

AUCKLAND NORTH

Re-Application for Pan Pacific Safe Community
August 2013



Compiled by the Safer North Community Trust

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12 June 2013

To Whom It May Concern:

As Mayor of Auckland Council I have great pleasure in supporting this application for International Safer Community Accreditation on behalf of the Safer North Community Trust. This application is a result of collaboration across a broad range of community, government, council and local board groups.

Auckland faces many challenges with a diverse and rapidly growing population. My vision for Auckland is to be the world's most liveable city, and people are at the heart of this vision. Great cities are built on a foundation on strong local communities. The wellbeing of all Aucklanders is critical to creating a better future for Auckland and New Zealand. Prioritising and constantly improving residents' health, education and safety will support our goal of building and maintain strong local community identities and Auckland becoming the world's most liveable city.

The Safe Community model of working collaboratively to coordinate and streamline safety initiatives makes a positive difference for the community of the North Auckland area.



Len Brown
MAYOR OF AUCKLAND



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20 August 2013

To Whom It May Concern

Auckland North Re-Application for Pan Pacific Safe Community

It is with great pleasure that the Safer North Board presents this re-application for Pan Pacific Safe Community. We are thrilled to have the support of the Auckland Council as North Shore City was previously the leading organisation in promoting the North of Auckland as a 'Safe Community'.

The Ministry of Health are at the top of our list of supporters for recognising the importance of the work Safer North does in leading and coordinating initiatives that lead to safer communities. It was commented in March of this year in feedback on our performance under our contract, as follows: "The report illustrates that you have your finger on the pulse and have good strategic connections across the sectors in the Safer North area."

Our Board also wishes to acknowledge the fine contributions made for our community by the Safer North stake holders as identified in the application. Together in collaboration and action we strive to make Auckland North a safe place to live, work, shop, learn, play and visit.

Special thanks also to Secretary Wayne Williams for the preparation and coordination of this application on behalf of our experienced and active board.

Yours sincerely,



Ken Pemberton
Chairperson and Principal of Murray's Bay Primary School



Supporting Comments

Age Concern North Shore is fully supportive of Safer North's re-accreditation as a Safe Community. Together we work collaboratively to promote Safety and Injury Prevention initiatives for older people and their carers. Programmes such as Staying Safe - Driving refresher for Older Adults; Step Ahead - Falls Prevention; Home Safety (Police, Fire, First Aid, Civil Defence); and Internet safety/scams, are actively promoted and a Positive Ageing Forum held 3 x times per year for all providers and consumer groups to discuss and share issues is hosted. Age Concern North Shore provides an Elder Abuse and Neglect Prevention service and a Volunteer visiting service for vulnerable and isolated older people. With the increasing number of vulnerable older people living by themselves in the community, the importance of everyone being aware of prevention and protection of their older neighbours is vital to their well-being. We are proud of the levels of safety in our community and the work Safer North does to help maintain this in partnership with key agencies.

WaterSafe Auckland absolutely supports Safer North's re-accreditation as a Safe Community. Having been involved with Safer North for over ten years, and supported Safer North through its accreditation, we have seen the opportunities and benefits of being a Safe Community. WaterSafe Auckland works to prevent drownings through education and to build a water safety culture through promotion, awareness, knowledge and skill development. This is a key injury prevention priority in an area with such easy access to aquatic pursuits such as Auckland North. We look forward to achieving these goals with a continued partnership with Safer North.

NZ Institute of Education (NZIE) are committed to providing an education for our student's future, whether it is with Business, I.T, or English Language studies. With a mix of local and international students on the North Shore, we are also proud that NZ was the first country to adopt a Code of Practice, which we abide by, that sets out standards for the care of international students in and out of the classroom. With the safety of all our students in mind, so that they are able to achieve their desired employment outcomes or further educational pathways, we approve Safer North Community Trust's 2013 re-accreditation, along with their vision of North Shore and Hibiscus as 'A safe place to live, work, shop, learn, play, and visit'!

North Shore Community & Social Services fully supports this application for re-accreditation of Safer North Community Trust. NSCSS key vision is for a safer resilient community and Safer North is a key contributor to this.....All the best with this.



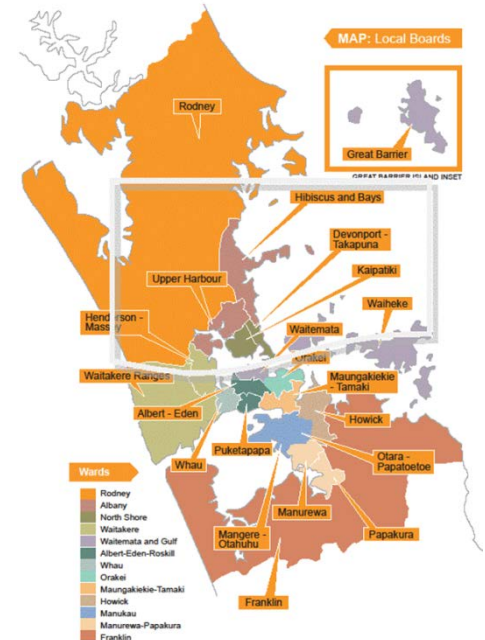
Criteria 1 - Leadership and Collaboration

Demonstration of Leadership by coalition or group focused on improving community safety.

Demographics

The Auckland North Community has a population of 293,660. The population is predominantly NZ European, Chinese, Maori, Korean, South African, and smaller numbers of many other cultures. Located in the area north of Auckland's central business district and Harbour Bridge, it includes the suburbs of Devonport, Takapuna, Northcote, Birkenhead, Beachhaven, Glenfield, Albany, Milford, East Coast Bays, and Hibiscus Coast. It is surrounded by many kilometres of coastline and has plenty of magnificent beaches. The greater part of its coastline fronts the Hauraki Gulf leading to the Pacific Ocean. There are eight very fine golf courses, excellent sport stadiums, swimming facilities, sports grounds, five shopping malls, world class public hospital, 18 secondary schools (Public and private), two universities, one polytechnic, and Private Training Enterprises (PTE's) with both domestic and international students. There is an abundance of excellent primary and intermediate schools with many kindergartens and early childhood centres feeding into these. Safer North encompasses the four Auckland North local boards of Upper Harbour, Hibiscus and Bays, Kaipatiki, and Devonport-Takapuna.

Located in Auckland North are the Waitemata District Health Board, Waitemata Police District HQ, and NZ Fire Service Waitemata District HQ. Albany is the preferred location to many multinational companies, local manufacturing, and smaller businesses in modern facilities producing on a local and global scale. Many importation companies work in the same location and have easy access to the Port of Auckland. It is a prime goal of Auckland Council to make Auckland the most liveable city in the world. Auckland North plays a valuable part on that pathway.



Safe Community History

Safe Community has its origins dating back to 1994 when it was known as the North Shore Injury Prevention Coalition. The group then adopted the name Shoresafe and formed an inter-agency Management Group. This group made a formal commitment to pursue Safe Community Designation. It oversaw the International Safe Community (ISC) application project and in July 2007 North Shore City gained ISC accreditation. This Management Group has overseen the Safe Community activities up to 2011.



With the wide legislative changes to local government in 2010 in the Auckland region, which resulted in the disestablishment of North Shore City as a Territorial Local Authority (TLA), efforts have been made to ensure that safety (particularly injury prevention) initiatives are sustained into the future within the geographically area now referred to as Auckland North.. To assist with this process the ShoreSafe Community Trust was developed in 2010 and renamed Safer

North Community Trust in 2011. The Auckland North geographical area has brought together the Hibiscus and East Coast Bays areas. Safer North is now focused on building further momentum with a view to successfully seek reaccreditation as a Safe Community for Auckland North.

Strategic Plan

This strategic plan sets the direction and focus of planned approaches towards achieving sustainable improvements in safety in our community, and maintaining our Accreditation Safe Community status with achieving re-accreditation in 2013 within the Pan Pacific Network. Safer North Community Trust has a 3 year contract with the Ministry of Health (\$40,000) to support injury prevention activity and reaccreditation.



Vision

Auckland North is a safe place to live, work, shop, learn, play, and visit'.

Goals:

1. A strong, collective voice for community safety in North Shore and Hibiscus
2. Provide leadership and collaborative mechanisms for community safety
3. Use evidence to enhance and evaluate effective community safety in North Shore and Hibiscus

Objectives

In order to meet the criteria for Safe Community re-accreditation and demonstrate that effective targeted programmes and activities are in place (that are aligned to national strategies), five key objectives have been developed:

1. Continue to raise awareness, commitment and motivation to improve community safety throughout the community
2. Continue to develop relationships with coalition partners and working groups and identify new opportunities for partnerships, collaboration and advocacy (funding)
3. Continue to improve the evidence base for community safety initiatives by monitoring injury and violence issues within the North Shore and Hibiscus area. Continue to identify and support effective injury prevention and violence / crime prevention programmes that address the highest priority areas of concern:
 - Reduction of alcohol-related harm
 - Injury Prevention including Road Safety
 - Reduction of crime and violence
 - Suicide Prevention
4. Maintain Safe Community Accreditation
5. The Trust Board meets on a monthly basis with each alternate month being a Planning Meeting. Murray's Bay Primary School, under the leadership of Principal and Board Chairman Ken Pemberton, provides the meeting room. (Appendix 1: a copy of the annual operation plan July 2013- June 2014).



Governance Group

Safer North is overseen by a Trust Board made up of a cross section of representatives, listed below. The Trust operates as a governance group to guide the promotion and development of safety in Auckland North. The Trust board oversees the coordinator and the operation of Safer North Community Trust. Current board members include:

- Board Chairman Ken Pemberton, Principal, Murrays Bay School
- Mike Cohen, Takapuna-Devonport Community Board
- Sam Bartrum, HR Director, Waitemata District Health Board
- Teresa Stanley, WaterSafe Auckland
- Suzanne Booth, Executive Director, Hibiscus Youth Centre
- Soo Young Lee Korean Women's Network in New Zealand
- Senior Sergeant Andy King, Community Policing NS, NZ Police
- Sue Brash, Student Employment Manager, NZIE

Safer North Trust Board August 2013



Ken Pemberton, Chairman



Mike Cohen

Soo Young Lee



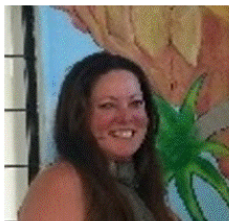
Andrew King



Teresa Stanley



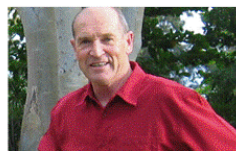
Suzanne Booth



Sam Bartrum

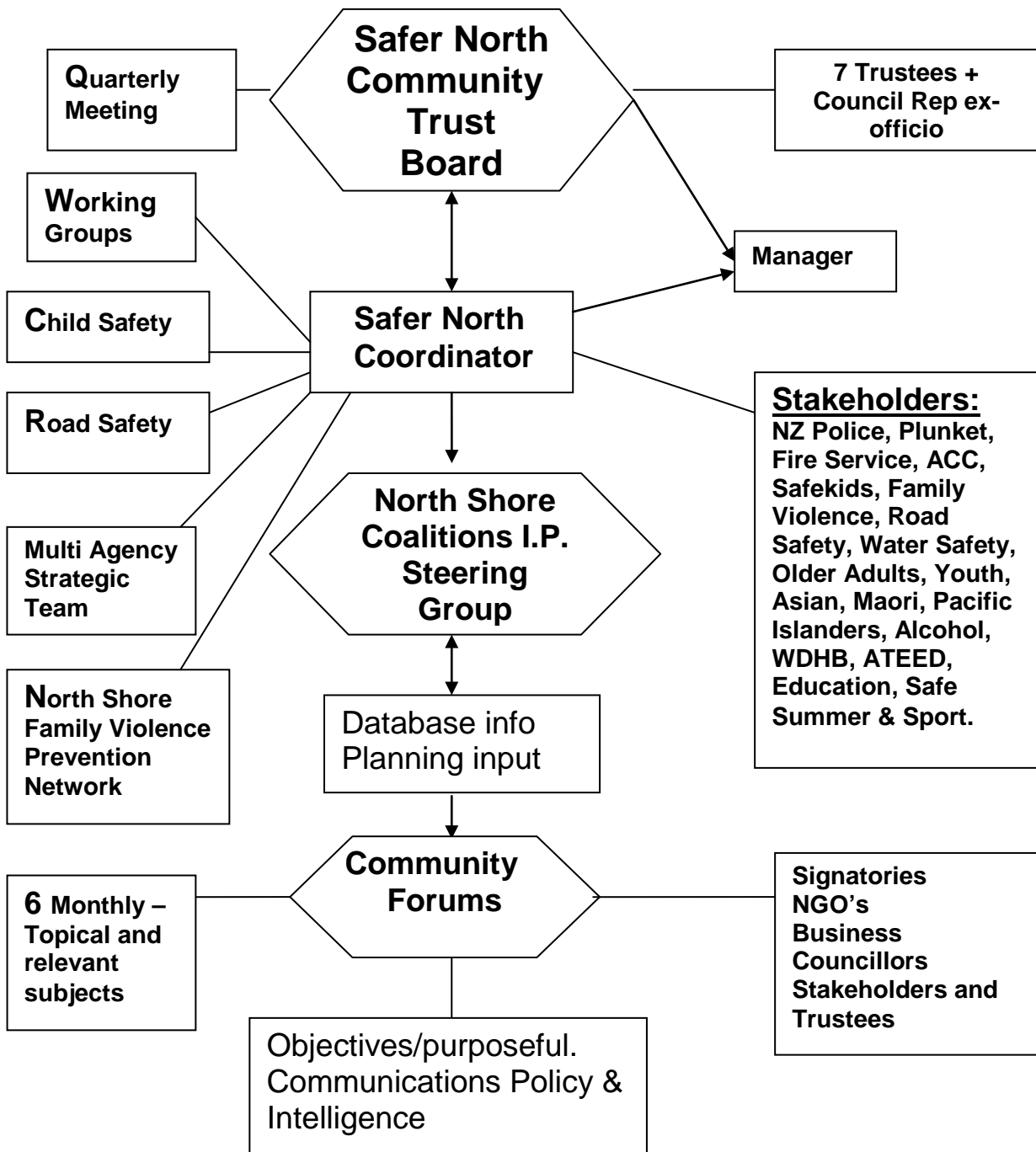


Wayne Williams,
Coordinator



Sue Brash

Safer North Community Trust



Partnerships and Networks

Beyond the direct activities of Safer North, a wide range of agencies and NGOs work collaboratively to improving safety and reducing injury and crime. These include but are not limited to:

- Police
- Waitemata District Health Board
- Fire Service
- Accident Compensation Corporation (ACC)
- Ministry of Social Development
- Living Streets North Shore
- Work and Income
- Massey University – Maori Language Facility, Health and Safety Manager
- Unitec
- National Poisons Centre
- Auckland University of Technology
- Auckland Transport (AT)
- Auckland Council
- Local Community Boards (4)
- North Shore Community & Social Services
- ATEED – Auckland Tourism Events & Economic Development
- Watersafe Auckland
- Plunket New Zealand
- Local Schools
- SafeKids New Zealand
- Age Concern
- Primary Health Organisations
- Te Puna Hauora Health and Social Service
- North Shore Family Violence Prevention Network
- North Harbour Sport
- Health Promotion Agency (HPA)
- North Shore Marist Rugby Club
- Other Local Sporting Clubs
- YouthworX North Shore
- Asian Network Group
- New Migrant Settler Support
- Local Business
- New Zealand Chinese Trust
- Hibiscus Youth Centre

Example of partnerships and collaborations:

In January and February 2012, Safer North led a project involving partnerships, networks and organisations across the North Shore. This project attracted over 70 youth who volunteered to participate in various community projects over one or more days. The organisations below all partnered these 'Boredom Busting Summer Projects 2012':

Auckland Council Unitec Westpac Banking Corporation ACC Rosmini College Korean Women's Network of NZ Westlake Girls High School Pak n' Save Church Groups	Community Coordinators NZ Fire Service De Paul House Kaipatiki Project Staff Westlake Boys High School Albany Senior High Goodday Korean Newspaper Chefs for Compassion - chef instructor Maxx Bus Company
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Nth Shore Boredom Busting Summer Projects 2012

A Service Learning Experience for 15-18yr olds



Summertime ... time for chilling out, hanging with your mates and having fun in the sun. But near the end of the hols the novelty's wearing off, the money's run out and maybe you're up for something different.

How about doing something worthwhile and while doing it, meet new friends, make new connections and have experiences that might inflame your passion or even help you get a foot in the door for a job. Volunteering puts a big tick in the box for employers looking at your CV. You will receive a certificate acknowledging your participation in a volunteer project, showing you've gotten off your butt and put in a few hard yards ... one thing you'll have over others competing for the same jobs.

January	No.	Activity	Venue	Time	No. of places
24th	1	Marine/Shore Sustainability <i>Westpac</i> Beach clean up - confirmed for Browns Bay, Milford, Takapuna and Devonport	Browns Bay Milford, Takapuna @ Devonport (meet at the local Westpac)	11.30am	48 each
26th	2	Showcase and learning experience <i>Unitec</i> A day of exploring the tertiary world including intro to retail work and online activities.	10 Rothwell Ave, North Harbour Industrial Estate, Albany	09.00am	20
24-27 1, 2 or 3 days	3	Fix N' Learn Day. <i>De Paul House</i> There may be some heavy lifting req'd but minimal.	92-96 Onewa Road Northcote	08.30am	5
26th	4	Mix em up Day. <i>Freedom Fitness, Birkenhead</i> Intro to Exercise, Business and other activities	Freedom Fitness 33 Rawene Ave Birkenhead	08.30am	40
Planning Session. 25 Meal 18 February	5	Cooking for a cause <i>Chefs for Compassion -</i> Become an assistant chef for a day and create a real meal for a special family.	North Shore - Northcote	Timing to be advised later	6
26	6	Problem solving <i>ACC</i> Develop a programme to reduce slips, trips, falls in and around the home.	Unitec, 10 Rothwell Ave, Albany	09.00 am	15
24-27	7	Safety in the Home promotion <i>NZ Fire Service</i> 3 teams promote the message in different shopping locations. Plan and design a programme.	Albany, Takapuna, Browns Bay	11.00am to 4.00pm	20
24	8	Out in the Woods <i>Kaipatiki Project</i> Exploring the bush, potting up plants, weeding. Learn about ecology, native birds/plants	Beachhaven / Glenfield area	9.00am to 12.30pm	5-14

To get more information or to register, phone or text your name and the number of the project ...

For enquiries made between 9-12 January
- Wayne 0274 500 478

For enquiries made 13-19 January
- Heather 029 201 2975



Criteria 2 - Programme Reach

The range and reach of community safety programmes operating throughout your community/region, including an indication of the extent to which they are based on proven or promising intervention strategies.

Programmes developed and implemented by Safer North partners as part of improving safety outcomes within North Auckland are based on proven or promising strategies. The partnerships developed to support the delivery of effective injury and violence prevention initiatives draw on a wide range of evidence including but not limited to:

- Using the review of evidence for prevention developed by the Liverpool John Moores University, Centre for Public Health.
- Reviewing WHO relevant publications e.g. Violence Prevention: the evidence; World Reports on child injury prevention and road safety.
- Scanning other academic sources of information, journals and overviews of the literature e.g. Injury Lit, Eurosafe, Karolinski Institute website, Pan Pacific Safe Communities Website, CDC, Ministries of Transport, ACC, Health Promotion Agency (formerly ALAC), Massey University, Justice and Health databases etc.
- Receiving and reviewing information provided by the Family Violence Clearing House based at the University of Auckland and the Injury Prevention Research Unit based at Otago University, to name but two examples.

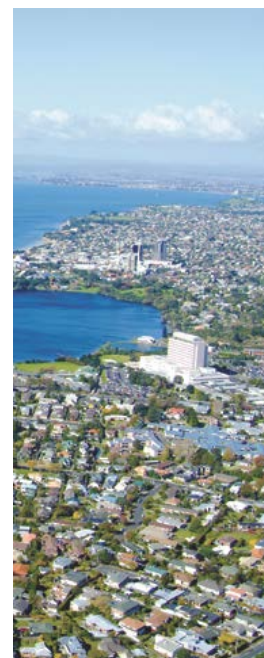
Auckland North is fortunate to have a wide range of evidence based injury prevention and community safety programmes in place which reflect the demographic characteristics of our communities. Some of these programmes can be long term others are one-off. All programmes are monitored to ensure that they continue to meet the needs of the Auckland North.

The list provided in the community profile (www.safecommunities.org.nz/sc/ns) demonstrates the wide range of safety initiatives covering the road environment, rural and workplace safety, home safety, school safety, sports and leisure environments as well as interpersonal violence and suicide prevention. It is not exhaustive or complete by any means, but merely illustrates a snapshot of safety, injury and crime prevention activity occurring in Auckland North.

Other examples include New Zealand Police- Waitemata District who successfully lead prevention efforts related to crime prevention and road safety. NZ Police also provide Kai Kaha- keeping yourself safe and D.A.R.E – drug and alcohol education programmes to schools. ACC have dedicated full time injury prevention consultations focused on workplace and community safety. Waitemata District Health Board has a strong emphasis on falls prevention for older adults. The NZ Fire Service delivers 'Fire Wise' throughout Auckland North Schools. Ministry of Health are responsible for the National Suicide Strategy.

In addition, Auckland Council (which covers Auckland North) has a regional approach to addressing Graffiti, alcohol related harm, emergency management, swimming pool fencing, dog control and safer public places through environmental designs. Auckland Transport is responsible for regional road safety initiatives, including cycle safety initiatives and Travelwise which operate successfully at many Auckland North Schools.

To fulfil the criteria 2 requirements of the application for reaccreditation as a Pan Pacific Safe Community, examples have been chosen from the working areas of child safety, road safety, crime prevention, water safety, fire safety, and home safety. Programmes covering youth and older adults are covered within these areas rather than defined as specific age groups. Two case studies are also presented. The first relates to alcohol related harm, the second demonstrates the involvement of businesses with community safety. Because a particular programme has not been singled out below, does not detract from the strength and importance of other initiatives.



Injury Prevention – Child Safety						
Programme Name and Developer	What it addresses	Population it Targets	Length of operation	Reach of programme	Results	Partners
Child restraints in Motor Vehicles (MVs) Plunket NZ and NZ Police	The issue of children not being correctly restrained in a MV and in the appropriate restraint seating including Booster Seat use.	Parents and cares of young children from birth to 10 year olds or to 148cm in height	On-going but at regular intervals each year. 2 community events per year and several E/C centres and schools per year	Students 5-10 yrs, parents of 0-10 year olds, Several E/C centres and Several Primary Schools in school year	Compliance increased, Guidelines and rules accepted and children considered safer while in a motor vehicle	NZ Plunket, Police, Safekids NZ, Auckland Transport (AT) and Safer North
Travelwise Programme. Auckland Transport	To ensure that children are safe walking to and from schools, safe around school gates and crossings. Ensuring that Council engineers create the safe environment to best protect the children to and from school.	Targets Primary Schools but will often benefit Intermediate and Secondary Schools also.	Programmes are active throughout the four school terms	Schools register to participate and are then supported by agencies with safety vests, products, and guidance.	Awareness of child safety very much improved and community cooperation enhanced in support of the programme. Children are very much safer.	Police, Boards of Trustees, school staff, parents and senior volunteers
Driveway Run-over Prevention Safekids NZ	Injury and Fatalities are a frequent and serious issue	Whole community but especially those with young children	3 community events per year	Public events with high foot traffic. Selected schools targeted	Instant understanding but also shock belief.	Safer North, Plunket, Safekids NZ and AT

Injury Prevention: Road Safety						
Programme Name & Developer	What it Addresses	Population it Targets	Length of Operation	Reach of Programme	Results	Partners
Driver Licences for Youth	The need to equip young people with quality driving skills and road safety knowledge. Employment opportunities can be restricted by not having a driving licence.	16 – 24 year olds and targeted at-risk youth for Learner’s Licence and then stepping up to a Restricted Licence.	Course for Learner and Restricted Licences are each ONE DAY –	North Shore Youth identified by Nth Shore Police	All students passed licence tests	ACC, Police, Massey University, Te Whanau Tu O Oruamo and Safer North
Alcohol Consumption Influenced by Perceptions – Pilot Research. Safer North	Excessive consumption of alcohol. Is the level of consumption influenced by the perception of others’ consumption and the need to emulate?	18-24 yr olds. These are also of driving age and can therefore affect their safety on the roads	Research project over 3 months	Rugby Club players, officials and ultimately family and friends	The research found that the perception of consumption of senior players by junior players was higher than actual consumption and	AUT, North Harbour Marist Rugby Club & Safer North

					thus influenced amount consumed by junior players.	
Slow Down at Bends	High crash incident rate on the Shore especially among young drivers	18-24 yr olds and drivers in the wider community	Ongoing	Poster Hoardings erected at bends where data shows them as being at greater risk.	Reduction in crashes at intersections	Police and AT
SADD (Students Against Drunk Driving) Police	To reduce the high number of young people involved in fatal and non-fatal crashes	Students at local high school	Ongoing	Most local High Schools	Reduction of crashes within the North Shore	High Schools, Police and AT
Motorcycle Safety	To reduce the high number of motor cycle crashes Regional motorcycle safety campaign. Scooter and motorcycle events	Males 40 yrs+ Open to all ages and genders	Ongoing	ACC delivered training to motorcyclists and scooter riders. NZ Police delivered motorcycle checkpoints	Majority of riders identified new skills they will apply in their riding.	ACC and AT
Youth Programmes: Driver Licences for Learner and Restricted Licences, Youth projects and organisations	To remove the boredom factor from the equation and provide goals, direction and opportunities for young people	Disengaged inactive youth are at a higher risk of suicide than other elements of our community	Funding obtained to lead community service projects and Driver Courses	North Shore Youth	Driver licences provide better employment opportunities and improve safety knowledge. Pass rate 100%	Safer North, ACC, Police, Massey University, Community Coordinators, Hato Petera College, Korean Women's Network, YouthworX, Auckland Council, & NZ fire Service

Crime Prevention						
Programme Name & Developer	What it Addresses	Population it Targets	Length of Operation	Reach of Programme	Results	Partners
NZ Police 'Prevention First' programme rolled out. Policing have moved their focus to that of 'prevention' for many of their activities.	The aim is to reduce recidivism and thereby lower crime statistics thus improving community safety.	Individual areas within the district will establish their own programme schedules. Recidivism of crime, domestic and family violence, youth driving, alcohol, and drug abuse.	On-going	Whole Community, first time and especially high-risk offenders	The number of reported crime fell by 12.4% in the year to Dec 2012	Police, Local Boards, Auckland Council,
Family & Domestic Violence Prevention NZ Police, Ministry of Social Development	Reduce and prevent violence in our community through programmes, education and interventions	At-risk communities including new migrant populations, Maori and Pasifika, and Older	On-going with monthly network meetings conducted	Utilising agencies and organisations with special skills and focus on different groups	Available 2011 data shows North Shore had hospital discharge rate for violence-related injury of 19.4 per 10,000 pop ⁿ rate	North Shore Family Violence Prevention Network: Safer North, Age Concern, Safer Whanua Project, Work & Income, Nth Shore Women's Centre, Akl Dyspraxia Trust,

		populations.			compare to the NZ average of 33.2 per 10,000 pop ⁿ .	Barnados, Connect Support Recovery, Child, Youth and Family, Heart 4 Youth Trust, NSH Maternity Service, WDHB, NSCSS, Shine, de Paul House & Raeburn House
Annual White Ribbon Day March.	Communication Campaign White Ribbon Day March held (23 Nov).	Whole population, and at risk populations	Annual event	Whole Community	Raised awareness of family violence and local agencies support available.	Family Violence Prevention Network Family Commission WDHB

Water Safety						
Programme Name and Developer	Aim of Programme	Population it Targets	Length of Operation	Reach of Programme	Results	Partners
Bathroom Non-slip mats. WaterSafe NZ	Creating a safer environment in the bath for young children with free slip-mats	Parents of young children and extended family or carers	3 years to end June 2013	3,600 annually to households on the Shore	Rate of Injury has been declining since 2011	Plunket
Whanau Nui WaterSafe Auckland	Develop swimming skills and promote water safety to children	Children and their carers	One week (5 lessons) per year for 8 years.	Free water safety and swimming lessons for families.	Increased knowledge and skill	WaterSafe Auckland, North Shore Leisure and The Leisure Swim School (Stanmore Bay)
Your Pool, Your Responsibility. WaterSafe Auckland and Auckland Council	To ensure that all pools are properly fenced and compliant. To educate on CPR for children and correct supervision responsibilities	Pool owners and schools with pools.	On-going but focus is on lead up to summer	Retailers who sell pool products, pool owners and users	Improved water safety awareness and development of a positive water safety culture	WaterSafe AKL and AKL Council, Safer North, School Boards of Trustees, and private businesses
Swim School Water Safety. WaterSafe Auckland	Promote water safety messages and resources through swim schools.	Swim School operators and pool staff	On-going	Children attending swim schools	Increased parental water safety knowledge and child water safety skills	Private Swim Schools
New Settler Water Safety. WaterSafe Auckland	Improved water safety knowledge and skills for new settlers lacking in NZ aquatic experiences	New Settler groups, through International Schools, ESOL depts., refugees and tourists	On-going for ten years	International Schools and ESOL teaching kits, Asian and other ethnic community groups, refugees and tourists	Reduced drowning rates of new settler groups	Study Auckland, NS Settlement Support, CNSST, SLSN, CNR,
\$1 Fee to Swim Auckland Council	Provide cheap fees for parent or carer to take u/5 yr old child to swimming pool to promote skills and water	Under 5's through the parents and carers	On-going and available outside of swim school classes	Under 5's in Council partnered or Council-owned pools	Long term injury prevention programme	Auckland Council, North Shore Leisure and Leisure Swim School

	confidence. Adults swim with the child.					
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Fire Safety						
Programme Name and Developer	Aim of Programme	Population it Targets	Length of Operation	Reach of Programme	Results	Partners
Working Smoke Alarms Save Lives Promotion – NZ Fire Service	Smoke alarms not fitted or not working are unsafe. Aim is to get working smoke alarms into every house on the Shore. Location of smoke alarms is stressed	All communities and especially new migrants	On-going but emphasis on pre-winter before fire heating begins. Kitchen cooking all year round.	Older adults, new migrants, disabled and the wider community	New photoelectric alarms stay charged for 7-10 years enhancing safety. Free installation and inspection for many who are eligible - phone 0800 693 473	NZ Fire Service and Safer North
Kitchen Fire Safety NZ Fire Service	To keep fire-safe while cooking. Stressing the dangers that can exist is very important	Children learning to cook through to older adults	On-going	Whole community	Risks are reduced by removing eliminating hazards	NZ Fire Service and Safer North
Get Firewise Campaign -Get Out, Stay Out – fire safety programme. NZ Fire service	Teaching children how to keep safe from the dangers of fire	A pre-school programme for ages 2-5 years	On-going	E/C Centres and Primary Schools	The simple message is easy to understand and remember.	Safer North, E/C Sector, and Primary Schools

Injury Prevention: Safety around the Home						
Programme Name & Developer	Aim of Programme	Population it Targets	Length of Operation	Reach of Programme	Results	Partners
Home Safety-burn prevention	Reduce the incidence and severity of burns & scalds within the home environment Raising awareness about smoke alarms is ongoing.	Parents and young children	Ongoing	Proactively engage awareness through education the reduction of preventable injury from burns Early Childhood Centres were all provided with education posters and fact sheets for educating both children and parents/care givers Over 1000 brochure have been distributed.	Increased knowledge for families. North Shore burn discharge for period 2007-2010 was 47 compared to Waitakere with 79 (population of Waitakere is considerably lower than North Shore) North Shore 2009 had 17 discharges which reduced to 10 in 2010 A recent questionnaire revealed that over 80% of	Fire Service, Plunket, Safekids NZ, ABREAST (Auckland Burns Prevention Group)

					respondents had smoke alarms fitted and the majority confirmed that the batteries were checked and replaced as part of a pattern.	
Ladders	Promote safe ladder practices through Mitre 10 & Bunning's stores	In store customers	Ongoing	In excess of 1000		ACC & Safer North
Home Safety Checklist	Cutting & piercing	Parents	Ongoing	Distribution of information resources		ACC Auckland Region IP Group

Case Study: Reducing Alcohol Relating Harm

This case study demonstrates collaboration (criteria 1), evidence based practice focussed on identified high risk precursor for injury (criteria 2 & 3) and formative evaluation (criteria 5).

Pilot Project Report for Safer Communities North on Injury Reduction Involving Alcohol Demand Reduction among Working Age Population

Introduction

This is a report of the pilot study undertaken by Safer Communities North to investigate ways of reducing alcohol related harm/injury in sports clubs in Aotearoa/New Zealand. A 'pilot' study in this instance is a small scale version or trial run to test the feasibility of developing a major study in this area. For the study a medium-sized, urban-based rugby club was chosen. It has a reputation for being family-friendly with a responsible attitude to the serving and consumption of alcohol so may not necessarily be representative of all rugby clubs throughout the country. A Cochrane systematic literature review conducted on behalf of ACC (Accident Compensation Corporation of NZ) on policy interventions implemented through sporting organisations for promoting healthy behaviour changes surrounding the responsible use of alcohol found no rigorous studies evaluating the effectiveness of policy interventions organised through sporting organisations to increase healthy behaviours, attitudes, knowledge, or the inclusion of health-oriented policies within the organisations (ACC 2012).

Alcohol is one of the most commonly used drugs in New Zealand. While most New Zealanders enjoy alcohol in moderation, there are negative health and social consequences associated with drinking. Drinking problems and dependence on alcohol affect people's lives and the lives of those around them. Drinking patterns vary with gender and age. Alcohol is consumed most commonly in homes, but also in bars and pubs, sports clubs, restaurants and at work. Total alcohol available for consumption has been declining since 1990, though in recent years it has begun to rise again.

Method

A focus group approach was chosen as the best method of reaching the goal of gathering information about drinking practices in sports clubs and making the connection between consumption and injury related harm in athletes. An urban rugby club was selected as the site for the pilot study and two focus groups were established with a total of 27 participants; one consisting of players in the 'under 20's' group and the second with 'senior' players. The results of this study will be aggregated and used to develop an intervention that could be more widely applied across a range of codes and clubs. The emphasis of the pilot study is injury reduction through alcohol demand reduction.

*Focus group interviewing was developed in recognition that many decisions that people make are made in a social context – often growing out of discussions with other people. Market researchers began using focus groups in the 1950s as a way of stimulating the consumer group process of decision making in order to gather more accurate information about consumer product preferences. The focus group interview is an **interview**. It is not a discussion, a problem solving session or a decision making group. Groups are not just a convenient way to accumulate the individual knowledge of their members. They give rise synergistically to insights and solutions that would not come about without them. The **participants** are a relatively homogeneous group of people who are asked to reflect on the questions asked by the interviewer. Participants get to hear each other's responses and make additional comments beyond their own original responses as they hear what other people have to say.*

*It is not necessary for the group to reach any kind of consensus. Nor is it necessary for people to disagree. The object is to **get high-quality data in a social context where people can consider their own views in the context of the views of others**. We generated 4 'domains of interest out of which questions were formulated depending on the responses of the participants:*

1. *Current patterns/actual consumption of alcohol. To assist in this we asked the participants to complete the validated screening tool AUDIT (Alcohol USE Disorders Identification Test)*
2. *Perceptions of other's drinking; to try and ascertain the influences the drinking of others might have had on the individual, and in particular to understand if the drinking of the senior members of the club influenced the quantity the juniors chose to drink.*
3. *Perceived/actual harms; we asked participants to think about the injuries or other life problems they have experienced and reflect on how alcohol might have influenced these. We were particularly interested in drinking/driving, injury and recovery time.*
4. *The function of the club bar in their lives and alternatives that might not include alcohol.*

Findings

Current patterns/actual consumption

Participants completed the AUDIT (Alcohol USE Disorders Identification Test) and were asked to reflect on the way being in a rugby team influenced how they drank.

Total scores from the AUDIT in the **under 20 group** ranged from 1 – 23. 64% recorded a **total score** of 8 or more indicating hazardous or harmful alcohol use. Questions two and three ask **how often** someone has a drink containing alcohol and **how many drinks** containing alcohol they have on a typical day when they are drinking. 73% of the participants scored 1 or more on this measure. A score of 1 or more on questions two and three are indicative of consumption at a **hazardous level**. Questions 4 – 6 are indicative of incipient or actual alcohol dependence. 64% of the participants recorded positively on this measure with most indicating they had failed to do what was normally expected of them on a monthly basis. Questions 7 – 10 relate to **alcohol-related harm that is already being experienced**. 73% of the participants responded in the affirmative to these questions with most having experienced alcohol black out (being unable to remember what happened the night before because of drinking) and been injured (or injured someone else) as a result of their drinking.

Most participants indicated they would not drink after a practice but after a match they would drink to relax (in general), celebrate, bond with their peers and saw alcohol as an effective muscle relaxant.

Of the Seniors, 62.5% had a **total score** of 8 or more on the AUDIT with 75% of the total sample indicating consumption at a **hazardous level**. 50% of the participants recorded a positive response on the indicative questions for **alcohol dependence**. 81% indicated that they have experienced **alcohol related harm** with all having experienced alcohol related black out (two thirds of those at least monthly). On the question "have you or someone else been injured because of your drinking"?

50% responded 'yes' with 37.5% of those within the last year.

Perceptions of other's drinking

In a significant study of American athletes (Perkins & Craig, 2006) it was conjectured that alcohol consumption among junior players was influenced by a misperception of the actual alcohol consumption of the senior players in their club. Conversely it was hypothesised that with exposure to accurate norms, perceptions of drinking norms of friends, team mates, and student-athletes in general would become less exaggerated and a significant reduction in personal alcohol misuse would be the result in the student-athlete population.

In this pilot study for Safer North Communities, **juniors** were asked "does the drinking of the seniors influence the way you choose to drink"? Most were unequivocal in their responses. They felt the seniors were "good role models" who "don't drink to get drunk". Some felt their own alcohol consumption would depend on the circumstances and others felt more influenced by whether they had to drive ("people don't drink and drive"). When asked if they felt obligated to drink the general consensus was "if you don't want to do something why would you do it"? However, the responses were different when it came to the "court session" "Court sessions" are interpreted differently by different clubs but usually involve an area set up like a court, judges at front table. Alcohol is set up on the table and players scull drinks as they answer accusations of various on-field antics. Most felt they would participate fully in a 'court session' no matter how much they were required to drink.

The **seniors** were asked about their decision to consume alcohol (as opposed to a non-alcoholic drink) after a practice or match. They felt alcohol was part of the culture and that it could be a "good thing or a bad thing". On the plus side of the ledger they all saw it was important to come back to the club after a practice or match. They felt it was a way of "bringing the club together" and that it "doesn't happen enough". The club puts on 2 dozen bottles of beer after a match but doesn't enforce the need to stay. Participants commented that "half the team leave before we get to the speeches" and thought the club should put more pressure on people to stay. When asked if the club didn't serve alcohol would they still come to the bar? most said they would but "wouldn't stay long"... "we would leave early".

When asked if they felt pressured to consume alcohol most responded 'no'. They felt there was a lot less pressure at their club than other clubs. This was created by the "maturity" and "decency of the people" with "respect for others". The "fantastic club manager" was also thought to play a major part in creating an environment conducive to moderate drinking.

When asked what influence they thought their drinking had on the juniors some felt the juniors were a bad example to the seniors. Others were resigned to the fact that its "rugby culture" to drink and that the juniors simply couldn't "handle it". Many felt they were setting a good example by

'sticking around' to make sure the juniors didn't come to any harm. They were asked how they would react to us having been told by the juniors that the seniors drink 3 pints after a game. Some felt it was "pretty accurate" while others were clear that they stuck to "only one drink".

Perceived/actual harms

Participants were asked to think about the injuries or other life problems they had experienced and whether (or not) alcohol had influenced these events. **The juniors** were equally divided about the connection between alcohol consumption and harms they had experienced. While some acknowledged that you do "injure yourself while you're drinking", they felt being drunk was a positive thing because "you don't hurt yourself so bad" when you are drunk. This group did not make the connection between episodes of drinking and on field injuries. Other participants in the juniors group saw that if "you injure yourself while you're drinking it slows your recovery" after a match. When asked about drinking and driving, some responded with an unequivocal 'no' while others agreed that they 'sometimes' drove drunk depending on "your morals" or "who is the soberest". Generally they felt that to drink and drive was to violate a code of the club and that "you'd hear about it if you did".

The **seniors** generally felt they were more serious about their health and the game, they knew the consequences of drinking too much and knew that their injuries took longer to heal if they were drinking. While most freely acknowledged these 'facts' others were less convinced and felt "you would need a double blind trial to tell". An older non-playing member of the team observed that "the drinking capacity of the players had dropped off over the last 12 years". Several players saw the real problem not being the drinking that regularly occurred at the club (they felt their club was one of the 'modest' drinking clubs) but the 'one off' binge drinking occasions when everyone came together in a crowd; "we don't drink very often but when we do it's a big night".

Alternatives to going to the bar and social functions (that do not involve alcohol)

We asked the participants what is the main attraction of the after match/practice function? Both groups reiterated the importance of a sense of belonging and participating in a social environment with people they liked and respected. The juniors agreed that they would still come back to the club after a match or practice if they couldn't drink. It was important for them to be able to "show respect". However, they were quick to point out that they would go somewhere else afterwards to drink. When we asked "what could take the place of the bar" as the centre of the after match function they were quick to point out that "if you take the bar out of the club, the club would close down". The juniors felt that "rugby and beer go hand in hand" and that "rugby players drink more often than they used to". By contrast the Seniors felt that "the clubs are suffering because there is not a lot of money made in the bar".

When we asked what might take the place of drinking at the after match function, the Senior participants had a number of suggestions to make. They particularly enjoyed the rural clubs because they:

- Catered more for the whole family Were so geographically isolated and there was nowhere else to "go on to"; people seemed to stay and base their whole evening around club activities
- Were more inclusive of women. Many of the smaller and isolated clubs had joined forces with local women's netball teams and the club belonged to the whole district.
- Participants felt these rural clubs provided a model for addressing some of the issues that urban clubs were facing

Discussion

Alcohol consumption among this group is consistent with the national 'norms' (ALAC, 2011). There seemed to be a 'disconnect' between the actual levels of alcohol consumption by individuals (as measured by the AUDIT) and the perception that they were drinking modestly and within safe limits. Young men in the 18-24 age group represent 6% of the population but do 24% of the drinking.

The club takes a "host responsibility" approach to reducing intoxication and its associated harms by focussing on the alcohol server and the environment in which alcohol is consumed. It does not serve alcohol to minors, provides and actively promotes low and non-alcoholic alternatives and substantial food.

A systematic review of the literature (ACC, 2012) found no rigorous studies evaluating the effectiveness of policy interventions arranged through sporting organisations to increase healthy behaviours, attitudes, knowledge, or the inclusion of health-oriented policies within the organisations. We have an ideal opportunity to explore this 'gap' in the literature by devising a nation-wide study that targets a group of the population known to drink more and drink more frequently than other sections of society (ALAC 2011).

Recommendations

Develop a nation-wide study to inform an intervention based in sports clubs in Aotearoa/New Zealand. In particular the goal would be to:

- Access a group of people known to be drinking outside the norms of safe levels
- Reduce the number of alcohol-related injuries occurring. Reduce consumption of alcohol by athletes.
- Reduce alcohol harm and family violence through organisations supporting the initiative and actively promoting better responsibility where alcohol is being consumed.



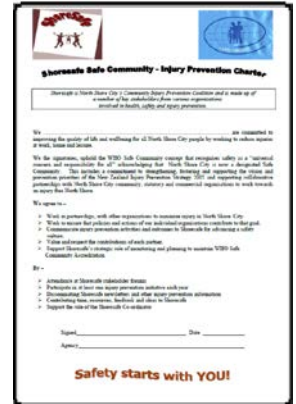
Case Study: Business Involvement

This case study demonstrates innovation in aligning local organisations/business to the vision of making the Shore (now called Auckland North) a safe place to live, work, shop, learn, play and visit.

ShoreSafe Safe Community Agreement

In 2008, 15 organisations became signatories to the new ShoreSafe Safe Community Agreement. Currently in excess of 24 business/organisations (was 30 but many have closed due to the global financial recession) are involved with a further 10 signatories being targeted to join over the next 12 months. On the 25th July ShoreSafe North Shore City celebrated their first year anniversary of achieving International Safe Community status. They made this a momentous occasion by bringing together businesses and organisations keen to embrace and enhance safety within their community. ShoreSafe decided that while five organisations, Accident Compensation Corporation, Waitemata District Health Board, North Shore City Police, Enterprise North Shore and North Shore City Council had been signatories to the original Safe Community Agreement at the time of designation, they would like to extend this to other organisations on the North Shore. Consequently they developed a 'ShoreSafe Safe Community Agreement' and invited organisations prepared to commit to:

- Work in partnerships with other organisations to minimise injury in North Shore City.
- Develop and action initiatives to enhance safety within their own organisation.
- Communicate injury and crime prevention activities and outcomes to ShoreSafe for advancing a positive safety culture and safer environments.
- Value and respect the contributions of each partner.
- Support ShoreSafe's strategic role of monitoring and planning to maintain Safe Community accreditation.
- Disseminate ShoreSafe newsletters and other injury prevention information.
- Contribute time, resources, feedback and ideas to ShoreSafe.



Safer North Community Signatories:

- Westpac Banking corporation NZ Limited
- WaterSafe Auckland Inc.
- Unitec New Zealand
- Murray's Bay Primary School
- Massey University Albany
- Age Concern North Shore,
- Plunket NZ (North Shore)
- NZ Police North Shore
- Korean Society
- NZ Fire Service North Shore Fire District
- Westlake Boys High School
- Kindercare Learning Centres
- Rosmini College
- North Shore Takapuna Golf Limited
- PlaceMakers Albany
- Enterprise North Shore
- Murray's Bay Intermediate School
- Harbour Primary Health Organisation
- Family first Aid
- Safekids NZ
- Rendell's Photo Service
- Auto Sounds & Alarms Ltd
- Fredco Motors
- Winger North Shore



Criteria 3 - Priority Setting

Demonstration of programmes that target and promote safety for high risk/vulnerable groups and environments.

Auckland North is a vibrant, diverse, progressive area with demographics that are constantly changing and growing. As a result certain risk areas or groups can be isolated and marginalised when compared or combined with the rest of Auckland North. Safer North continues to monitor community data indicators to ensure that high risk groups and environments are targeted with relevant prevention programmes.

To fulfil criteria 3 requirements of the application for reaccreditation as a Pan Pacific Safe Community, high risk groups and environments have been identified. The examples provided relate to the identified high risk groups of:

- falls prevention for adults aged 60+ years and for children
- migrant people
- the aquatic/ beaches/coastline of Auckland North

As previously stated, it is important to acknowledge that because an initiative may not have been singled out as a case study, this does not detract from the strength and importance of other initiatives underway to improve safety for residents of Auckland North.

Falls Prevention

Safer North has numerous initiatives in place to reduce the frequency of unintentional injuries from falls, as falls are the leading causes of injury (fatalities and hospitalisations) in Auckland North. The rate of falls resulting in a claims to ACC is higher on the North Shore than for rest of New Zealand (North Shore 1,542 per 10,000 people compared with 1,496 for the rest of New Zealand). Please note data is currently not available from ACC for Auckland North.

Adults aged 60 years and over comprise 15.3% of the population and are at increased risk of injury. Between 2006 to 2011 a total of 3,624 people aged 60 and over were hospitalised for 24 hours or more as a result of a fall. It therefore makes good sense to promote activities that improve their ability to balance and in doing so, reduce the risk of falls. The Falls Prevention Coalition Group on the Shore is very active in the education process of assisting middle aged to older adults in adopting walking and other exercise activities that are both enjoyable and beneficial. For example, because of the extensive coastline of Auckland North, beach walks are a favourite pastime as the beach is a social environment which can stimulate the mind as well as exercise the body. There is no traffic and very little to bump into or fall over, so the risk of injury is minimised.

Examples of Older Adults Falls Prevention

Vitamin D Programme

Increase Vitamin D supplementation in Residential Care to prevent falls through improved muscle strength and gait. The lead agencies are ACC and Waitemata District Health Board

- Increase prescription from 15% to 85% in last 3 years
- Educational forum to raise awareness and educate Facility and Nurse Managers, registered nurses and health and safety coordinators on Vitamin D
- 80-85 % of residential care met annual target in last financial year

Waitemata District Health Board Fall's Prevention

Hospital based falls prevention programme.

Target Group:

- 65 years +
- At risk patients admitted in heart ward

Initiatives:

- Non-slip socks
- Floor-line beds for multi-fallers
- WDHB wide falls identification stickers
- Pyxis medication alerts for medications
- Data displayed on ward quality boards

Results include:

- Reduction of fall's amongst older adults.
- Collaborative initiative between WDHB specialist staff
- Falls Review Form
- Falls Audit form used
- Monthly trend review by ward

Partners involved:

- WDHB Geriatrician
- Head of Division Nursing
- Physiotherapist advisor



Additionally, Safer North issues media releases on the website and has a good relationship with the local newspaper. Below is an example of a recent media release relating to child falls prevention:

Media Release March 2013

Originator: Wayne Williams, Safer North Community Trust Coordinator

Childhood Fall Injuries – It's a Worry

Having a safe environment in which to live, work and play is pretty important to us all and that is what makes North Shore such a great place. You may not realise that each year there are hundreds of children admitted to North Shore Hospital resulting from a fall injury and 5-9 year olds are particularly at risk. These fall injuries are classified as 'unintentional injury' and are therefore 'avoidable injuries'. Falls from playground equipment are the most common cause of injury and these contribute to almost half of all childhood injury hospitalisations. Playground equipment located in a school, home, other institution, or public areas contribute to almost two-thirds of these. In 2011 there were 66 children (5-9 year olds) admitted to North Shore Hospital (24 hrs or more) and many others were injured but not admitted.

As parents and carers, we can't prevent all falls and in life, we expect a few bumps and bruises along the journey but we can be more vigilant and make a special effort to manage the risks better. I like to think that I consider the capabilities of the child and allow their participation that does not over-extend their boundaries that are clearly beyond their physical ability. If you are able to influence their play activity with injury prevention in mind, you will be not only helping the child, but also helping to reduce the overly high number of childhood injuries we experience locally on the Shore. If you think that your local playground is lacking in injury prevention measures (damaged equipment or surfaces lacking impact absorbing materials), then it is time to contact those that are responsible for that particular playground and suggest appropriate action. Falls occurring from heights greater than 1.5 meters are the main injury-causing falls so therefore, controlling the maximum height is a good step to avoiding injury. Research also tells us that boys are more at risk than girls and that is perhaps generally due to a more adventurous and exploring nature so there is reason to be more risk aware with young boys especially if they display that spirit.

Source: Data provided by the Injury Prevention Research Unit (IPRU), University of Otago, and Safekids NZ factsheet March 2012.

Migrant Safety

In Auckland North the migrant population is continuously growing and because of the coastline and often lack of prior exposure to the aquatic environment, drowning can be a risk. The Migrant Water Safety Project, as well as the Asian Driver Fatigue, Settlement Support and Friendship Groups demonstrate how Safer North identifies and addresses safety for migrant people living in Auckland North.

Safer North collaborates with the Korean Networks and other migrant networks with several initiatives that are outlined in the community profile. For example

- NZ Ethnic Social Services Trust assists migrants and refugees
- Chinese New Settlers Services Trust provides community-based social services for the Chinese & Korean communities
- ARMS (Auckland Regional Migrant Services)
- Settlement Support NZ
- Asian Health Support Centre - WDHB

Additionally, a successful home safety forum was held for migrant people in 2012. This resulted in improved awareness of a wide range of safety issues that occur in and around the home. ACC together with partners, such as Safer North, continue to deliver home safety messages throughout the rest of the year, particularly during NZ Safety Week. The focus is on raising awareness and encouraging new migrants to make safety improvements to their homes.



Water Safety

As previously mentioned, Auckland North Shore is situated on the northern side of the Harbour Bridge, surrounded by sea and hosts over 150km of coastline, incorporating numerous popular beaches. One of the initiatives that was initially developed by the former North Shore City Council was 'Make it a Safe Summer'. Evaluation findings from 'Make it a Safe Summer' report reductions in the incidence of drowning's on North Shore beaches and has resulted in improvements in the development of a positive water safety culture. This project has also been an excellent promoter of safety in general in Auckland North and is now led by Water Safe Auckland Inc.

Safer North supports the activities of WaterSafe Auckland Inc., a lead organisation in the region for promoting Water Safety and preventing drowning. WaterSafe Auckland is involved with various education programmes in schools and other pool and beach environments. Water Safety brochures are now available in various languages to cater for the many different cultures now living in Auckland North and elsewhere in the Auckland region. As previously highlighted Auckland North has a growing population of Asian and other migrants where English may not be their first language and reading in English is difficult, thus resources in their language of origin are important.

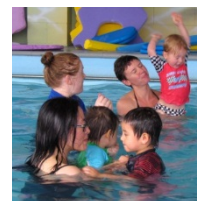
Safer North also supports initiatives undertaken by other service delivery organisations: Surf Lifesaving Northern Region, Coastguard Northern region, ECB Marine Rescue Centre, Sir Peter Blake Marine Education Regional Centre, Swim Schools, Auckland Council and private businesses which provide funding support for the cost of equipment to enhance water safety. A good



example of support from local Auckland North businesses is the installation of Surf Life Saving Towers on a number of local Auckland North beaches.

Other examples of water safety initiatives include:

- Beach Safety, Swim between the Flags promotion, SLS Northern
- Beach Safety, Be Smart around Rocks promotion, SLS Northern. Beach Safety, Water Safety Code, Adventure NZ
- Fishing and Boating safety, Boat Safety Code, Adventure NZ
- Sun Safety, Be Sunsmart programme, Cancer Society/ Health Promotion Agency
- City Nippers– SLS Northern Region (Takapuna)
- Surf Life Saving – Mairangi Bay, Red Beach and Orewa SLS Clubs
 - Nippers Surf Life Saving, Mairangi Bay SLS Club, Red Beach and Orewa SLS Clubs.
 - Surf Life Saving – Life Guard training (clubs as above) and patrolling (Takapuna, Milford, Mairangi Bay, Browns Bay, Long Bay, Red Beach, Orewa and Pakiri)
- Bathroom Slips – Prevention with education and free non-slip mats. WaterSafety NZ and Plunket NZ. Distributed 10,800 mats over 3 years
- Early Childhood Kits – Free updated water safety teaching kits and professional development to targeted early childhood centres. WaterSafe Auckland
- *'Your Pool, Your Responsibility'* Home Pool Safety – Promotion and education to promote fencing compliance, supervision and child CPR training around home pools. Auckland Council and WaterSafe Auckland supported by Safer North and private pool-related businesses
- Swim School Water Safety – Promotion of water safety messaging and resources through Swim schools. WaterSafe Auckland and private Swim Schools
- Whanau Nui – Free water safety and swimming lessons for families. WaterSafe Auckland, delivered by North Shore Leisure and The Leisure Swim School (Stanmore Bay)
- Integrated Aquatic Programme (IAP), an online resource for teachers, giving teachers a series of sequentially placed aquatic programmes available for classroom and practical based lessons. WaterSafe Auckland. Resource includes the following programmes:
 - Professional development for teachers in water safety and aquatic planning, WaterSafe Auckland.
 - WaterSense Year 1-2, In at the Deep End Year 7 & 8, WaterSafe Policy & the Rainbow System of Supervision
 - State Kiwi Swim Safe, professional development and support for teachers to teach swimming. Swimming New Zealand
 - Surf-to-School – School education about surf and beach safety for years 1 to 8 – SLS Northern Region
 - Beach Education – School education programme at the beach about surf and beach safety for years 1 to 8 – SLS Northern Region
 - Waterwise programme in schools teaches water safety and aquatic awareness- WaterWise NZ and North Auckland Schools
 - Safe Boating, Coastguard Boating Education.
 - SailSafe, Yachting New Zealand
 - [In At The Deep End](#) Years 1 and 2 where all practical skills are completed in deep water wearing a lifejacket. WaterSafe Auckland
- GAAAP – Greater Auckland Aquatic Action Plan – Harbour Sport.



Criteria 4 -Data Analysis & Strategic Alignment

Analysis of available safety (injury, violence, crime and perception) data for your community/region and how they align with established national/state/regional priorities and action plans.

Local data used to inform community safety/injury prevention strategies is derived from multiple organisations and sources including

- Police
- Transport
- Health
- ACC
- Fire
- Water Safety
- Community surveys

Additionally the National Injury Query System provided New Zealand Public Hospital Injury Discharges Data from 2006 to 2011, and New Zealand Injury Fatalities data for 2004-2009. This data can be found on the University of Otago IPRU website <https://otago.ac.nz/ipru/statistics>

Hospital Injury Data

- The Public Hospital Discharge Data for North Shore (not currently publicly available for Auckland North) reports 2,799 people were hospitalised for 24 hours or more in 2011 (crude rate 1,204 per 100,000 people).
- The most common cause of injury hospitalisation was falls, followed by poisoning.
- In 2009, the number of people who died as a result of an injury was 68 (crude rate 30:1 per 100,000 people).
- The most common cause of injury deaths were falls, followed by suffocation.

North Shore ACC Community Profiles (Auckland North unavailable)

Injury comparison reports (updated annually) are compiled from data supplied by ACC, Statistics New Zealand, New Zealand Transport Agency and the Police. This profile covers the areas of work, falls, assaults, motor vehicles and water sports. They are designed to help TLAs and Safe Community working groups to identify areas for reducing injuries.

A copy of the 2011/12 Injury Comparison (North Shore City/New Zealand) Report – Community Profile is included. As detailed in the ACC injury claim rate for the North Shore over the past 5 years is trending upwards, with the ACC fatal injury rate for the same period trending downwards for new claims lodged in 2011/12. Most injuries occurred in the home (45%), were attributed to a loss of balance (22%), occurring during recreation/sporting activity (34%) and involve contact with the ground/path. The cost of all (excluding GST) claims paid out by ACC in 2011/12 to North Shore City residents was reported to be just under \$84 million (\$83,903,802).





North Shore City

Injury Comparison Report - Community Profile



Top Line Overview for 2011/2012¹

	North Shore City	NZ	5 YR TREND
Population	234,107	4,433,100	▲
ACC injury claim rate ²	4,067.62	3,863.33	▲
ACC moderate to serious cost injury claim rate ²	217.76	224.58	▼

¹ - TLA is allocated based on claimants residence at the time of accident

	North Shore City	NZ	5 YR TREND
Number of days lost productivity	330,984	8,843,795	▼
ACC catastrophic injury rate ²	0.26	0.42	▼
ACC fatal injury rate ²	1.54	2.60	▼

² - per 10,000 of population

NEW CLAIMS LODGED 2011/12

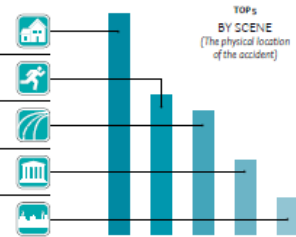
Top 5 Injury Sources¹

COST (EXCL. GST) OF ALL CLAIMS PAID OUT IN 2011/12

TOP 5 BY SCENE
(The physical location of the accident)

	44.8%	Home
	28.3%	Sport & Recreation
	8.7%	Commercial/Service Location
	8.5%	Road or Street
	6.7%	School

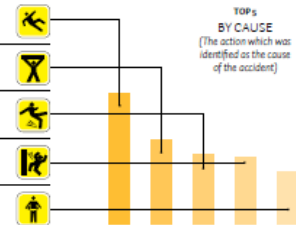
Home	\$31,130,919
Sport & Recreation	\$19,742,550
Road or Street	\$17,399,490
Commercial/Service Location	\$10,384,411
Industrial Location	\$5,246,432



TOP 5 BY CAUSE
(The action which was identified as the cause of the accident)

	21.9%	Loss of Balance
	15.4%	Lifting/Carrying/Strain
	10.8%	Twisting Movement
	10.0%	Slipping, Skidding on Feet
	9.9%	Collision/Knocked Over by Object

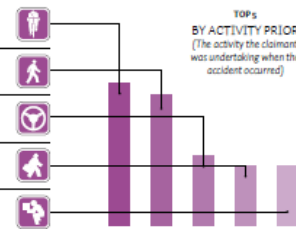
Loss of Balance	\$18,441,605
Lifting/Carrying/Strain	\$11,836,410
Slipping, Skidding on Feet	\$9,742,957
Collision/Knocked Over by Object	\$9,297,281
Twisting Movement	\$7,408,200



TOP 5 BY ACTIVITY PRIOR
(The activity the claimant was undertaking when the accident occurred)

	34.5%	Recreation/Sporting Activity
	25.7%	Walking or Running
	12.5%	Lifting/Lowering/Loading
	5.3%	Employment Tasks
	4.8%	Children Playing

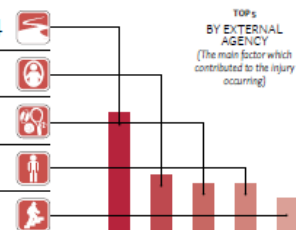
Recreation/Sporting Activity	\$20,122,907
Walking or Running	\$18,434,194
Driving or Riding	\$9,815,356
Employment Tasks	\$8,527,118
Lifting/Lowering/Loading	\$8,446,450



TOP 5 BY EXTERNAL AGENCY
(The main factor which contributed to the injury occurring)

	23.9%	Ground/Path
	13.5%	Self
	11.4%	Sport/Recreation Equipment
	10.6%	Person
	4.8%	Stairs/Steps

Ground/Path	\$16,490,684
Self	\$7,637,222
Sport/Recreation Equipment	\$6,468,252
Person	\$6,412,928
Stairs/Steps	\$4,378,349



¹ - TLA is allocated based on claimants residence at the time of accident

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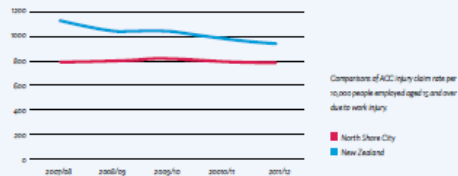
North Shore City and New Zealand Injury Report Comparisons - Community Profile

WORK¹

	North Shore City	NZ	5 YR TREND
ACC injury claim rate ²	786.12	946.80	▼
ACC moderate to serious cost injury claim rate ²	87.11	117.71	▼
Number of days lost productivity	107,992	3,534,877	▼
ACC catastrophic injury rate ²	0.09	0.09	▲
ACC fatal injury rate ²	0.27	0.47	▼

¹ - TLA is allocated based on claimants residence at the time of accident
² - per 10,000 of people employed aged 15 and over sourced from Statistics New Zealand

WORK INJURY COMPARISONS

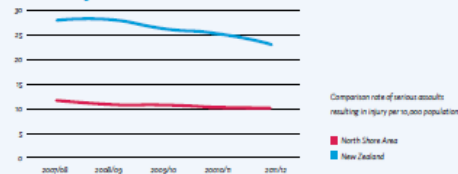


ASSAULTS

	North Shore City	NZ	5 YR TREND
Serious assaults resulting in injury rate ^{1,2}	10.24	23.38	▼
Public place assault rate ^{1,2}	11.44	25.67	▼
Dwelling assault rate ^{1,2}	29.50	56.38	▼
ACC injury claim rate ³	40.37	66.04	▼
ACC moderate to serious cost injury claim rate ^{3,4}	2.52	4.12	▼
Number of days lost productivity ³	8,309	257,686	▼

¹ - New Zealand Police recorded offences for North Shore Area based on the location of the assault
² - per 10,000 of population
³ - TLA is allocated based on claimants residence at the time of accident

ASSAULT INJURY COMPARISONS



WATER SPORTS RELATED¹

	North Shore City	NZ	5 YR TREND
ACC injury claim rate ²	15.29	34.21	▼
ACC moderate to serious cost injury claim rate ²	0.56	1.57	▼
Number of days lost productivity	877	56,670	▼

¹ - TLA is allocated based on accident location
² - per 10,000 of population

WATER SPORTS RELATED INJURY COMPARISONS

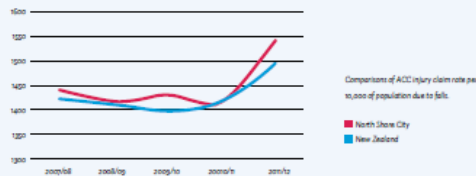


FALLS¹

	North Shore City	NZ	5 YR TREND
ACC injury claim rate ²	1,542.11	1,496.16	▲
ACC moderate to serious cost injury claim rate ²	102.43	98.57	▼
Number of days lost productivity	119,030	2,909,488	▼
ACC catastrophic injury rate ²	0.21	0.13	▲
ACC fatal injury rate ²	0.64	0.83	▼
Number of streets costing ACC over \$1m in claims ³	8	107	NA

¹ - TLA is allocated based on claimants residence at the time of accident
² - per 10,000 of population
³ - Total cost (excl. GST) over the past 5 financial years (2007/08-2011/12) greater than \$million, excluding Catastrophic injuries

FALLS INJURY COMPARISONS

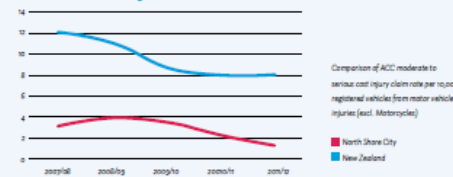


MOTOR VEHICLES¹

	North Shore City	NZ	5 YR TREND
ACC moderate to serious cost injury claim rate (excl. Motorcycles) ²	1.32	8.11	▼
ACC moderate to serious cost injury claim rate (Motorcycles only) ²	7.85	62.78	▼
Number of roads costing ACC over \$1m in claims ^{3,4,5}	NA	113	NA
ACC claims per kilometre of road ⁶	0.64	0.32	▼
Number of days lost productivity	21,595	1,393,632	▼

¹ - TLA is allocated based on accident location
² - per 10,000 registered vehicles as at 31 December 2011 provided by NZTA
³ - Total cost (excl. GST) over the past 5 calendar years (2007-2011) greater than \$million, excluding Catastrophic injuries
⁴ - Use ACC data matched to NZTA Crash Analysis System. Motorway, Urban and Open Road sections of State Highways are counted separately
⁵ - Data for Auckland, Manukau, Waitakere, North Shore, Papakura, Rodney, and Franklin is unavailable separately
⁶ - Rate of new motor vehicle claims per km of State Highway and Local Authority Road in 2011/12

MOTOR VEHICLE INJURY COMPARISONS



Notes

- Data relating to suicide has not been included in this community profile. Suicide data can be accessed from the Suicide Facts publication found at www.moh.govt.nz
- This community profile should be used in conjunction with the User Guide. Detailed Technical Notes are available upon request.
- Please direct any questions you may have to your local ACC Community Injury Prevention Consultant.

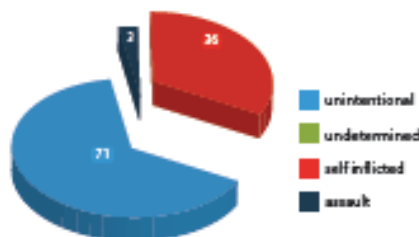
Additionally, a recent and extremely useful source of local data is the production together with Council, DHB, IPRU and St John to collect and collate injury data at regional level and for each of the local boards. This includes the information being available in powerpoint and in summary form. An example of the summary form for Hibiscus and Bays Injury Profile is provided.

April 2013

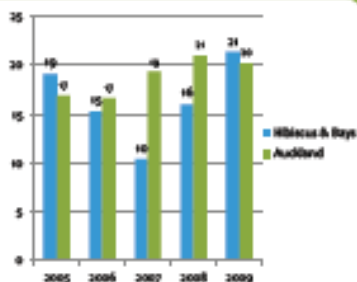
Hibiscus and Bays Fatality Profile

In this Local Board, there were **110 preventable fatalities** between 2005-2009

71 or **65%** were **unintentional**



This is almost 5 rugby teams

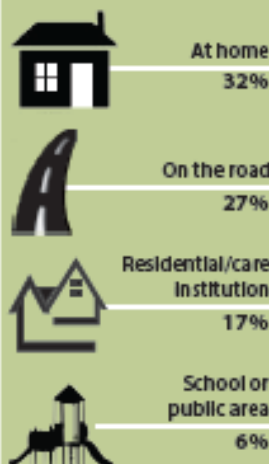


The rate of fatalities as a result of unintentional injuries is **fluctuating** and the rate is **comparable** to the Auckland rate

Common causes of fatalities from unintentional injuries



Common sites of fatalities from unintentional injuries



YOU can make a DIFFERENCE

Action point 1

Injury prevention is a key issue in your community. Prioritise it in your planning.

Action point 2

Work together with your community and providers. Support and fund campaigns and initiatives which reduce injuries

Action point 3

In all your decision-making, consider best practice for preventing injuries.

Strategic Alignment

All programmes in tables 2 and 3 are strategically aligned to national or regional strategies including but not limited to the following regulations/strategies:

- Waitemata District Health Board Annual Plan
- Accident Compensation Corporation – Statement of Intent 2010-2013
- Preventing Injury from Falls – the National Strategy – ACC 2005-2015
- NZ Fire Service Strategic Plan 2010-2015
- NZ Police (Waitemata) – Prevention First Strategy
- New Zealand Injury Prevention Strategy (NZIPS)
- Ministry of Transport Safer Journeys 2010-2020
- NZ Public Health and Disability Amendment Act 2010
- New Zealand Violence Prevention Strategy 2002
- NZ Health Strategy 2000
- NZ Disability Strategy 2001
- He Korowai Oranga – Maori Health Strategy 2002
- Auckland Region Policing Strategic Plan
- Sale and Supply Alcohol Act 2012
- Building Control Act 2004
- Te Tāhuhu – Improving Mental Health 2005-2015
- New Zealand Suicide Prevention Action Plan 2013–2016
- Health Promotion Agency Statement of Intent 2012-2015
- Auckland Regional Water Safety Education Strategy & Action Plan 2011-2014

In addition Auckland Council's has statutory obligation in relation to preventing harm through enforcement of:

- Auckland Council Long Term Plan – Community Development & Safety Strategic Framework 2013
- Local Board Plans 2013-2014
- Dog Control Act 1996
- Resource Management Act 1991
- Building Act 2004
- Fencing of Swimming Pools Act 1987
- Sale of Liquor Act 1989 and subsequent Alcohol Law Reform Act 2012
- Gambling Act 2003
- Civil Defence Emergency Management Act 2002
- Liquor Bans (under the Local Government Act 2002)
- Prostitution Reform Act 2003
- Animal Control bylaw
- Bylaws and other provisions under Local Government Act 2002 including Liquor Bans
- Hazardous Substances and New Organisms Act 1996
- Hazardous Substances Regulations 2001

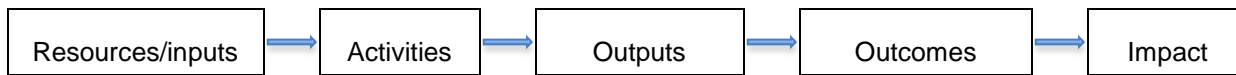
Criteria 5 - Evaluation

Outline of expected impacts and how they are being measured or evaluated.

Safer North recognises the need for an effective, useful, relevant and current evaluation tool to evaluate the effects our programmes are having on social, behavioural and environmental changes. Currently Safer North apply a logic model to strategic planning.

Logic Model

A programme logic model links outcomes with programme activities/processes and the theoretical assumptions/principles of the programme. A logic model is basically a systematic and visual way of presenting and sharing understanding of the relationships among the resources operating a programme, the planned activities and the anticipated changes of result. The model facilitates thinking, planning and communications about objectives and actual accomplishments.



Below is an example of a Logic Model for a Safer North Initiative:

Resources/inputs	Activities	Outputs	Outcomes	Impact
Safety in the Home Promotion	Trestle Table, Info material from Fire Service and briefing.	Provide Safety information to Browns Bay community	A better informed community about home safety. 30 people per hour for 5 hours.	Knowledge: importance of safety in the home. % of people at risk in the home. Actions: Reduction in the risk of injury in the home Long Term: Safety in the community enhanced through improved knowledge.

Results Based Accountability (RBA)

As part of the on-going work programme the RBA evaluation framework is being investigated by Safer North to assess relevance. In 2013, the Safer North coordinator attended a RBA workshop. RBA is a structured and disciplined way of thinking and planning collaborative action to improve the wellbeing of populations (eg youth or people within a geographic area) and/or the performance of specific programmes, service systems or service types (eg a youth mentoring programme or a system of social services within a specific area). RBA provides a simple framework that:

- I. helps develop common, plain language and a common understanding between partners to enable them to work towards common goals
- II. focuses on results/outcomes and encourages 'no cost and low cost' solutions
- III. is a collaborative tool that suits the complexity of the social services sector.

It is designed to quickly move us from talking about results/outcomes to taking action to achieve them. Therefore, RBA is a tool and a change agent. Developed by Mark Friedman, an American public policy expert and described in his book "Trying Hard Is Not Good Enough" (Friedman, 2005)

Examples from the 2012 Safer North Annual Report relating to the RBA performance measures of: What did you do?, How well did you do it? and Is anyone better off? is provided below:

Injury Prevention – Road Safety

<p>What did we do? Child Safety in Motor Vehicles. The North Shore team led by Plunket NZ, Safekids NZ and supported by Police, Auckland Transport and Safer North conducted the Checking Clinic at the new Constellation Rd Plunket building where the parents or carers were able to have their motor vehicles checked for correct installation of their child's seat. Where necessary, they were able to have the correct anchors fitted to the MV for free. Guidance and advice was also given to the drivers. This covered baby seats, child and booster seats.</p>	<p>How Well? There were a large number of vehicles checked and the overall effect was extremely good. The safety messages were well received and the ability and enthusiasm by those attending to convey the important messages on to others was very reassuring. The injury rate on the North Shore from unsafe seating practices is not considered high by national statistics but education is the key and there are always new babies and young mums coming on stream that need the best protection and educational advice available. With over 70 vehicles checked the number of individual adults educated on compliancy was much higher as many vehicles had more than one adult participating.</p>	<p>Better off? These families now know when to, how to and what to do when it comes to passenger safety in a motor vehicle and the correct use of child car seats. Upwards of 80 checks were completed and there were many giveaways to those who participated. TV One arrived to film various aspects of the event. There are now many more families on the North Shore that have made their children and their environment safer. Some vehicles had free anchors installed by professional installers where it was deemed necessary.</p>
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Crime Prevention

<p>What did we do? NZ Police 'Prevention First' programme rolled out. Policing have moved their focus to that of 'prevention' for many of their activities. The aim is to reduce recidivism and thereby lower crime statistics thus improving community safety. Individual areas within the Waitemata district will establish their own programme schedules.</p>	<p>How well? A Waitemata wide forum was hosted by Police with GO's and NGO's in attendance. 200 attended and presentations and questions relating to recidivism of crime, domestic and family violence, youth driving, alcohol and drug abuse. This programme is a launching platform for Safer North to work collaboratively with police through 2013 and beyond on varied projects pertaining to Prevention First.</p>	<p>Better off? Young people have featured higher on the offending radar than other age groups for many crimes. Much of the Prevention First is directed at those youth especially where they are known to be at risk. The success of this programme will not just be measured by a reduction in recorded offences but in the ability to re-channel the focus of those at risk of offending into more positive and sustainable lifestyles. 2013 will see two learner and Restricted Driving courses being conducted for youth at risk so as to provide them with a pathway that may lead to employment through having a certified driving qualification. This is also about re-directing the focus of the youths'.</p>
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Alcohol-related harm – Marist Rugby Club

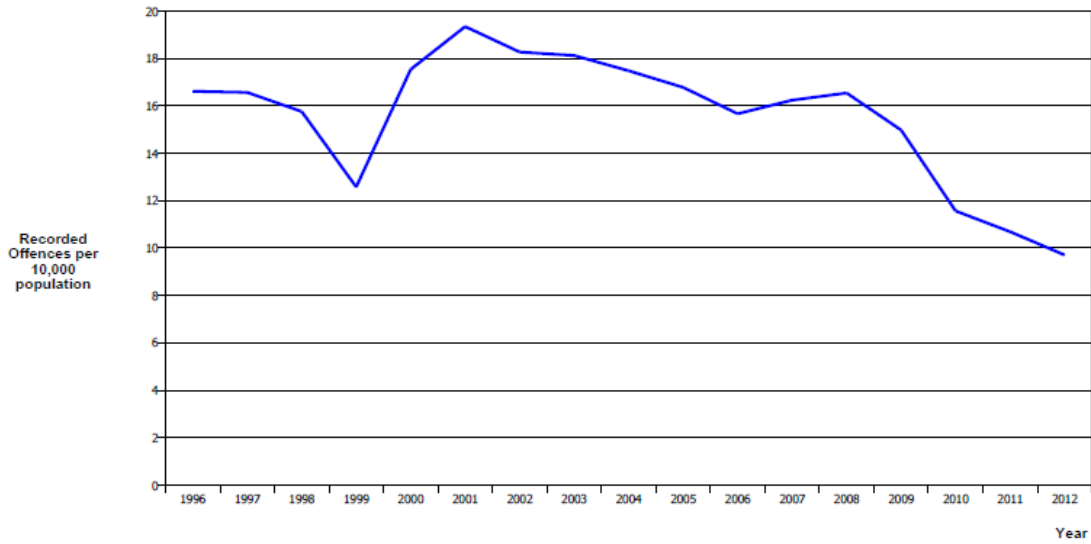
<p>What did we do? A pilot study undertaken by Safer North Community Trust undertook a pilot study with AUT to investigate ways of reducing alcohol related harm/injury in sports clubs in Aotearoa/New Zealand. A ‘pilot’ study in this instance is a small scale version or trial run to test the feasibility of developing a major study in this area. For the study a medium-sized, urban-based rugby club was chosen. We sought to ascertain the perceptions of consumption of other’s versus the actual consumption and the perception and actual harms that may have been influenced by alcohol.</p>	<p>How well? The two groups were the senior club team and a junior under 20 team. Questions were asked how often someone has a drink containing alcohol and how many drinks. They were also asked about hazardous level of consumption, alcohol dependence and alcohol-related harm. The results showed that perception of others consumption is generally higher than actual consumption. The seniors generally felt they were more serious about their health and the game and that injuries took longer to heal if they consumed alcohol. Club management was able to outline their policy of providing food for players so as to encourage the intake of food when alcohol is being consumed.</p>	<p>Better off? If younger players tailored their consumption away from the perception and to the actual of the senior players, then less alcohol would be consumed by individuals. A good first step and injury-related issues may also reduce. These players are now making a connection to drinking practices and injury (both on and off the field). This club is working towards promoting greater responsibility where alcohol is being consumed. There is a link between family violence and alcohol so avoiding excessive consumption may be one tool in preventing violence in the home.</p>
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Child Safety - Driveway Run Over Prevention

<p>What did we do? When least expected, another child dies in a driveway MV incident. Using the driveway run over kit, a display was set up on White Ribbon Day at Onewa Domain where families were invited to attend and have a fun time. As children played with various activities set up, parents were able to experience the rear mirror view while sitting in the vehicle set up for highlighting the risks in driveways for children from motor vehicles. This display was repeated at an Emergency Services Day prior to Christmas. which was a resounding success with over 80 participants.</p>	<p>How well? The display is extremely good at getting the message through to drivers that children are at risk and special care must be taken to avoid incidents that can, and often are, fatal. I could have facilitated up to a hundred through this activity in the time permitted but the number of people attending was less than anticipated by the organisers. Approximately 40 families participated.</p> <p>The display at the Emergency Services Day prior to Christmas was a resounding success with exposure to over 80 participants.</p>	<p>Better off? Children are less at risk when parents and drivers generally are fully aware of the risks when motor vehicles are moving on a driveway forward or back. These families now understand the need to develop a home plan to ensure that all risks are negated. The messages of safety can be passed on to other family and friends. Each property may have its own unique risks as properties vary so very much on the Shore and that is why extra attention to prevention is necessary. In 2011, North Shore -12 hospitalisations were recorded. Manukau- 43 hospitalisations in the same period. Conclusion: 12 is far too many on the North Shore where we have an opportunity to reduce that figure.</p>
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Serious assaults resulting in injury have significantly declined since 2008, in the Waitemata Policing District (trend data for Auckland North not available). The NZ Police focus on prevention first has contributed greatly to reductions in reported crime. For example the number of reported crimes in the Waitemata District fell by 12.4% in December 2012.

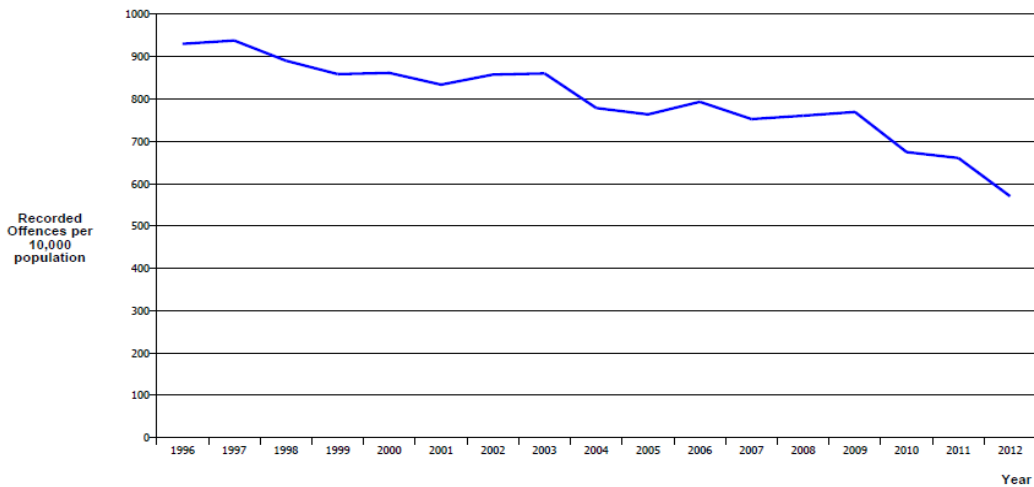
SERIOUS ASSAULTS RESULTING IN INJURY*



Calendar Year	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Recorded Offence	683	699	679	550	779	872	846	866	855	835	794	837	865	795	624	586	540
Offence Rate per 10K Popn	16.6	16.6	15.8	12.6	17.5	19.3	18.3	18.1	17.5	16.8	15.7	16.2	16.5	15.0	11.6	10.7	9.7

* This measure excludes common assaults

TOTAL CRIME



Calendar Year	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Recorded Offences	38,242	39,575	38,356	37,554	38,266	37,583	39,710	41,106	38,074	37,996	40,206	38,784	39,763	40,835	36,392	36,214	31,718
Recorded per 10,000 Population	930.2	937.9	890.3	858.7	861.5	833.7	857.6	860.3	778.4	763.5	793.2	752.4	760.3	769.3	674.5	680.8	570.2

*In 2005/2006 there was a major IT system change (LES to NIA)

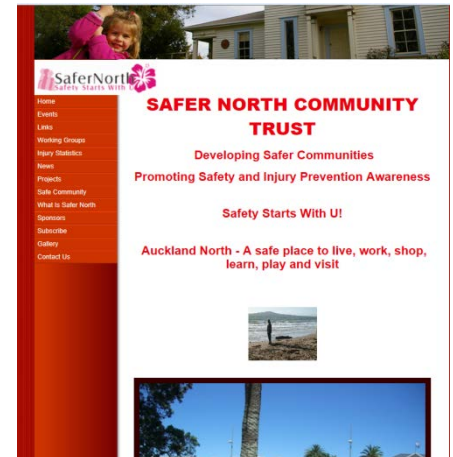
Criteria 6 -Communication & Networking

Demonstration of community engagement with relevant sectors of your community/region and ongoing participation in local, national and Pacific Safe Communities networks is required.

Communication


A wide range of avenues to communicate to local residents about preventing injuries and improving safety is used. This includes but is not limited to:

- Articles in the local newspaper
- Regular updates on the website
- Production of regular newsletters which are widely distributed through the Safe North Network
- Presentations to local organisations and local boards
- Safety displays at relevant events



A good example related to a Suicide Prevention Forum which was held by Safer North in December 2010. One outcome of this forum was that the identification of information be compiled and disseminated. An example from the website related to this is provided below:

ShoreSafe Early Intervention Suicide Prevention Forum 2010 -Directory of Nth Shore Organisations/Agencies Involved

Who are we	What we do	Where we are	Pathway to us	Link to us	Contact	Phone
Marinoto Unit, Mental Health, Waitemata District Health Board	Early Psychosis Intervention Service	Shakespeare Road, Milford ->	www.waitemataxhb.govt.nz	Brendan Porter Berni McBride	09 486 8663 (Child Team) 09 489 0555 (Youth Team)
Harbour Health - Health Psychology Services	Harbour Health PHO provides psychological therapy and emotional support to people facing acute illness or chronic medical conditions. Harbour Health's mental health services is staffed by health psychologists and specially trained clinicians to help patients and their families navigate through this very difficult experience.	Building B, 42 Tawa Drive, Albany PO Box 302-163, North Harbour 0751	msasano@HarbourHealth.org.nz	www.harbourhealth.org.nz	Paul Carver Marcia Sasano	PH: (09) 415-1091 FAX: (09) 415-1092
Suicide Prevention Information NZ (SPINZ), Mental Health Foundation	Development of a responsive service to groups covered in the NZ Suicide Prevention Strategy. Promotion of Suicide Prevention activities	Dominion Road, Auckland PO Box 10051, Dominion Road	info@spinz.org.nz	www.spinz.org.nz	Russell Tuffery	09 300 7035
Grief Centre	Established to assist and support those affected by grief and loss	92 Hinemoa Street, Birkenhead PO Box 40310, Glenfield 0747	cblair@griefcentre.org.nz info@griefcentre.org.nz	www.griefcentre.org.nz	Carol Blair Centre Manager	09 418 1457, 022 636 4211
Maori Mental Health North Shore	Supporting Maori Health	North Shore Hospital, Shakespeare Road, Milford	rawiri@mentalhealth.org.nz	www.waitemataxhb.govt.nz	Rewiri Wharemate	09 486 0553
Community Post Vention Response Service (CPRS) and Clinical Advisory Services Aotearoa (CASA)	Training for suicide prevention committed to reducing suicide attempts and completions	PO Box 32599, Devonport	sandra.palmer@casa.org.nz	www.gpr.org.nz www.casa.org.nz	Sandra Palmer	0800 448 908 0800446909
Youthline	An integrated response to youth family and community needs	North Shore & Ponsonby	y.northshore@youthline.co.nz	www.youthline.co.nz	Kirk Vette Marcia Sasano	09 376 6645
Asian Mental Health Cultural Support Coordinator	Delivering services that are more responsive, accessible and culturally appropriate for the Asian population	124 Shakespeare Road, Milford		www.waitemataxhb.govt.nz	Kelly Feng	09 486 8314
School Counsellors	Contact your local school					
Ministry of Health	Lead agency for Mental Health which incorporates Suicide Prevention and post-vention services		Refer to the website	www.moh.govt.nz/suicide-prevention		
Compiled by: ShoreSafe Community Trust, 177B Shakespeare Road, Milford, Auckland 0620 ph (09) 489 4975 x 113 shoresafe@acns.co.nz www.shoresafe.co.nz	 March 2011	ShoreSafe Coordinator: Wayne Williams	Other Help Lines: ----->>>	Depression Line - 0800 111 757 Healthline - 0800 611 116 Lifeline - 0800 543 354 Samaritans 0800 728 696		

Networks

Locally and regionally, Safer North promotes safety by working collaboratively with relevant organisations including local boards and at wider Auckland region relevant events. Safer North has a strong relationship with the Safer West Community Trust, which is their equivalent body on its western boundary. These two trusts also share a District Health Board, Police, Fire Service and Plunket service, making it vital that they work collaboratively to ensure injury risks are addressed across the entire Waitemata area. Representatives from both Safer North and Safer West have also

encouraged Auckland Council to consider Safe Community Accreditation. The Auckland region has recently released a terms of reference 'Guiding coalition for Auckland Regional Injury Prevention Plan' (Appendix 2).

Nationally, Safer North has also provided support for other accredited Safe Communities in New Zealand. The coordinator is also an active member of the National Safe Communities Network and in 2012 and 2013 attended the Safe Community National Forum.

Internationally, Safer North has facilitated visits from other Accredited Safe Communities representatives from Australia, Korea, Thailand, Norway and China.



Auckland North is also a member of the Pan Pacific Safe Community Network and the Safer North Coordinator has participated in the newly established webinar series.

Safer North has also encouraged and supported local involvement by Safer North partners and working groups in significant regional and international conferences especially the International Safe Community Conferences and the WHO Injury and Violence Prevention Conferences. For example:

- Attendance at the Pan Pacific Injury Prevention Conference, Waitakere, New Zealand 1999
- 17th ISC Conference in Christchurch, New Zealand in 2008
- 19th ISC Conferences in Korea in 2010
- World Health Organisation Injury Prevention and Safety Promotion Conference, Wellington 2012



Appendix One

Safer North Community Trust Operational Plan July 2013-2014.



Safer North Community Trust

SAFER NORTH COMMUNITY TRUST ANNUAL OPERATIONAL PLAN JULY 2013 – JUNE 2014

This operational plan should be read in conjunction with the Safer North Community Trust Strategic Plan as not all objectives outlined in the Strategic Plan are covered. The key actions for each objective are addressed with performance measures which relate to Safer North's areas of activity which may expand depending on funding received.

Vision: 'Auckland North is a safe place to live, work, shop, learn, play, and visit'.

Goals:

1. A strong, collective voice for community safety in the North Shore legacy.
2. Provide leadership, advocacy and collaborative mechanisms for community safety
3. Use evidence to enhance and evaluate effective community safety in the North Shore¹

In formulating the annual operational plan, Safer North has taken into account the need to balance the programme's activities between:

- working with agencies and with local communities
- capacity building/liaison work and undertaking projects
- leadership and participation
- National, Regional, and Local needs.

1 The previous North Shore City now exists with four Local Boards and has expanded to include Hibiscus which is the Eastern coastal area up to and including Warkworth. This is part of Auckland North under the Auckland Council.

KEY ACTIONS RELATING TO OBJECTIVE	GOAL	HOW ACHIEVED	MEASURE and TIME FRAME
<p>1. Improve the evidence base for injury prevention initiatives by monitoring injury issues in North Shore</p>	3	<ul style="list-style-type: none"> - Gather and disseminate demographics and key injury information to providers, agencies and community organisations - Update the annual injury statistical report for North Shore to include the six priority NZIPS areas: Suicide & Self Harm, Falls, Motor Vehicle Traffic Crashes, Assault/Sexual Violence, Drowning, Alcohol and Workplace Injuries - Identify and highlight injury issues from report - Share knowledge and promote regional initiatives where appropriate- 	<p>Report completed and disseminated by August 2013. Draft update tabled 4/13 Annual Plan aligned with NZIPS, International Safe Communities and other key safety provider plans</p> <p>Number of newsletters, media articles and web page updates</p>
<p>2. Continue to identify and support effective injury prevention and crime prevention programmes that address the highest priority areas of concern:</p> <ul style="list-style-type: none"> • Reduction of alcohol and drug-related harm • Injury Prevention including Road Safety • Suicide Prevention • Safekids Programmes • Falls Prevention for all ages • Youth Programmes <p>Second Tier of priority:</p> <ul style="list-style-type: none"> • Reduction of crime and violence • Safer Journeys – Road Rule changes • Water Safety 	2	<ul style="list-style-type: none"> - Promote and record initiatives across North Shore and where possible, the area of Auckland North - Review a method for community organisations to complete the template for regular reports - Maintain a database of injury prevention and community safety programmes in North Shore - Develop and encourage initiatives that are targeting identified needs across the North Shore and where possible, the area of Auckland North - Promotion of effective programmes <p>New Safer Journeys Action Plan 2013-15 received</p>	<p>Database recording system is maintained</p> <p>Reports received from community groups regularly and presented at Trust Board meetings Database of initiatives is maintained and regularly updated Youth, Falls, Child injuries are the annual priorities</p> <p>Number of effective promotions:</p> <ul style="list-style-type: none"> • Youth Learner & Restricted Driving programmes for youth at risk (Mar/Apr 2013) • New Migrant Safety Presentation (April 2013) • Intergenerational Forum (8 May 2013) • IP presentation to Auckland North Parks' staff at Orewa (Mar 2013)
<p>3. Continue to develop relationships with coalition partners and identify new opportunities for partnerships, collaboration, and advocacy.</p> <p>(planning and implementation of culturally appropriate and collaborative</p>	2	<ul style="list-style-type: none"> - Identify opportunities for partnerships - Engage and assist International Safe Community signatories with implementing initiatives in the community. - Support Safety NZ Week 2013 - Develop a database of ethnic groups 	<p>New partnerships reported on by Dec 2013 Initiatives reported on by Dec 2013 (National RS Committee pending) Support SCFNZ initiatives, conferences and forums</p> <p>Attend and follow up with Auckland Regional Co-ordinators meetings Number of initiatives and awards engaged for</p>

<p>project initiatives targeting Maori, Pasifika, Asians and other ethnic communities)</p>		<p>promoting community safety/injury prevention in North Shore</p> <ul style="list-style-type: none"> - Maintain P2S initiative - Support Safekids Campaign <p>- Review and support coalition working groups</p>	<p>Safety NZ Week Database updated</p> <p>Safekids Auckland Workshop 9 Jul 13 P2S initiative reported on - P2S May 2013</p> <p>Safekids Campaign reported on Attend, report and assist working group meetings and projects</p>
<p>4. Continue to raise awareness, commitment, and motivation to improve injury prevention throughout the community.</p>	<p>1</p>	<ul style="list-style-type: none"> - Actively promote and raise awareness of injury prevention in North Shore by newsletters, community forums, media releases and website - Maintain and increase the commitment of agreement signatories among government and non-government agencies to Safer North - Encourage agreement signatories to promote the Safe Community status and injury prevention activities within their organisations - Identify and encourage injury prevention champions within the Auckland North - Identify training opportunities for stakeholders and disseminate via newsletter/email/website - Promote local and national training opportunities for the local injury prevention workforce <p>Advocate on policy and legislation to encourage and support injury prevention with submissions as appropriate on policy or legislative change impacting on safety.</p> <ul style="list-style-type: none"> - Scope the Hibiscus area for inclusion into Safer North's area of focus so we can extend our activity when funding is obtained that will allow us to do so. 	<p>4x Newsletters or E-bulletins reported on by June 2013</p> <p>www.safernorth.co.nz www.blowthewhistle.co.nz www.homesafety.co.nz</p> <p>2x forums completed and reported on, including one on Youth and other identified issues</p> <p>6 x media releases Website ongoing, updated monthly</p> <p>10 x New signed agreements</p> <p>Number of organisations using logo and promoting Safe Community status</p> <p>Number of Champions profiled on newsletter</p> <p>Number of promotions of training opportunities</p> <p>Numbers attending/presenting at IP conferences from North Shore and Hibiscus</p> <p>Number of submission/s completed</p>
<p>5. Maintain Safe Community designation. Maintain Safe Community Accreditation status for North Shore</p>	<p>1, 2, 3</p>	<ul style="list-style-type: none"> - Complete annual Safe Community report detailing stakeholder engagement, initiatives implemented and how activities have affected change in the North Shore 	<p>Report completed Feb 2013 Re-Accreditation achieved</p>

Appendix Two

Guiding coalition for Auckland Regional Injury Prevention Plan

Guiding Coalition for Auckland Regional Injury Prevention Plan

TERMS OF REFERENCE

[August 2013]

Background

In New Zealand injury remains the leading cause of death for people 1 to 34 years, and the second leading cause of hospitalisation. Injuries account for more potential years of life lost than cancer and heart disease combined. For children, injury accounts for approximately 60% of all deaths.

When looking at unintentional injury in Auckland, this equates to 12,830 people admitted to hospital annually due to an injury; and more than 260 fatalities per year.

For self-harm and suicide the annual hospitalisations are over 996 with over 140 fatalities. The effects of these injuries are traumatic, debilitating and expensive, as they impact on the wider community, employers, families, the health and justice systems, the individual and society.

The Guiding Coalition for the Auckland Regional Injury Prevention Plan consists of representatives who reflect the priority groups and communities at high risk of injury. They will have an interest in, and the ability to provide appropriate advice in, reducing injury, harm and death for Aucklanders.

Purpose

The purpose of the Guiding Coalition is:

- ◆ To promote effective partnerships through information sharing, networking and joint planning.
- ◆ To promote collaborative relationships with leaders and service providers targeting high risk groups and communities i.e. Maori, Pacific, New Settler, Children and Older Adults.
- ◆ To ensure the framework for the Auckland Regional Injury Prevention Plan is aligned to the WHO International Safe Communities model.
- ◆ To review and monitor progress of the Auckland Regional Injury Prevention Plan.
- ◆ To identify resources and funding which may be leveraged to support the implementation of the Auckland Regional Injury Prevention Plan across the Auckland region.
- ◆ To connect the implementation group with funders, local providers and community groups to generate cohesive and strong partnerships focused on outcomes which reduce injuries.

Initial injury issues have been established by the sector, however as more detailed data becomes available the Guiding Coalition may identify further priorities for inclusion in the Auckland Regional Injury Prevention Plan.

Principles

The Guiding Coalition will uphold the following principles for decision making and advice:

- ◆ Commitment to Te Tiriti O Waitangi
- ◆ Alignment with relevant strategies and plans
- ◆ Evidence-based and informed
- ◆ Focus on action and impact

Process

Each year the Guiding Coalition will review this process to ensure meetings are effective and support its purposes.

- ◆ The Guiding Coalition will meet quarterly.
- ◆ The agenda will be open for any member to submit items.
- ◆ Minutes of all meetings will be taken, matters considered and tasks allocated.
- ◆ Each member will report back to each meeting on tasks allocated to them.
- ◆ Auckland Council Injury Prevention staff will coordinate the meetings.

Membership

Membership on the Guiding Coalition will be reviewed regularly to ensure representation supports the purposes of the Guiding Coalition and the outcomes of the ARIPP.