currently transitioning to work in residential work within SST. We have been a tight team for several years, and they will be both very much missed.

Generosity of the Laser Group

We were recently contacted by Laser Plumbing & Electrical who, as part of their annual conference gathering, look to 'give back' to a community group.

This year they selected Stepping Stone Trust, and as a result we had about 40 willing workers spend 6 hours at Barnett House where they:

- Supplied and installed a new wall oven, cook top and extraction fan
- Relocated the dishwasher from the laundry to the kitchen
- Supplied the equipment and converted the hot water system to gas heating
- Replaced all the plugs and switches to safer and modern units
- Replaced a toilet bowl
- Removed the bath to allow for wheelchair accessibility
- Supplied and fitted new exterior security lighting, and LED lights throughout the house
- Fitted additional power points
- Painted boundary fences
- Spread 3 cubic meters of mulch around the gardens

Their generosity and willingness to do this was stunning. As well as the approximately \$20,000 worth of work done at Barnett House, they conducted a silent auction during their conference that provided a further generous donation to SST.

Craig Wenmoth **Property and Fleet Manager**



Artist credit – Michelle C.

Our Supporters

We are very grateful for the support of the following organisations who have made grants or provided goods and / or services in kind to Stepping Stone Trust.

Canterbury

District Health Board

Te Poari Hauora o Waitaha



THE
DAVID ELLISON
CHARITABLE
TRUST



MUSGROVES
BUYERS & SELLERS OF RECYCLED & NEW
BUILDING MATERIALS & JOINERY



**MINISTRY OF SOCIAL
DEVELOPMENT**
TE MANATŪ WHAKAHIATO ORA



**Rātā
Foundation**



Archer Memorial Baptist Home Trust
Kingdom Ministry Fund



Rotary
Christchurch Sunrise



FROZEN
FUNDS
CHARITABLE
TRUST

Managed by Public Trust



BLOGG CHARITABLE TRUST



ANZ Staff Foundation

Christine Taylor Foundation * Baileys Real estate * RSV consulting Ltd *

Raymond Liong Project management * Roy Owen Dixey Charitable Trust.