

# Safe Tairāwhiti Communities

Application for designation of Tairāwhiti as an  
International Safe Community of the World Health  
Organisation collaborating centre on community safety



Turanganui a Kiwa



Ngati Porou

Compiled by Tairāwhiti Safe Communities coalition - May 2011

## Contents

<b>Introduction</b> .....	<b>1</b>
<b>Tairāwhiti District – first to see the light</b> .....	<b>2</b>
<b>Criteria 1</b> .....	<b>9</b>
An infrastructure based on partnership and collaborations governed by a cross-sectoral group that is responsible for safety promotion in the community. ....	9
Case Study: Tairāwhiti Abuse Intervention Network .....	19
Case Study: Tairāwhiti District Health Board - Tairāwhiti Injury Prevention Strategy .....	22
<b>Criteria 2</b> .....	<b>23</b>
Long-term, sustainable programmes covering both genders and all ages, environments and situations.	23
Case Study: The New Zealand Fire Service-Firewise Programme.....	27
Case Study: Elgin Revitalisation – Crime Prevention .....	34
Case Study: Smoke Free Alcohol Free Sports Grounds (SFAF Sports Grounds) .....	41
<b>Criteria 3</b> .....	<b>43</b>
Programmes that target high-risk groups and environments and programmes that promote safety for vulnerable groups. ....	43
Case Study: Tairāwhiti Youth Voice Graffiti Project .....	48
Case Study: Safety in the Forest .....	50
Case Study: Elder Abuse and Neglect Prevention Project.....	54
<b>Criteria 4</b> .....	<b>58</b>
Programmes that document the frequency and causes of injuries – both un-intentional (accidents) and intentional (violence and self-directed) .....	58
<b>Criteria 5</b> .....	<b>72</b>
Evaluation measures to assess programmes, processes and the effects of change.....	72
Case Study 1: Tairāwhiti Sealord Swim for Life .....	78
<b>Criteria 6</b> .....	<b>82</b>
<b>Ongoing participations in national and international safe communities networks</b> .....	<b>82</b>
<b>Appendix one – Safe Tairāwhiti Trust: Trust Deed</b> .....	<b>87</b>
<b>Appendix two – Safe Community programme outline</b>	
<b>Attachment one – Letters of support</b>	



3 November 2011

Tena koutou Tairāwhiti Tangata

Nga mihi nui ki a koutou kei runga i nga ahuatanga o tatau, me ki o mahi kotahi kei runga te kaupapa whakahirahira ma tatau.

Congratulations to Safe Tairāwhiti for your accreditation to the International Safe Communities of the World Health Organisation.

I know this has been a long journey, as I was involved at various stages, your good work of collaboration has come to fruition and the real work begins.

May I thank all the organisations for coming on board, we all share a common purpose in mitigating injury, crime, alcohol and drugs in our communities.

I hope that the collaboration will see the program succeed with the limited resources we have.

Safety in all aspects of our community is paramount and the Gisborne District Council will continue to work with you to help us all achieve a great outcome.

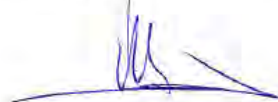
Council has a role in infrastructure and also regulations, ensuring that we talk to user groups coupled with expert advice to make sure we do it right the first time.

We all need to make sure that safety is factored in from the start; it is a key goal for all projects and programs.

I am proud of us all, together we can make Tairāwhiti the safest place in the world.

He aha te mea nui o te ao, he tangata, he tangata, he tangata, people are the most precious in this world.

Kia ora.



**Meng Foon, JP**  
Mayor



4 November 2011

Kia Orana koutou

Safe people, Safe places, Safe Tairāwhiti is our objective. We have set clear goals together working towards achieving our objective:

- To make our communities safe (prevent)
- To build a culture where people of Tairāwhiti think safe and act safe (Promote)
- To work with other like-minded groups to achieve a safe Tairāwhiti (Collaborate)
- To involve whanau, marae and hapu/communities to achieve a safe Tairāwhiti (Involve)

This Safe Tairāwhiti Communities application highlights the dedication of many members of our community who are committed towards making Tairāwhiti a safe place to live. Designation as an International Safe Community will further demonstrate our commitment towards ensuring Tairāwhiti has the foundations to continue the journey.

I am extremely proud to be working alongside a passionate team focussed on a collaborative approach towards achieving our goals.

Ma te mahi tahi ka tutuki - together we will succeed



**Inspector Sam Aberahama**  
Area Commander  
Gisborne Police

## Introduction

Tairāwhiti encompasses the East Coast region north of Wairoa up to Hicks Bay out west across to Matawai. Gisborne City is the main urban centre in the Tairāwhiti region.

In 1994 the Tairāwhiti region was included in a pilot programme for “Indigenous Safe communities in New Zealand”. Since that time our stakeholders have remained committed to improving safety outcomes for both our tangata whenua and the wider community.

In 2008 a meeting was held with six agencies and individuals with an interest in creating a collaborative approach to safety and crime prevention in Tairāwhiti. The opportunity to becoming accredited as a WHO International Safe Community was considered at this meeting. Dr Carolyn Coggan Director of Safe Communities Foundation NZ (SCFNZ) was invited to present the WHO Safe Community concept that recognises safety as a ‘universal concern and responsibility for all’.

Over the last three years there has been a concerted effort to bring together groups already working in collaboration to promote safety and reduce crime in our region. Participation in Safe Tairāwhiti has allowed the members to be more focused and coordinated in becoming an accredited member of the WHO Safe Communities Network. The WHO model provides an approach to injury prevention and safety promotion that is consistent with our values of partnership and collaboration.

Tairāwhiti District Health Board ‘TIPS for a Safe Tairāwhiti’ and New Zealand Injury Prevention Strategy (NZIPS) – the 2008-2011 Implementation Plan, have also been guiding documents and strategies to assist our progress.

In March 2010 Safe Communities Trust was formed and a Safe Tairāwhiti Communities Strategy was completed in May 2010. The strategy covers the priority areas of Injury and Crime for Tairāwhiti.

This report demonstrates how Safe Tairāwhiti Communities has addressed the required criteria within the context of our identified priority safety areas (Injury Prevention, Crime Prevention, and Alcohol and Other Drugs Intervention).



## Tairāwhiti District – first to see the light

The Tairāwhiti district covers the largest land area in the North Island of New Zealand with 8,360 square kilometres of land. We are located in the north-eastern corner of the central North Island and are referred to as Tairāwhiti, the East Cape, East Coast and the Eastland region. Gisborne city is the eastern most city in New Zealand and is the first city in the world to see the sun rise each day.

The unspoiled East Coast region is still one of the world's best kept secrets and has inspired authors, poets, artists and wine lovers. It has some of New Zealand's most exciting and consistent surf breaks and safe swimming.

### Our uniqueness

As the site of the first meeting between Maori and European, our district is rich in history. You can see Gisborne's bicultural heritage everywhere from the elaborate Maori canoe masthead to the Cook memorial. Over 100 marae in the district are living treasure houses of traditional Maori history. We have a unique population mix with the highest proportion of Maori (44%) compared to non-Maori in the country.

At Kaiti beach, near the city of Gisborne, Maori landed their waka Te Ikaroa-a-Rauru. Here also was the first land place of Captain Cook in 1769, naming the area "Poverty Bay" previously known by the pre-Europeans as Turanganui-a-Kiwa meaning 'the waiting place of Kiwa' (who was said to have landed on our shores around 1450AD).

Over looking our city and its rivers is Titirangi (Kaiti Hill), offering views of Poverty Bay and the surrounding rural areas. The white cliff headlands of Young Nick's Head (Te Kuri-a-Paoa – the Dog of Paoa) stand out against the skyline.



In the distance stand Mount Hikurangi, the fifth highest mountain in the North Island, and its highest non volcanic peak. Hikurangi is the first mountain in the world to see the sun.

The main Iwi of the region are Ngati Porou, Rongowhakaata, Ngai Tamanuhiri, Te Aitanga a Mahaki. According to the 2006 Census, the Māori population in the region was 24,555 representing 4.3% percent of the total New Zealand Māori population. Gisborne has the highest percentage of Māori population at 44.3% (19,758) compared to a National average of 14.87%.

## Our population

Tairāwhiti's total population in the 2006 census was 44,499. This was a 1.2% increase from the 2001 census. 39% of the population are under 25 and 12% are over the age of 65. Our district has the highest portion of under 25's in NZ and one of the lowest portions of those over 65. For Maori only 1 in 20 of the population are 65 or over, this compares to 1 in 6 for Non Maori population being 65 or over.

The population is expected to decline by 3.9% in the next 20 years, but the 65 and over population is expected to increase to 23% of total population by 2031.

By 2026, one in five people in Tairāwhiti will be over 65 years of age. This growth will be the most significant for Maori and Pacific people who will see the proportion of their population which is made up of 65 and over more than doubling over this period from 6% and 4% respectively to 12% and 10% of each population group.

## Our lifestyle

Gisborne is home to a vibrant and progressive community, serviced by a full range of modern amenities. Our district is renowned for its warm climate with a total of 2,200 sunshine hours each year, and over 65 days where the temperature reaches above 24 degrees. Rainfall varies from about 1000 mm near the coast to over 2,500 mm in the higher inland country. Property costs here are relatively low and wherever you choose to live, you're never too far from the beach.

## Economic overview

GDP in Gisborne measured \$1,065m in 2010, up 4.3% from a year earlier. The region's growth of 4.3% for the 2010 year ranked it number 1 among the 16 regions in New Zealand for rate of GDP growth, refer Figure 1 below.

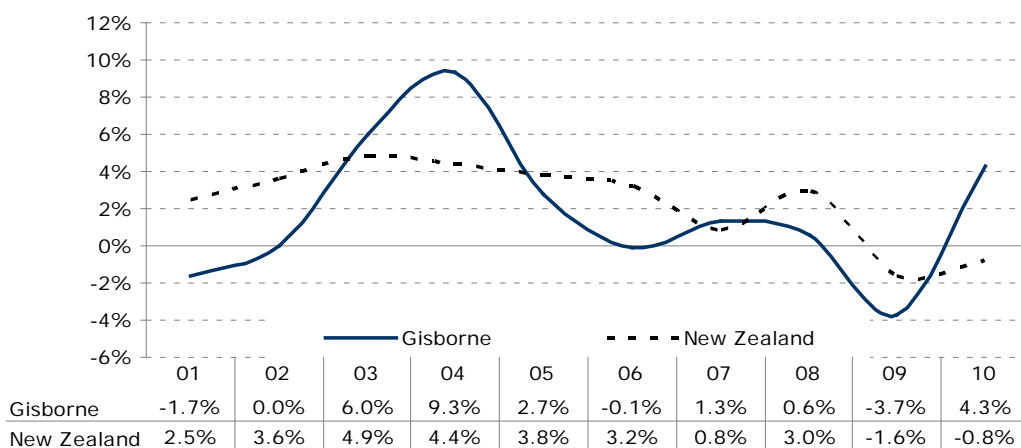
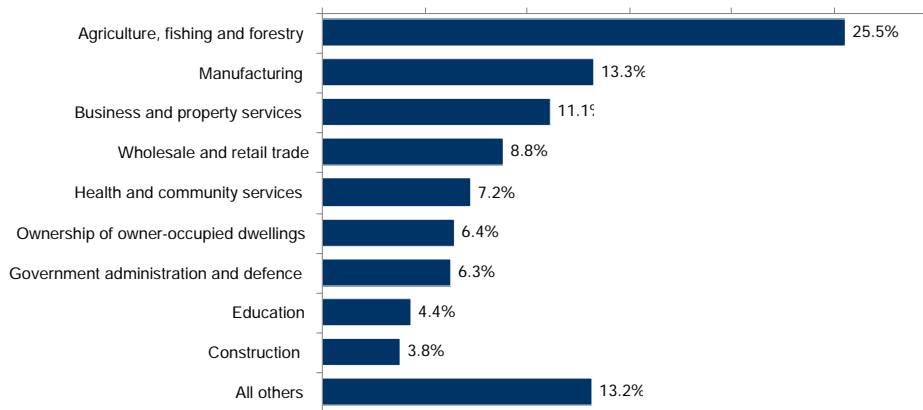


Figure 1: Annual Average GDP Growth 2000 - 2010

Agriculture, fishing and forestry were the largest industry group in Gisborne in 2010 accounting for 25.5% of total GDP. The second largest industry was manufacturing (13.3%) followed by business and property services (11.1%).

The industries in which Gisborne has the largest comparative advantages are forestry and logging and agriculture. Gisborne had the eleventh most diverse economy among New Zealand's 16 regions as measured by the Tress index<sup>1</sup>.



**Figure 2: Industry Contribution to total GDP in Gisborne 2010**

Agriculture has been the most important industry since earliest settlement. However, agriculture has diversified over the years and now forestry, viticulture, horticulture and related industries such as food processing are becoming increasingly important. Tourism has also been targeted as an industry of high growth potential.

Gisborne is one of the three main grape growing areas in New Zealand with 1,724 hectares supporting sixteen wineries. The Gisborne area is known as the Chardonnay Capital of New Zealand. Around 460 people work in the wine sector in Gisborne.

The region has a particularly favourable environment for industry with a stable labour force combined with high tech skills associated with food processing and manufacturing.

In addition to all its natural advantages of mild climate, fertile soil and clean environment, the district has been developing infrastructure to match the district's growth.

Efficient, frequent transport services link Gisborne with the larger population areas of Auckland and Wellington. Notwithstanding major city links, across our region lie over 1,893 kilometres of roading allowing access to some of the most remote areas of New Zealand.

Eastland Port Ltd has a positive commercial attitude and is capable of handling vessels of up to 190 metres in length and a draught of up to 10.5 metres. There is a supply of modern cargo-handling equipment, a bulk handling installation, and cool/cold storage facilities at the export wharf.

For manufacturing and food processing, the Gisborne District Council is able to offer an efficient, reliable supply of quality water. Gisborne is also well served with a high-capacity network of electric power lines and sub-stations covering the entire region. Virtually the whole of the urban area, including the industrial estate, is reticulated with natural gas.

<sup>1</sup> Infometrics 2010 Annual Economic Profile Gisborne





Wood processing is growing. Forestry production in this district is projected to increase by threefold over the next decade. Currently forestry, logging and wood product manufacturing provide 17.1 percent of the districts GDP.

Relatively low overheads and the benefits of modern communications are increasingly attracting niche market businesses.

Gisborne-based enterprises have shown innovation and excellence in a variety of areas including cheese, beer, wine, meat, cider, popcorn, hosiery, surfboard production, truffles, cashmere fibre production, organic farming and oil extraction for perfume and health products from the native manuka tree. Tourism related industries are also growing.

Our district is a popular holiday location. Freedom camping is available through summer. It starts and finishes on the same dates as Daylight Saving. We have safe beaches and a warm sunny climate.

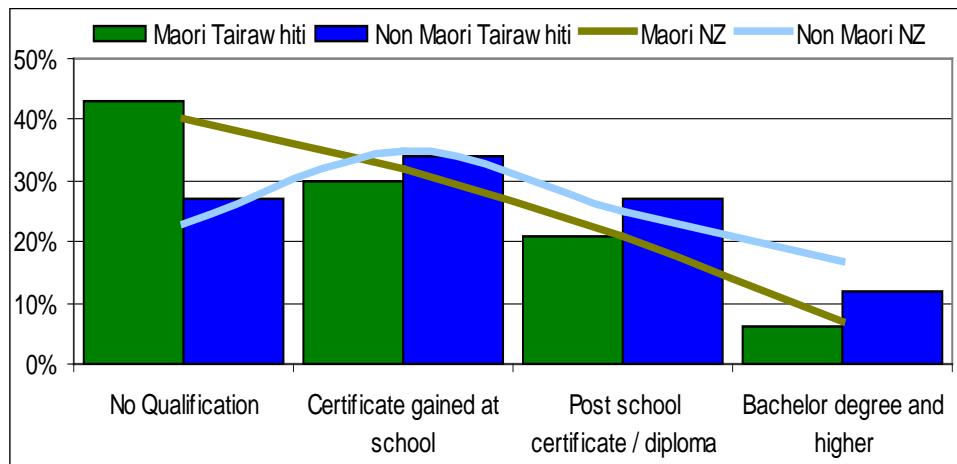
### **Educational and training opportunities**

Gisborne is well provided with excellent primary and secondary schools. The district has over 69 pre-schools and kohanga reo, 43 primary schools including total immersion te kura kaupapa Maori language schools, 2 intermediate and 4 secondary schools and 6 composite schools (year 1 to year 15).

Courses at a number of training establishments complement courses at Tairāwhiti Polytechnic and Te Wānanga o Aotearoa.



However our education rates and the inequalities are a concern. 6% of Maori in Tairāwhiti have obtained a Bachelors degree or higher, compared to 12% of Non Maori. The proportion of school leavers leaving school with no qualifications was at 43% for Maori and 27% for Non Maori. The difference in the school achievement is mirrored in the national figures.



### Labour force participation

The labour force participation rate for Māori stood at 66.2% for the year to March 2011, which represents a 0.6 percentage point decrease over the past year and a 0.8 percentage point decrease over the past five years. Compared with the participation rate for all people, which was 68.2% in the year to March 2011, the Māori rate has decreased more sharply over the past year.

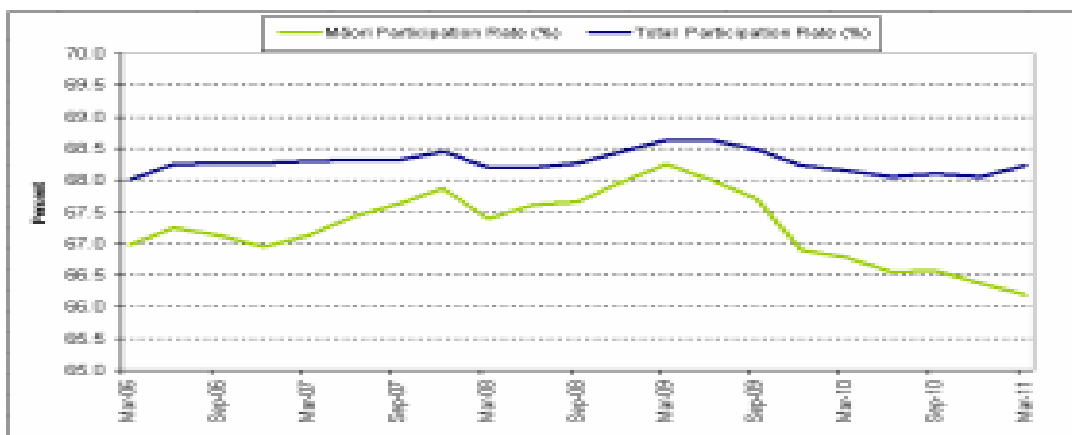


Figure 3: Labour force participation rates 2006-2011

Agriculture, Forestry and Fishing are the largest employers of the workforce in the Gisborne district with 18% of the population employed in these industries.

The Manufacturing, Education, Retail and health industries are also large employers of the workforce. Together the industries above account for nearly 60% of the workforce.

### Unemployment

The unemployment rate for Māori was 13.9% in the year to March 2011, which was 0.6 percentage points above its level a year ago, and 5.2 percentage points higher than its level five years ago.

Compared with the unemployment rate for all people, which was 6.6% in the year to March 2011, the Māori rate has increased more sharply.

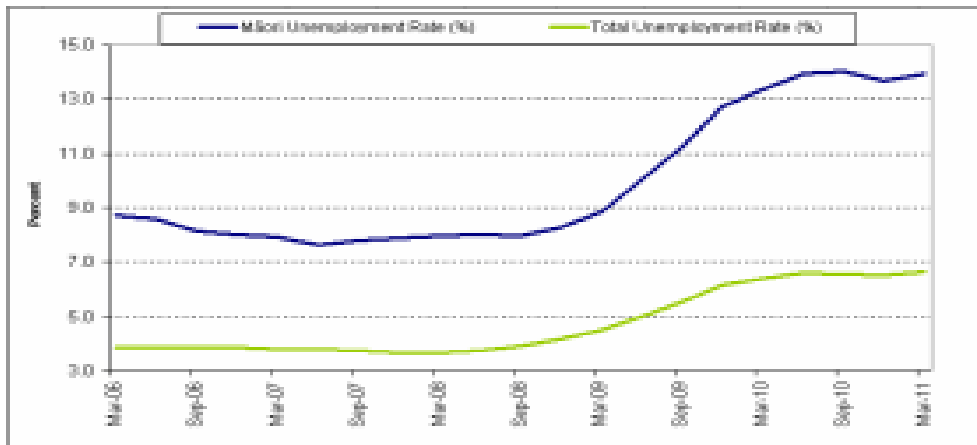
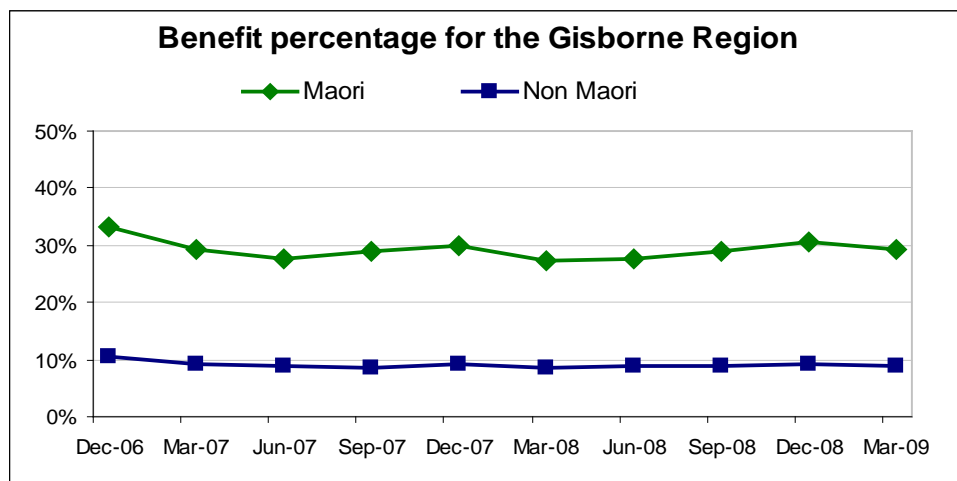


Figure 4: Unemployment rates, 2006-2011

As a result the rates of welfare beneficiaries are fairly high. As at March 31 2009, 29% of Maori between the ages of 16 and 64 years have been receiving some form of state benefit, while for Non Maori the rate has been just under 9%.



Conversely when you look at the Income levels for those populations 56% of Maori in Tairāwhiti earn less than \$20,000 per annum compared to 44% for Non Maori. Both these rates are less than the national rate. In the higher wage bracket we see that 12% of Maori and 24% of Non Maori in Tairāwhiti earn more than \$40,000. Again in both these rates are lower than those nationally.

### Interventions

Accurate demographic information and local knowledge will help to target interventions directly. Both prevention and promotion strategies that offer short to medium-term and long-term solutions will be implemented.



The same strategies need to consider the direction and impacts of social policy. Often those most affected by injury, violence and injury-related deaths feature poorly across other social areas. Tools are available to ensure interventions do not increase disparities (health and social impact assessments; Equity Lens).

## Challenges and strengths

The socio-economic profile of the district paints a poor picture of Tairāwhiti compared to other parts of the country with Maori over-represented in poorer socio-economic groups. Just under half of the total population (47.5%) lives within deciles 9 and 10. Seventy-eight percent of the Maori population live within deciles 9 and 10 and 86% for Pacific peoples living in this district (Source: Tairāwhiti District Health).

There is national evidence highlighting the link between high levels of deprivation and poor outcomes in areas of health, education, employment and justice. The challenges of inequity need to be factored into solutions to address the incidence and impact of injury and crime.

Despite the social and economic challenges, the strength of the district lies with its people. The energy and pride of the locals is evident in the active and vibrant communities connecting the district. The people of Tairāwhiti continue to achieve success in many fields on national and international levels.

Additional demographic and statistical data related to safety and injury can be found under criteria 4 of this application (p46).

## The value of Safe Community Accreditation

The value of becoming a WHO accredited "Safe Community" is that the process gives the community an indication of the level of commitment the participants have towards making our city a safe and healthy place to be.

The WHO framework is a proven model within which multiple agencies can work in a way that acknowledges that safety is a prominent matter for Tairāwhiti, and that together we can actively address any safety issues we have.

## The criteria to becoming a Safe Community

To be accredited as a WHO International Safe Community, STCT must demonstrate the following criteria:

**Criteria 1:** An infrastructure based on partnership and collaborations governed by a cross-sectoral group that is responsible for safety promotion in the community.

**Criteria 2:** Long-term, sustainable programmes covering both genders and all ages, environments and situations.

**Criteria 3:** Programmes that target high-risk groups and environments and programmes that promote safety for vulnerable groups.

**Criteria 4:** Programmes that document the frequency and cause of injuries – both unintentional (accidents) and intentional (violence and self directed).

**Criteria 5:** Evaluation measures to assess programmes, processes and effects of changes.

**Criteria 6:** Ongoing participation in national and international safe communities' networks.

## Criteria 1

**An infrastructure based on partnership and collaborations governed by a cross-sectoral group that is responsible for safety promotion in the community.**

### Case Studies

Tairāwhiti Abuse Intervention Network

Tairāwhiti District Health – Injury Prevention Strategy

## Background

Tairāwhiti began its journey to gain accreditation as an International Safe Community in 2008. In that year, six agencies and a number of individual interested parties came together, united by a desire to improve the safety of our communities through collaboration. Dr Carolyn Coggan (SCFNZ) was invited to give a presentation on the WHO Safe Community concept and the group decided that this would be a useful way in which to form a collaboration to address the issues of crime and safety in Tairāwhiti.

Since then the group has grown and formalized into the Safe Tairāwhiti Community Trust. Participation in Safe Tairāwhiti has allowed members to share information and find opportunities to collaborate on various projects – making effective use of resources, and enabling better outcomes for our communities.

The basis of our framework is based on a partnership approach bringing together agencies and groups across a wide sector of the community, all of whom have an interest in working together to promote safety and reduce crime in our communities.

## Tairāwhiti approach to building a safe and resilient community

The Tairāwhiti Safe Communities Trust leads a collaboration of local government and non-government organisations to coordinate efforts to reduce the impact of crime and injury in the district and promote a safe Tairāwhiti.

This plan demonstrates the strategic vision and approach taken by the group to realise a safe Tairāwhiti. This approach will also allow us to meet World Health Organisation criteria to achieve status as an International Safe Community.

Our strategy supports the accreditation process by demonstrating how the organisations involved are working towards meeting the six criteria to achieve a shared vision. A clear vision and goals will help to focus programme development and delivery and provide a framework for transparency, accountability and measureable outcomes.

## Safe Tairāwhiti Communities Trust (STCT): A collaborative framework

STCT was established in 2008 in response to recognition by a number of local agencies for a coordinated approach to addressing safety issues in our community. The Trustees for STCT are:

- Tairāwhiti Police
- Gisborne District Council
- Tairāwhiti District Health
- Turanga Health Ltd
- Te Runanga o Ngati Porou
- Tairāwhiti Abuse Intervention Network
- Ka Pai Kaiti
- NZ Fire Service



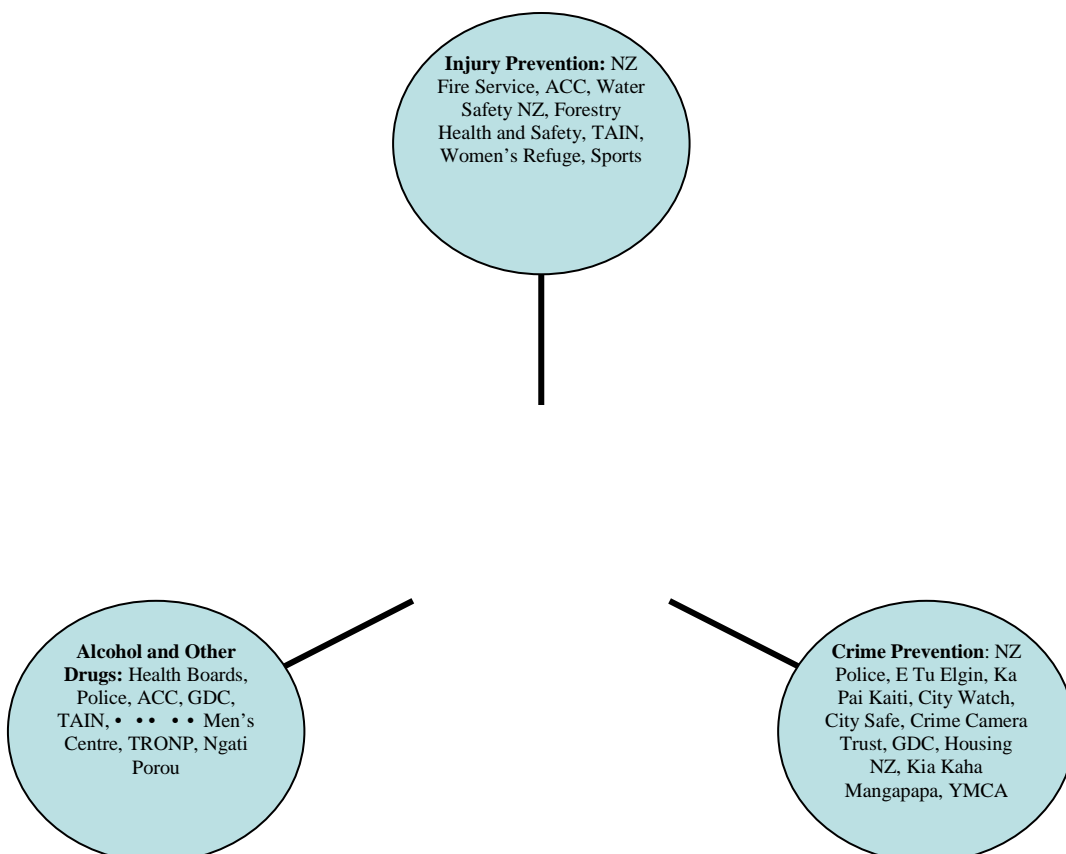
STCT is made up of a range of organisations that deliver a number of services and programmes contributing towards a safe Tairāwhiti.

STCT provides an opportunity for members to align strategic planning and coordinate their efforts, resourcing and funding to achieve shared outcomes designed to tackle the priority issues that affect the communities of Tairāwhiti.

This collaborative framework has been developed by a regional advisory group (now the Safe Tairāwhiti Community Trust) with the goal of forming a model that links up organisational priorities to allow us to work together to achieve common goals and outcomes for Tairāwhiti. Activities and programmes being run across the region have been aligned to the framework to identify where we can work better together, and utilize resources in the best way possible.

The Tairāwhiti Safe Communities Trust regards people as the solution and aims to work with communities to create and deliver solutions for a Safe Tairāwhiti.

The diagram below demonstrates the partnership model and shows how agencies overlap to address our three priority areas of Injury Prevention, Crime Prevention, and Alcohol and Other Drugs Intervention.



## Governance

The partnership has been meeting for over 3 years now, and meets on a monthly basis – usually at the Gisborne District Council who provides facilities for meetings along with administrative support as required.

Along with the usual agenda items such as:

- apologies
- minutes from previous meetings and matters arising, and
- financial reports.

The main agenda items for the last year have been focused on developing the Safe Tairāwhiti Community Trust strategic plan, and working towards WHO accreditation.

In addition, the group continues to share information on collaborative projects that are underway to address our priority areas, such as the “Street by Street”.





## Safe community strategic Framework and Priorities

Safe Communities is a World Health Organisation (WHO) concept that recognizes safety as a universal concern and the responsibility of all. In Tairāwhiti, we recognise that in order to protect and improve our community safety we need to work together using a coordinated and multi-sectoral approach.

The WHO framework provides a proven model that promotes positive collaboration and allows us to focus on working together to address our priority areas to make our city safer and healthier. Using this framework STCT has drafted the Tairāwhiti Safe Communities Strategy 2012-2015. The draft strategy sets out the goals and priorities for the group.

### STCT strategic plan

The STCT Strategic Plan was drafted in May 2010 and is in the process of being reviewed to ensure that it is current, relevant and continues to be fit for purpose.

The strategic plan is guided by international and national frameworks and policies that relate to building safe communities. Through its collaborative nature the work of STCT has links to multiple government and non-government strategies and plans. This is demonstrated in the table below.

Safe Tairāwhiti Priority Areas		Lead National Agency	National Strategy	Safe Tairāwhiti Response
Injury Prevention	Motor Vehicle Crashes	MoT	Safer Journeys: NZ Road Safety Strategy 2010-2020	See page 20 for a snapshot of the local response to priority issues.
	Suicide	MoH	NZ Suicide Prevention Strategy (2006-2016)	
	Falls	ACC	ACC Injury Prevention Strategy (2007 – 2017) NZ Injury Prevention Strategy(2003) and Implementation Plan (2008-2011)	
	Assault	MSD/MoJ	Crime Reduction Strategy (2000) NZ Police Strategic Plan to 2010	
	Workplace	DoL	Workplace Health and Safety Strategy for NZ to 2015	
	Drowning	ACC	Water Safety NZ Strategic Plan (2007 – 2012)	
Crime Prevention	Public Place Violence & Disorder		Reducing Community and Sexual Violence Strategy	

Safe Tairāwhiti Priority Areas		Lead National Agency	National Strategy	Safe Tairāwhiti Response
	Family Violence	MSD	New Zealand Family Violence Prevention Strategy - Te Rito (2002)	
	Youth Offending	MoJ & MSD	Youth Offending Strategy (2002)	
	Driving Offences	MoT	Safer Journeys: NZ Road Safety Strategy 2010-2020	
	Property Offending	MoJ	Police Strategy to Reduce Burglary (2002)	
	Crime Prevention	MSD/MoJ	NZ Police Organised Crime Strategy 2008-2009	
Alcohol and Other Drugs	MoH	National Drug Policy 2007-2012 National Alcohol Strategy 2001 Methamphetamine Action Plan (2003)		

STCT Strategic Plan has identified four goals for the Trust. These are articulated on the following page (p18).



## Safe people, Safe places, Safe Tairāwhiti

### Goals

1. To make our communities safe  
(PREVENT)
2. To build a culture where people of  
Tairāwhiti think safe and act safe.  
(PROMOTE)
3. To work with other like-minded  
groups to achieve a safe Tairāwhiti.  
(COLLABORATE)
4. To involve whanau, marae and  
hapu/ communities to achieve a  
safe Tairāwhiti.  
(INVOLVE)



## What are the priorities?

The goals set out above provide a strategic direction for STCT. To support the achievement of these goals, STCT has identified three priority areas that need to be addressed.

Collecting and analysing relevant data and information can be a challenge. The priority areas of focus are based on local evidence that fall into two broad areas of crime prevention and injury prevention.

Two local documents with a focus on these areas are Tairāwhiti District Health *TIPS for a Safe Tairāwhiti: Tairāwhiti Injury Prevention Strategy 2010* and *The Gisborne Police Area Plan 2009/2010*. Both documents provide an analysis of local data to prioritize issues and focus interventions.

## Creating a Safe Tairāwhiti - priority areas for injury and crime

Deaths From Injury	Injury	Crime
Motor vehicle crashes	Workplace accidents	Family Violence
Suicide	Assaults	Public Place Violence & Disorder
Falls	Falls	Organised Crime/Burglary
Assaults	Intentional self-harm	Driving Offences
Drowning	Motor vehicle crashes	Youth Offending
		Property Offending
		Crime Prevention
		Victims

**Alcohol:** Evidence collated for TIPS shows that alcohol is a major causal factor of violence-related injuries and motor vehicle injuries and death.

The Gisborne Police Area Plan identified alcohol as “an aggravator that continues to be at the heart of some of our most serious crime and disorder.”

The data shows that there is a correlation between injury and crime prevention that will benefit from a coordinated effort from agencies. It is also clear from the data available that alcohol and other drug related issues are a strong contributor to injury and crime issues, and therefore we have included “Alcohol and Other Drugs” as a third priority area to be addressed by STCT.

The table below sets out the priority areas, along with an example of the range of collaborative programmes that are being run by multiple agencies to address these priority areas.

Safe Tairāwhiti Community Trust and Networks		
NZ Police, Fire Service, Tairāwhiti District Health, ACC, Te Runanga Ngati Porou, Department of Labour, Water Safety NZ, Juken NZ (JNL), Gisborne District Council, Housing NZ, Ka Pai Kaiti, E Tu Elgin, Kia Kaha Mangapapa, Turanga Health, Te Puni Kokiri, Women's Refuge, Surf Life Saving NZ, REAP Tairāwhiti, Poverty Bay Rugby Union, Tairāwhiti Abuse Intervention Network, Positive Ageing Trust, Tairāwhiti Youth Council, Heart of Gisborne, City Safe, Aged Concern, Barnardos, Plunket, ...		
Injury Prevention	Crime Prevention	Alcohol and Other Drugs
Health and Safety Management for JNL forestry	Urban Revitalisation	Tairāwhiti Men's Centre
Sealord Swim for Life	Know Your Neighbour Campaigns	Take Control
Fire Wise	Youth Voice Graffiti Project	Hapu Social Services
Car Seat Campaign	Street by Street	Smokefree and Alcohol Free Sports Grounds campaign
Tai Chi for the Elderly	Neighbourhood Support Groups	Ngait Porou Intervention Campaign
Tairāwhiti Men's Centre	City Watch	
Gisborne Road Safety Coalition	Fresh Start	
MAPS	Mural Painting Projects	
Juvenile Fire Setters		
Marae Fire Safety		
Hapu Social Services		

Other cities in New Zealand have successfully used the WHO Safe Communities model to improve their city safety which adds integrity to the decision to use this framework in Tairāwhiti. New Zealand cities using the WHO Safe Communities model include Taupo, Waitakere, Whangarei, New Plymouth, Tauranga, and Wellington.

## Letters of support

Letters of Support from the following agencies are provided in the Appendix Document which accompanies this application.

Letters are provided from:

- The Office of the Mayor
- NZ Fire Service: Area Commander
- NZ Police: Eastern District Commander
- Gisborne District Council: Chief Executive
- ACC: Head of Delivery and Distribution
- Tairāwhiti District Health Board: Medical Officer of Health
- Tairāwhiti District Health Board: Chair
- National MP: Anne Tolley
- Labour MP: Moana Mackey
- Green Party MP: Darryl Monteith
- Te Runanga Ngati Porou
- Heart of Gisborne: City Manager
- Māori Women's Welfare League: Chairperson
- Housing NZ: Regional Manager
- GISCOSS: Board Chair
- Midlands Health Network: Manager
- Tairāwhiti REAP: Manager
- Eastland Wood Council: Chief Executive



## Case Study: Tairāwhiti Abuse Intervention Network

### Collaboration in Action

#### Background

T.A.I.N is a cross sector affiliation of local service providers involved in the delivery of services to at risk children, young people and whanau/families in Tairāwhiti. The objectives of TAIN are to:

- enhance the capacity of government and non-government agencies to work collaboratively
- increase community ownership of family violence
- increase the ability of local services to work in complementary ways

Tairāwhiti Abuse Intervention Network (T.A.I.N) is a collaborative initiative that is governed by the Management Group which is a collective of government and non government agencies. T.A.I.N Management Group is represented by the following agencies and their representatives' portfolio responsibilities:

- Tauawhi Men's Centre → T.A.I.N Chairperson/Coordinator Supervisor
- Police → T.A.I.N Interagency Case Management
- Te Runanga O Ngati Porou → East Coast and Iwi
- Tairāwhiti District Health → Training liaison
- Family Works → Projects
- Ministry of Justice → Newsletter
- Barnardos → Finance and Contracts including staffing



1362 people create New Zealand's biggest 'human white ribbon'. Friday, November 26, 2010. Rectory field

T.A.I.N is governed by the T.A.I.N Management Group (T.M.G) which is comprised of representatives from seven government and non-government agencies. They are Te Runanga O-Ngati Porou, Police, Family Works, Ministry of Justice, Tairāwhiti District Health, Tauawhi Men's Centre and Barnardos. The group meets monthly and is responsible for:

- strengthening collaborative structures, systems, and processes
- establishing inter-agency protocols for the purposes of collaboration
- developing collaborative goals, strategies and action plans, and
- developing collaborative projects and promoting the profile of T.A.I.N.

### Summary of activity

The current case management model encompasses services across the whole spectrum of assistance. For example, we cover health, education, early childhood, family support services, budgeting, relationship issues, child and family welfare services, child advocacy, youth transition.



November 2009, White  
Ribbon March through  
Gladstone Road, Gisborne.

In Tairāwhiti we celebrate community ownership of the issue and of the wider whanau working together to access a range of services to resolve some of the dynamics of family violence. The community, by their increased reporting, their uptake of services and their vigilance within whanau, has indicated confidence in the collaborative process. Our partners include:

- Ministry of Social Development (CY & F, W & I, Local Funding/Contracts Advisor)



- Ministry of Justice – Courts Victims Advisor, Regional Funding Advisor
- Housing New Zealand
- Te Runanga O Ngati Porou
- Awhina House (drug and addiction centre)
- Gisborne District Council, NZ Police
- Te Whare Tu Wahine Women's Refuge
- Age Concern
- Te Kainga Whaiora Children's Health Camp
- Te Kupenga Net Trust
- Supporting Families with Mental Illness Tairāwhiti Te Wananga O Aotearoa
- Tairāwhiti District Health
- Presbyterian Support/Family Works
- Dept of Corrections
- Sandy Lane Consultancy Services
- Te Ruru Services Supervision and Cultural Support
- Te Aka Ora
- Tauawhi Men's Centre.

## Case Study: Tairāwhiti District Health Board - Tairāwhiti Injury Prevention Strategy

The Tairāwhiti Injury Prevention Strategy (TIPS) was developed in 2010 and as a collaborative approach to addressing the outcomes set out in the 2003 New Zealand Injury Prevention Strategy. The strategy is based on regional and national research and community workshops facilitated.

TIPS For a Safe Tairāwhiti uses 4 Strategic Themes with related strategies to achieve its Vision of a Safe Tairāwhiti Becoming Injury Free

Free. This is outlined below.



TIPS For a Safe Tairāwhiti is underpinned by an Outcome Model with Key Performance Measures identified to evaluate short, medium and long term outcomes. Full Strategy details can be found the Tairāwhiti Injury Prevention Strategy available on request from Gisborne District Council.

## Criteria 2

Long-term, sustainable programmes covering both genders and all ages, environments and situations.

### Case Studies

Get Firewise

Elgin Revitalisation

Smoke Free and Alcohol Free

Across Tairāwhiti, there are many initiatives being carried out under the three priority areas (Injury Prevention, Crime Prevention, and Alcohol and Other Drugs Intervention). These programmes cover all genders, ages and ethnicities and encompass a range of environments such as rural to urban, and low to high decile communities.

### **STCT task groups**

Safe Tairāwhiti Community Trust is in the process of establishing Task Groups to tackle each of the priority areas. The Task Groups will be responsible for:

- providing a brief overview of the work being done in their area (current state)
- defining a “future state” vision for their priority area (aligning to national and international goals and objectives)
- identifying what gaps and issues/ challenges/ obstacles exist that limit the ability to achieve the desired outcomes, and
- formulating a collaborative action plan that:
  - tracks and evaluates outcomes from collaborative projects/ programmes
  - addresses gaps/issues/challenges and outcomes

### **Long term and sustainable programmes**

While STCT is still in the process of establishing the Task Groups, there are plenty of community led initiatives happening that have been set up to be sustainable for the long term. These programmes and projects recognise that change does not happen over night, but sometimes takes generations to move from a current state into a desired future state.

Information on these projects/ programmes is presented below under each of the three priority area headings. Each section includes a brief overview, a case study, and a table demonstrating the range of programmes and activities being carried out.

### **Injury prevention**

Injury deaths and hospitalizations in Tairāwhiti clearly demonstrate that motor vehicle crashes, suicide, falls, assaults and drowning are the main causes of fatalities through injury in the Tairāwhiti region. Comparatively workplace injuries, assault and falls are the major causes of injury morbidity in Tairāwhiti.

As a result of local data analysis, the following environments have been identified as being high-risk environments for injuries and fatalities:

- Roads: injuries and fatalities caused by accidents on the road are still way over-represented in our regional statistics
- Workplaces: over a third of all ACC entitlement claims are for workplace injuries and fatalities
- Homes – a third of all injuries occur in the home.

More data and analysis on the cause and source of injuries is included under criteria 3.



Crash Scenario Exercise at Ngata College 2010

The following table demonstrates the range and variety of long term and sustainable initiatives and activities that are being carried out across Tairāwhiti.

Programme	Demographic	Period	Outcomes	Partners
Review of Health and Safety in Forestry	Adult Mostly male High Maori ethnicity Low literacy rates	Every six months	A review report is completed that: - identifies issues in health and safety management amongst forestry workers - identifies opportunities for improvement, and - provides recommendations for addressing issues/ challenges	ACC Department of Labour Juken NZ Ltd
Sealord Swim for Life	Children aged 5-12 years Low decile and rural schools	Ongoing	Every child can swim 200m	Water Safety NZ REAP ACC
Fire Wise (Case Study)	Rural primary schools Children aged 5-12 years	Ongoing	Children in rural areas know and understand about fire safety	NZ Fire Service ACC
Marae Fire Safety	Iwi and marae	Ongoing	Survey of fire safety	NZ Fire Service

Programme	Demographic	Period	Outcomes	Partners
	caretakers		around the Marae shows increased awareness and observations note improved and safer practices	All Marae
Car Seat Scheme	Parents/ caregivers of young children aged 0-4 years  Maori  Rural communities	Ongoing	Families have access to safe car seats  Parents/ caregivers know how to keep their children safe in the car	Plunket NZ Police WINZ Tamariki Ora GDC ACC Safe Kids
Tai Chi for the Elderly 	Persons aged over 50+	Weekly programme ongoing	Improve physical wellbeing of elderly people to reduce incidents of falls and the injuries caused by falling	ACC Cancer Society Tane Hauora NPH YMCA
Learner License Course	Young adults aged 15-22 years  Any person learning to drive	5 courses per year  Ongoing	Reduce incidents of road accidents caused by inexperienced drivers	NZ Police Tairāwhiti District Health Board NPH ACC GDC TRoTAK
Gisborne Road Safety Coalition	All road users	Ongoing	Reduce incidents of road accidents caused by dangerous driving practices such as drunk driving, speeding, driving when tired etc	NZ Police ACC GDC Turanga Health Plunket
Health and Safety in the Workplace	Employers and employees	Ongoing	Reduction of harm to individuals caused by unsafe work environment and/or practices	Department of Labour ACC



## Case Study: The New Zealand Fire Service - Firewise Programme.

### Introduction

Children have been identified as one of the most at-risk groups involved in death by fire. However, they are also one of the keys to changing fire-safety behaviour in the community in the long term. The New Zealand Fire Service has developed a suite of fire-safety learning programmes to improve the fire-safety behaviour of children, and in turn their families. The Fire Service's fire-safety learning programmes, include:

- *Get Out! Stay Out!* - for pre-school children
- *Get Firewise* - for year 1 and 2 students (2010 edition)
- *Maui-tinei-ahi* - for year 1 and 2 students (2011 edition)
- *Firewise* - for year 7 and 8 students
- *Party at Our Place* - for senior secondary school students

All of the fire-safety programmes have been developed in consultation with firefighters, teachers, education specialists and Ministry of Education advisors; and align to the relevant New Zealand curriculums. All fire-safety programmes are designed to be implemented over a two-year period. This means schools need only incorporate the programme into their curriculum every second year. For example, Hilltop School delivers *Get Firewise* to all year 1 and 2 students every second year, ensuring every child will complete the programme in either their first or second year of school.

### Pre-school: *Get Out! Stay Out!*

In a fire, a child's natural reaction is to hide or protect themselves from harm, potentially jeopardizing their personal wellbeing and that of others.

The New Zealand Fire Service developed the pre-school fire-safety education programme *Get Out! Stay Out!* to give pre-schoolers the knowledge and skills to keep themselves safe in a fire emergency. The *Get Out! Stay Out!* resource is designed for use in:

- kindergartens
- play centres
- home-based care
- public and private childcare centres.

The resources have been developed to align with *Te Whariki*, the Ministry of Education's Early Childhood Curriculum. Early childhood educators deliver the programme to the children.

*Get Out! Stay Out!* provides a foundation for progressing to the *Get Firewise* fire-safety programmes in schools. Firefighters support the programme with a visit *after* the educators have used the programme in the early childhood environment. The firefighters' main role is to reinforce the safety messages about matches and lighters and to demonstrate to children what firefighters do. Firefighters are expected to be familiar with the content of the kit and the key learning outcomes.

To obtain a copy of the Firefighters Guide for the *Get Out! Stay Out!* pre-school programme (FS2905) visit on-line ordering.

### **Year 1 and 2: *Get Firewise* (2010 edition)**

*Get Firewise*, for year 1 and 2 replaces *Be Firewise* many schools used since 2000. It has been developed by educators and teachers after an evaluation of *Be Firewise*. The programme focuses on the essential knowledge and behaviours students need to keep themselves safe from fire. *Get Firewise* is designed to be taught by teachers in the classroom.

The *Get Firewise* programme is designed for use with the New Zealand Curriculum (2007). It has a strong literacy focus with activities in the learning areas of Health and Physical Education, English, Social Science, Mathematics and the Arts (a cross-curricula approach).

The programme can be taught as a major term topic, or a short two-week focus topic. The *Get Firewise* resource kit contains a teachers' guide and a number of classroom resources. Each student gets an activity book with a free DVD for the whole family to learn about fire-safety. Firefighters are expected to be familiar with the content of the kit and the key learning outcomes.

Firefighters can support and reinforce the programme by delivering a classroom presentation to the students when the class has completed, or almost completed, *Get Firewise*.

The firefighter resources for the *Get Firewise* programme for year 1 and 2 include:

- *Get Firewise Firefighters Guide* (FS4500) - this outlines best practice promotion and administration of the *Get Firewise* programme as well as a step-by-step outline of the firefighters classroom presentation
- *Get Firewise Firefighters Training DVD* (FS4502) - this contains *A Candle Fire* film footage to be used during the classroom presentation. It also contains information about marketing, and demonstrations of best practice classroom presentation techniques. The two latter items should be viewed prior to a classroom presentation
- *Get Firewise Firefighters Cue Cards* (FS4504) - these help to keep the classroom presentation to track and ensure the key messages are consistent with what has been taught in the classroom
- *Get Firewise Firefighters Flip Chart* (FS4501) - can be used for presentation
- *Get Firewise Firefighters Smoke Sheet* (FS4502) - this sheet is used to demonstrate how low smoke can get. The children should practice crawling under it to escape the classroom, thus reinforcing *get down, get low, get out - FAST* message.
- *Get Firewise Teachers Feedback Form* (available online at [www.getfirewise.org.nz](http://www.getfirewise.org.nz))
- *Get Firewise Pre-presentation Checklist* (FS4506).



Firefighters will need to supplement these resources with:

- a working smoke alarm
- a candle, some matches, a lighter and a safe candleholder
- a collection of burned toys etc for demonstrations.

To order any resources, go to on-line ordering via SMS or use the shortcut icon on your desktop. If you do not have access, contact your regional Firewise coordinator and they can order resources for you.

### **Kura Kaupapa year 1 and 2: *Maui-tinei-ahi* (2011 edition)**

A year 1 and 2 fire-safety programme is available in te reo Māori. *Maui-tinei-ahi* can be translated as *Maui-the-extinguisher-of-fire*. It is designed specifically for use in kura kaupapa Māori, and most bi-lingual units. The *Maui-tinei-ahi* classroom resource kit contains similar resources to *Get Firewise* for year 1 and 2.

*Maui-tinei-ahi* is not a translation of *Get Firewise*. Although it has the same fire-safety outcomes, the te reo resource uses Māori ethos and links to *Te Marautanga o Aotearoa* (2008). The firefighter classroom presentation is the same as the *Get Firewise* presentation, although it is delivered in te reo Māori (unless a kura kaupapa has allowed a non-Māori speaker to deliver the resource by prior arrangement).

The role of coordinating and encouraging uptake should be passed onto the regions Māori educator or iwi liaison officer. If your region doesn't have such a person contact either the regions Firewise coordinator or the Pou Herenga Māori, national Māori advisor, to identify a local speaker of te reo Māori that the Fire Service can utilise. The overall coordination and administration of *Maui-tinei-ahi* is the same as for *Get Firewise*.

### **Year 7 and 8: *Firewise***

*Firewise* for year 7 and 8 is a programme designed to teach students actions they can take to prevent fires from occurring and to teach them fire safety behaviour that could save lives in a fire emergency. The programme is CD-ROM based. The teacher alone can't teach the programme but can be supported by a visit from your local firefighters. Programme resources can be ordered through SMS or through the on-line ordering.

Firefighters should collect items specific to the year 7 and 8 programme, such as a selection of burned items recovered from an actual house fire and preferably something relevant to 11 and 12 year-old children. This might include toys, Playstation or MP3 player etc.

Please note; ensure that appropriate permission is gained from the property owner or insurer before they are acquired.

### **Senior secondary school students: *Party at Our Place***

*Firewise* is the name of the fire-safety education unit specifically designed for senior secondary school students. The unit is designed for students who are ready to leave school. It focuses on the fire dangers of living in flats and the risk of attending parties where there are large numbers of young people. The unit centres on a video *Party at Our Place* and a subsequent discussion between the actors and two firefighters.

In the unit, the students watch the video on more than one occasion while focusing on different aspects of the drama. It is designed as a series of activities that a teacher may combine to produce a teaching programme of eight to 12 hours.

The involvement of firefighters is not necessary. Programme resources can be ordered through SMS or through the on-line ordering.

## Promotion

Information and best practice advice for initiating contact with schools can be found in the *Get Firewise Firefighters Guide (FS4500)* and *Firefighters Training DVD (FS4501)* available from the ordering on-line system. Although regional arrangements vary, Firewise coordinators are generally responsible for marketing strategies and will have advice and resources that can be applied to specific schools that may be reluctant to support any of the Firewise programmes. Currently, your Firewise coordinator has access to the following tools:

- *Get Firewise* PowerPoint presentation
- *Get Firewise* email template
- *Get Firewise* print ad template
- *Get Firewise* pull-up banner artwork.

Other items may be developed on request to the Media, Promotions and Communications team at National Headquarters.

## Administration

The Fire Service's purchase agreement with the Commission refers specifically to the delivery of education programmes in schools. Our Firewise programmes are integral to meeting this obligation. Firewise delivery within regions makes up a part of fire region commanders' performance objectives. To that end, all region and area Strategic Plans and Business Plans include, or should include, the delivery of Firewise programmes. Originally, a database was developed to contain all information about schools that were using Firewise programmes. The regional Firewise coordinators maintain these databases. From 2011, SMS will contain up-to-date information about schools (sourced from the Ministry of Education database).

## Regional Firewise coordinators

Regional Firewise coordinators are responsible for maintaining the regional information about Fire Service fire-safety programmes. While not every region has a coordinator, experience and research indicate that regions *with* a coordinator have more schools using Firewise programmes than in regions *without* one.

The regional Firewise coordinators role includes:

- providing or facilitating training to Firewise presenters
- coordinating distribution of resources
- developing and implementing a formal communication and marketing plan
- maintaining records about schools doing Firewise programmes
- planning, reporting, evaluation and accountability to management and appropriate functional groups

- Facilitating meetings with Firewise committees and forming partnerships with key stakeholders.

Where a formal role of regional Firewise coordinator doesn't exist, these tasks should be allocated to individuals within the region to ensure they are managed.

### **Delivering resources to schools**

Ideally, firefighters would personally take the fire-safety resources to schools, if time permits. Otherwise they can be dispatched by our warehouse, via online ordering.

### **Ordering resources**

To order any resources, go to on-line ordering via SMS or use the shortcut icon on your desktop. If you do not have access, contact your regional Firewise coordinator and they can order resources for you.

[www.getfirewise.org.nz](http://www.getfirewise.org.nz)

This website supports all the New Zealand Fire Service's fire-safety learning programmes. It contains information for teachers, parents and firefighters about: the resources, research supporting the programmes and case studies showing how teachers use the resources. It also allows teachers to contact their local Firewise coordinator to order the resources.

[www.maui.maori.org.nz](http://www.maui.maori.org.nz)

This website supports all the New Zealand Fire Services te reo Māori fire-safety learning programme, *Maui-tinei-ahi*. It contains information for teachers and parents about the programme and allows teachers to contact their local Firewise coordinator to order the resources

## Crime prevention

A recent article in the Gisborne Herald highlighted the problem in the district with increased crime rates. Statistics from 2010 showed an increase in family violence and burglaries in particular. Other areas of focus for crime prevention include:

- public place violence and disorder
- driving offences
- property offending

Data and analysis on crime statistics is provided in depth under criteria 4 of this application.

Crime prevention programmes across the district tend to focus on working with youth and creating better environments to deter criminal activity. SCTC recognise that crime prevention is not just a police problem but requires ownership and responsibility from the whole community to address the issues.

One programme that show cases this whole-of-community approach is the Urban Revitalisation programmes. These programmes involve a number of organisations, (such as the Police, GDC, Tairāwhiti Abuse Intervention Network (TAIN), Tairāwhiti District Health Board (TDH), and Housing NZ) working alongside the targeted community to reduce crime through a number of initiatives.

Initiatives for these programmes include:

- Crime Prevention Through Environmental Design (CPTED)
- Street by Street Neighbourhood Intervention programmes
- Community run events (such as Know Your Neighbour Days)
- Installation of surveillance cameras by the Crime Camera Trust.

The following table demonstrates the range and variety of long term and sustainable crime prevention initiatives and activities that are being carried out across Tairāwhiti.

Programme	Demographic	Period	Outcomes	Partners
Elgin and Kaiti Revitalisation (Case Study)	Elgin and Kaiti Community (low decile, high gang activity)	2010-2014	Reduced crime Safer community	GDC Ministry of Justice E Tu Elgin Te Unga Mai Trust Cobham School Te Wananga Aotearoa TDH NZ Police TAIN
Families Against Violence	All those involved in family violence	Ongoing	Reduced incidents of family violence Raised awareness of where to go for help	TAIN NZ Police Women's Refuge Tairāwhiti Men's Centre
Street by Street	Areas with high crime, violence and known gang activity	Ongoing	Reduced crime activity in those areas Better collaboration between neighbours to support and ask for help	NZ Police GDC Housing NZ WINZ Turanga Health

Programme	Demographic	Period	Outcomes	Partners
				Age Concern Department of Corrections Tairāwhiti Men's Centre TAIN Maori Wardens Barnardos Plunket Awhina House
Neighbourhood Support	All neighbourhood, particularly rural	Ongoing	Improved awareness of what to look out for Community residents feel safer and know where to go for help	NZ Police Community volunteers
City Watch	CBD district	Ongoing	Reduced public violence, criminal activity in the CBD and disorderly behaviour	NZ Police GDC Maori Wardens
Fresh Start	Youth aged 14-17 years not in the school system	2010-2012	Reduce and/ or prevent youth offences by developing life skills, self esteem and positive participation in society	NZ Police WINZ Child, Youth and Family Services Tertiary Education Commission YMCA
Juvenile Fire Setters	Youth aged 12-17 years	Ongoing	Reduction of fire as a result of juvenile behaviour	NZ Fire Service NZ Police WINZ
Tairāwhiti Youth Voice	Youth aged 12-24 years	Ongoing	Engage youth in programmes that build self esteem, increase skills and encourage participation in their community	GDC Ministry of Youth Development



## Case Study: Elgin Revitalisation – Crime Prevention

### Background

The Elgin community in Gisborne is one of the most deprived communities in the city. Literacy rates are low, truancy rates are high, as are crime rates. The area is well known as being gang territory, and the area faces all the challenges that go along with that.

#### Gisborne crime increases

Monday, April 04, 2011 • Jessica Wauchop

CHILD sexual abuse cases, burglaries and domestic violence offences all increased during 2010, latest crime statistics show. The Eastern district — covering Gisborne and Hawke's Bay — was the only policing district in New Zealand to record an increase in crime and a lot of that happened in Gisborne.

"Violence is increasing in every community around the country, and Gisborne has its own issues in this regard," he says.

"There has been an increase in reporting of family violence. Police continue to work strongly alongside other agencies in a number of ways and we are serving more police a safety order, which involves separating the parties."

"There has been an increase in street robberies, which causes us concern. Most of these robberies are committed by youths or teenagers and we are working closely with the families of these offenders to try to reduce this sort of offending," he says.

"Again, youth feature prominently in burglary crime. It is an area of crime that has been challenging for police. My team target burglars, but no sooner have they dealt with one group, then another group pops up."

Gisborne police focus heavily on youth offending and alcohol abuse, which is the driver behind a lot of offending, Mr Aberahama says.

While police have a number of targeted operations in place for the coming months, crime is not just a police problem, says Mr Aberahama.

"It is time the community stood up and said we have had enough. People need to start taking personal responsibility for their actions and be accountable for what they do. We cannot solve this problem alone — crime is everyone's problem, not just the police."

However it is not all negative. Over the last few years concerted efforts have been made by members of the community to turn things around. The community has established the E Tu Elgin Community Trust and this group works continuously to improve their community. Efforts have included revitalising some of their worst streets resulting in the achievement of “Munro Street” (one of the previously worst gang streets in the community) being awarded “Most Improved Street” in 2007.

In 2010 E Tu Elgin developed a strategic plan for their community. Their vision and three year goals were set out in a Strategic Plan for the community.

### *E Tu Elgin – Working to achieve a friendly, fun loving, healthy, safe and vibrant Elgin Community*



E Tu Elgin then initiated a partnership with a number of community groups and agencies to work with them in achieving the community outcomes. This partnership formed the Elgin Revitalisation Project Team which is made up of members from:

- E Tu Elgin
- Gisborne District Council
- Tairāwhiti Health Board
- Housing NZ
- Ministry of Social Development
- NZ Police
- Ministry of Justice
- Te Wananga o Aotearoa

The project team brought together a number of initiatives and programmes that are operating in the Elgin community. These include:

- Immunisation programmes
- Healthy Eating campaigns
- Street by Street (Police led initiative), and
- Crime Prevention through Environmental Planning (CPTED).

In September 2010 GDC applied for, and received, funding from the Ministry of Justice to fund a Crime Prevention programme for the community.

### Crime prevention through environmental planning (CPTED)

The funding allocated by Ministry of Justice provided GDC with the additional resource it needed to carry out a CPTED audit of two areas in Elgin which were deemed to have the greatest need for improvement. These areas were Blackpool Park and the Elgin Shopping Precinct.

In April 2010 the CPTED audits were completed and a number of recommendations were made. The recommendations were aimed at:

- reducing fear of crime
- reducing incidents of wilful damage (including graffiti)
- reducing antisocial behaviour in the defined areas
- increasing community sense of ownership, and
- improving personal safety.

These recommendations were taken back to E Tu Elgin and through a series of workshops they have been prioritised by the community. The table below shows the Crime Prevention priorities for Elgin as agreed with the community on 29 June 2011.

Recommendation	Responsibility	Cost	Comment	Status
<b>ELGIN SHOPPING CENTRE</b>				
Improve "eyes on street" from shops	Retailers	Nil	Individual retailer responsibility	In progress
Improve street lighting by converting yellow to white light	GDC	Nil	Within existing maintenance budget	
Improve under verandah lighting	Building owners	Nil	Individual owners responsibility	
Repair CCTV camera	Crime Camera Trust	Nil	No cost solution	Completed
Erect railings across potential escape routes x2	GDC	\$2,000	Building owners need to provide permission	
Rearrange Childers Rd car park entrance to accommodate Police	GDC	\$8,000	Police to confirm they will be making use of the area	In progress



Recommendation	Responsibility	Cost	Comment	Status
Bus			for an ongoing police presence	
Elgin Shopping Centre mural	Community	\$1,000	E Tu Elgin to apply for funding and run competition	
Beautify corner of Lytton/ Childers Rd	GDC	\$25,000	Design to be approved by community	In progress
<b>Subtotal</b>		<b>\$36,000</b>		
<b>Blackpool Park</b>				
Improve rear fence between park and Wananga	Te Wananga o Aotearoa	Nil	TWOA confirmed \$20,000 contribution GDC contributing re tree removals	In progress: work expected to start in 2 weeks
Streamside beautification	GDC and Community	Nil	Utilities staff to meet with community to form project	
Install LED lighting along footpath network	GDC	\$20,000		
Thin trees and cut back vegetation	GDC	\$2,500	Plants previously planted by community must not be removed – contractor to be advised by GDC	
Paint safe pedestrian crossing points at Childers Rd entrance and in Blackpool St	GDC	\$2,000		
Upgrade existing path	GDC	\$13,000		
Paint mural on pump station + Childers Rd entrance	Community	\$1,000	Run design competition	
Repaint children's play equipment	GDC	\$500		
<b>Subtotal</b>		<b>\$39,000</b>		
<b>TOTAL</b>		<b>\$75,000</b>	\$45,000 – MOJ \$30,000 – GDC	

## **Future action**

An evaluation model is currently being developed to ensure that these interventions successfully contribute to the desired community outcomes. The evaluation model is based on Intervention Logic methodology and will allow the team to assess how the interventions above impact on:

- reducing fear of crime
- reducing incidents of wilful damage (including graffiti)
- reducing antisocial behaviour in the defined areas
- increasing community sense of ownership, and
- improving personal safety.

An operational project team is being formed in August 2011 to oversee the implementation of the priority actions in the table above, and this team will report back to the Elgin Revitalisation team on a regular basis.

## Alcohol and other drugs intervention

Alcohol is identified as a common factor in the incidences of accidental injury, injury from violence, death and crime in Tairāwhiti. Whilst there is a Sale of Liquor Policy for licensed premises, at present there is no regional plan to address the impact of alcohol on the general health and safety of Tairāwhiti people. More analysis of local data is required to gain a clearer picture of the impact on alcohol in this district. However, national evidence gives some insight into what we can expect.

### The effects of alcohol

The national network Alcohol Action NZ, made up of people working in services that deal with the negative impacts of alcohol, says that there is a national alcohol crisis and a range of effective interventions are required. Recent evidence referenced below highlights the need for continued intervention:

At least 25% of New Zealand drinkers are heavy drinkers (Wells et al 2006)  
A third of all police apprehensions involve alcohol (Stevenson 2009)  
Half of serious violent crimes are related to alcohol (Stevenson 2009)  
60 different medical conditions are caused by heavy drinking (O'Hagan et al 1993)  
Up to 75% of adult presentations at Emergency Departments on Thursday, Friday and Saturday nights are alcohol-related (Quigley personal correspondence)  
Over 300 alcohol-related offences every day (Stevenson 2009)  
Over 500 serious and fatal injury traffic crashes every year (Erasmus 2009).  
At least 600 children born each year with fetal alcohol spectrum disorder (May & Gossage 2001)  
Over 1000 alcohol deaths in New Zealand every year (Connor et al 2005)  
17,000 years of life per year are lost through alcohol (Connor et al 2005)  
Source: [www.alcoholaction.co.nz](http://www.alcoholaction.co.nz)

Alcohol Action NZ also reports national research showing that the density of alcohol outlets in communities is associated with large quantities of alcohol consumed by young people. The areas of high density also correlate with areas of high deprivation.

This is an area where Gisborne District Council and the Liquor Regulatory Agencies Accord (LARA) can make a difference in collaboration with Tairāwhiti Safe Communities Trust.

Health and Socio-economic Impact Assessment tools can also help to measure how local decision-making affects outcomes in these areas.

The following table demonstrates the range and variety of long term and sustainable alcohol and drug intervention programmes and activities that are being carried out across Tairāwhiti.

Programme	Demographic	Period	Outcomes	Partners
Elgin and Kaiti Revitalisation	Elgin and Kaiti Community (low decile, high gang activity)	2010-2014	Reduced alcohol and drug related crime Safer community	GDC Ministry of Justice E Tu Elgin Te Unga Mai Trust Cobham School Te Wananga Aotearoa TDH NZ Police TAIN
Families Against Violence	All those involved in family violence	Ongoing	Reduced incidents of family violence caused by drugs and/or alcohol	TAIN NZ Police Women's Refuge Tairāwhiti Men's Centre
Road Safety Council	Target high priority areas across the region, particularly rural communities	Ongoing	Reduce accidents related to alcohol and/or drug abuse	GDC Road Safety NZ Police ACC NZTA ACC Ministry of Transport Ernslaw One Ltd
Hapu Social Services Group	Family and Whanau involved in violence, drug and alcohol abuse	Ongoing	Raised awareness of support networks and systems within whanau, Hapu and externally Enhanced awareness of strategies that can contribute to reduced harm from alcohol and drug abuse	Hapu volunteers NZ Police Ngati Porou Hauora Te Runanga o Ngati Porou
Take Control	Youth prone to drinking and driving	Ongoing	Understanding of consequences while in charge of a vehicle Reduced incidents of youth drinking and driving	NZ Police ACC
Tairāwhiti Men's Centre	Men struggling with alcohol and drug dependency and resulting issues such as relationships, depression, suicide and violence	Ongoing	Provide advocacy, advice, support and education to reduce harm caused by alcohol and drug use	Family Works Te Whare Tu Wahine Tairāwhiti Men Against Violence TAIN



## Case Study: Smoke Free Alcohol Free Sports Grounds (SFAF Sports Grounds)

In New Zealand there is increased community concern about alcohol consumption in public places. This pertains to a range of places and there are a number of initiatives being delivered by agencies and organisations nationwide. However within this region a collective (Tairāwhiti District Health, Sport Gisborne Tairāwhiti, Gisborne District Council, Poverty Bay Rugby Union) believe that environments which provide sporting opportunities would benefit from changes in attitudes towards alcohol. Additionally changing attitudes towards the use of tobacco consumption will also be of benefit therefore this project will engage in the users of sports grounds and have focus both on Tobacco and Alcohol consumption.

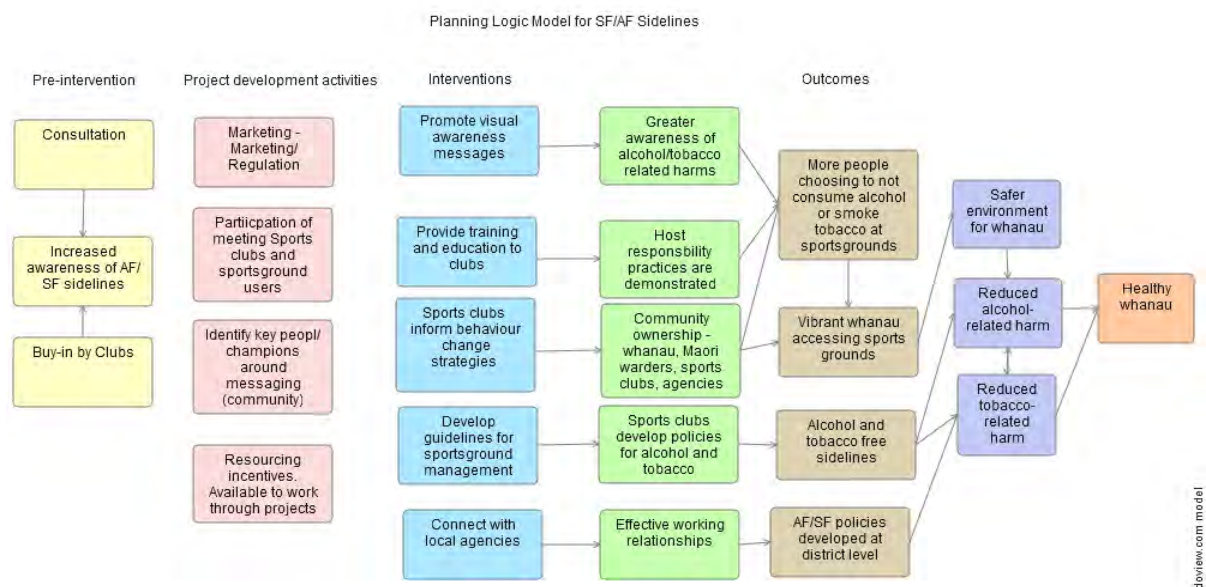
Various sports grounds in this district are regularly used by high risk populations and there has been an increase in alcohol related incidents or antisocial alcohol influenced behaviour. Notwithstanding, this district boasts some of the highest smoking related disease and mortality rates in New Zealand and considering the high population of Maori, sports grounds are an environment that Maori and Pacific Island whanau/families congregate. This project will focus on changing that sports ground environment by supporting regional and local sporting bodies to encourage behaviour change within their membership to normalise Alcohol Free and Smoke Free Sports Grounds.

The main activities will be using a social marketing approach to deliver messages, host responsibility training to licensed premise sports clubs and education of behaviour change strategies to these clubs. As a regional sports organisation Poverty Bay Rugby Football Union (PBRFU) have indicated a commitment to this vision therefore have been tasked with coordination of the project. Consequently the areas of focus for the first two years will be sports grounds owned or regularly used by PBRFU which presents opportunities to involve PBRFU affiliates and their Sports Clubs which are on or adjacent to some of these grounds. That will provide safely managed environments for those that choose to consume alcohol during and after the playing of games.

This project has been informed by anecdotal and scientific evidence. Alcohol and Drug Free Sidelines are currently being implemented at two major rugby grounds within Coastal communities (Ruatoria and Uawa) of Tairāwhiti and the Evaluation Report for 'Keep it in the Club' (Counties Manukau) has also been referred to.

As a result of the project we expect to see, behaviour change and policies implemented to support the sustainability of Alcohol and Smoke Free changes within the community environment. This in turn will achieve:

- Reduced alcohol related harm,
- Reduced tobacco related harm and,
- Provide a safe environment for whanau.



## Evaluation questions

- To what extent are people choosing not to smoke or drink while watching sport that is being played in the sports grounds of focus?
- How vibrant and healthy are whanau who play and watch sport in the sports grounds of focus
- To what extent are sports grounds users advocating for Alcohol Free and Smoke Free sidelines
- What is the quality of working relationships

## Stakeholders

- Sports Clubs and their affiliates
- Sports Grounds users
- Poverty Bay Rugby Football Union
- Turanga Health CAYAD
- Hauiti Hauora CAYAD
- TRONP CAYAD
- Tauawhi Men's Centre
- Maori Wardens
- Sport Gisborne Tairāwhiti
- Gisborne District Council
- Gisborne Police
- Tairāwhiti District Health
- ALAC
- Te Puni Kokiri
- Media (Gisborne Herald, Turanga FM, Pipiwharaura, More FM, Classic Hits)

### Criteria 3

Programmes that target high-risk groups and environments and programmes that promote safety for vulnerable groups.

#### Case Studies

Safety in the Forest

Graffiti Project

Elderly Abuse Prevention Project

In order to achieve the vision of Safe Tairāwhiti, specifically 'Safe people, Safe places, Safe Tairāwhiti', strong interagency collaboration and community involvement has been essential. Tairāwhiti Government organizations and community service providers have been working collaboratively for a number of years, to make the Tairāwhiti region a safe and secure place for its people to live, work, and play.

As discussed in the former section and in criteria four, Safe Tairāwhiti has conducted an in-depth analysis of local injury data, and this is further explored in criteria four. This data analysis has enabled Safe Tairāwhiti to identify key priority areas, which significantly contribute to the local injury burden.

Deaths From Injury	Injury	Crime
Motor vehicle crashes	Workplace accidents	Family Violence
Suicide	Assaults	Public Place Violence & Disorder
Falls	Falls	Organised Crime/Burglary
Assaults	Intentional self-harm	Driving Offences
Drowning	Motor vehicle crashes	Youth Offending
		Property Offending
		Crime Prevention
		Victims

Alcohol features as a major casual factor of violence-related injuries and motor vehicle injuries and fatalities in the Tairāwhiti region. Alcohol related crashes are proportionally much higher in Tairāwhiti, in comparison to both similar regions and the national averages.

### Groups most affected

Those most affected by injuries across the priority areas include Maori (all priority areas), elderly (falls), males (suicide and assault). The Tairāwhiti Water Safety Forum identified that of the fifteen deaths by drowning in Tairāwhiti during 2003 and 2007 over half of the victims were Maori; almost a quarter of the total deaths from drowning were aged over 65 years. This data is further discussed under criteria 4.

Maori feature disproportionately across all of the priority areas for injury and offending and the victims. Alcohol is an underlying causal factor in each of these areas and needs to be considered as part of this plan. Intervention programmes and community engagement should respond to this.

Crime and injury have a major impact on the safety and wellbeing of our families, communities and society.



Death, injury and violence caused through accidents, criminal and anti-social behaviour comes at a high cost socially and economically yet most injuries and crime are preventable.

The challenges of inequity need to be factored into solutions to address the incidence and impact of injury and crime.

Further analysis is required to identify which parts of the population are most affected by crime related incidences. A better understanding of how priority areas impact on the population of Tairāwhiti by age, gender and ethnicity would be useful to focus local programme planning.

## Suicide

Safe Tairāwhiti Communities recognise that suicide is a significant issue for our community, particularly among young males. Up until now, action taken by agencies in relation to suicide has focused on support for the victim's family and friends post suicide.

Health agencies nationally are recognizing that insufficient action is being taken at an early stage to prevent people reaching a suicidal state, and that most intervention and funding is focused at secondary health services – which may be too late for some.

STCT has identified a gap in our community in the field of suicide prevention. There are substantial links between issues such as alcohol and drug use, and mental health intervention and the number of suicides that occur.

Through the Safe Tairāwhiti Community Strategy we aim to address the gap by developing a multi-strand, interagency, cross community programme that has a long term goal of reducing the number of suicides in our region.

## High risk environments

- In Tairāwhiti, falls, assaults and family violence have been identified as priority areas.
- Public Places – have been identified by Gisborne Police Statistics as a high risk area for violence and alcohol related offences and associated injuries

## Programmes that meet Criteria 3

The following case studies and tables are examples of some of the local injury prevention programmes that meet this criteria, in that they specifically target high risk groups and environments.

Programme	At risk target group	Period	Outcomes	Partners
Review of Health and Safety in Forestry	Forestry workers	Every six months	Identify issues in health and safety management amongst forestry workers Identify opportunities for improvement Provide recommendations for addressing issues/ challenges Reduced workplace injury	ACC Department of Labour Juken NZ Ltd
Car Seat Scheme	Parents/ caregivers of young children aged 0-4 years Maori Rural communities	Ongoing	Families have access to safe car seats Parents/ caregivers know how to keep their children safe in the car	Plunket NZ Police WINZ Tamariki Ora GDC ACC Safe Kids

Programme	At risk target group	Period	Outcomes	Partners
Learner License Course	Young adults aged 15-22 years Any person learning to drive	5 courses per year Ongoing	Reduce incidents of road accidents caused by inexperienced drivers	NZ Police Tairāwhiti District Health Board NPH ACC GDC TRoTAK
Sealord Swim for Life	Children aged 5-12 years Low decile and rural schools	Ongoing	Every child can swim 200m Reduced incidents of drowning	Water Safety NZ REAP ACC
Tairāwhiti Child Protection Network	Children aged 0-12 years Parents and families	Ongoing	Reduced incidents of domestic assault and child abuse	Barnardos TAIN NZ Police GDC
Age Concern: Elder Abuse and Neglect Prevention Project				
Gisborne Road Safety Coalition	All road users	Ongoing	Reduce incidents of road accidents caused by dangerous driving practices such as drunk driving, speeding, driving when tired etc	NZ Police ACC GDC Turanga Health Plunket
Elgin and Kaiti Revitalisation (Case Study)	Elgin and Kaiti Community (low decile, high gang activity)	2010-2014	Reduced crime Safer community	GDC Ministry of Justice E Tu Elgin Te Unga Mai Trust Cobham School Te Wananga Aotearoa TDH NZ Police TAIN
Families Against Violence	All those involved in family violence	Ongoing	Reduced incidents of family violence Raised awareness of where to go for help	TAIN NZ Police Women's Refuge Tairāwhiti Men's Centre
Street by Street	Areas with high crime, violence and known gang activity	Ongoing	Reduced crime activity in those areas Better collaboration between neighbours to support and ask for help	NZ Police GDC Housing NZ WINZ Turanga Health Age Concern Department of Corrections Tairāwhiti Men's Centre TAIN Maori Wardens Barnardos Plunket Awhina House

Programme	At risk target group	Period	Outcomes	Partners
Fresh Start	Youth aged 14-17 years not in the school system	2010-2012	Reduce and/ or prevent youth offences by developing life skills, self esteem and positive participation in society	NZ Police WINZ Child, Youth and Family Services Tertiary Education Commission YMCA
Tairāwhiti Youth – Graffiti Project (case study)	Youth aged 12-24 years engaged in illegal tagging activity	2011-2012	Work with youth to direct talent into proactive, positive, constructive art outlet. Decrease incidents of illegal tagging	NZ Police GDC YMCA Toihoukura
Kaiti Community Mural Painting	Youth aged 12-24 years	2011	Reduce incidents of tagging in the Kaiti community by engaging them in positive art work	Kai Pai Kaiti Ministry of Justice Youth of Kaiti



## Case Study: Tairāwhiti Youth Voice Graffiti Project

### Background

The Tairāwhiti Youth Voice (TYV) Graffiti Project was launched in November 2010. TYV selected 6-8 young boys who had an interest in Graffiti. Amongst these boys were a couple who had been caught tagging and the rest had a passion for Graffiti Art.

With the rise of tagging and vandalism going on in our city we saw that this project would help make a positive change.

This project also contributes to reducing crime rates in a vulnerable part of community – our Maori youth who are over represented in the crime stats for the region.

### Project details

**Vision:** To change the mindsets of young people from tagging to Graffiti Art in Gisborne.

**Mission:** Our mission is to support and guide young graffiti artists to further develop their artistic skills and are good role models for our community.

### Our aims

To produce good young artists

To decrease tagging in our city

To grow leaders and role models

To see these young men go further and go to an Arts School or gain employment

To change their mindsets from tagging to a more professional art form of Graffiti Art

### Summary of activity

From Nov last year the graffiti boys had met up twice a week at the jailhouse at Churchill Park. There they had a local graffiti artist come in and teach them some tips of how to stencil, he taught them different ways of how to use a spray can and simple techniques that made their art work stand out.

This year due to the boys working it's been hard to consistently meet up however some of the boys have maintained their interest and are working hard towards an art exhibition at the Tairāwhiti Museum in October this year.

Since Nov the boys have put together art work over new years for the 'Seafood and Beer Festival' and also did some work for Te Matatini O Te Ra Festival in February.

Now their biggest challenge yet, establishing art work for an exhibition.

It's great to have this opportunity for these boys as it gets their art work noticed in the community and gives them a chance to voice who they are and show their family's and friends the awesome talents they have.

### **Other partners**

- Gisborne Police
- YMCA
- Toihokura
- Gisborne District Council

### **Outcomes achieved**

Our biggest achievement was being able to approve the exhibition at the Tairāwhiti Museum. To support this exhibition we were able to gain funding from the Gisborne Creative Communities which will help go towards materials and help support the launching of the exhibition. We were also lucky enough to gain 10 big JIB boards proudly granted by the Gisborne Men's Rotary Club to also go towards the exhibition.

Not anyone can hold an exhibition at the Museum, so for the boys this is a huge opportunity.

## Case Study: Safety in the Forest

### Background

In response to a need to improve work place safety in our forestry industry a programme has been developed to address the issue of alcohol and drug related incidents in the work place.

Throughout New Zealand there is a culture, within some sections of the community, that the use of illicit drugs is an acceptable practice. This acceptance partly arises from inter-generational use.

The effects then flow into industries such as forestry, which has been difficult to combat because of the ingrained nature of the practice and the isolation of where these people work.

Clearly the use of drugs and alcohol impacts the ability of individuals to perform as safely as they might. That aside, the key concern is the danger a person under the influence is to their work mates.

The Eastland Wood Council undertook to address the problem and has developed and implemented a two pronged policy. Firstly actively detecting people who are under the influence while in the workplace and when discovered, working with them through a rehabilitation process, assuming of course they are willing.

The first steps were taken in 1999 when pre-employment testing was introduced. There were many working in forestry who wanted this. They had real concerns about the way some of their workmates were using drugs. They wanted to know they could work alongside them and still go home to their families that night, but there were too many examples happening all around them where there were risks.

At the time it was considered random testing would be too much of a challenge and would be too disruptive on worker/management relationships. A phased approach was needed. The Air New Zealand case gave everyone case law on random testing in safety sensitive areas.

The purpose of the EWC policy was to provide a framework so the industry could tackle the problem in a coordinated way and thereby meet its obligations, in particular those required under the Health and Safety in Employment Act 1992.



## **Project Details**

Any use of drugs or alcohol that impairs an individual's ability to work in the workplace is considered by the Eastland Wood Council a very serious safety risk with the potential for accidents and injury to themselves or others and therefore is a situation that cannot be tolerated.

## **Vision**

To create a Drug and Alcohol free workplace.

## **Mission**

To implement a set of practices that detects as effectively and efficiently as possible drug impaired individuals and then to assist those individuals to regain full competence and safe work habits.

## **The objectives of the project were:**

- To reduce and wherever possible eliminate, accidents or incidents which have Drugs or Alcohol as a contributing factor.
- To support the rehabilitation of staff who have Alcohol and/or Drug problems.
- To establish the minimum standard for Drug and Alcohol testing when recruiting staff or testing staff during their employment with the Member.
- To establish the minimum Drug and Alcohol testing standards that shall be agreed to by all Contractors engaged by the Members.
- To enable the members of the EWC to meet the obligations of the Health and Safety in Employment Act 1992 in regard to Drug and/or Alcohol use.

## **Strategy**

- To ensure there was no sense of 'them & us', the policy applies to all Employees and Contractors engaged directly or indirectly in the industry and everyone is deemed to be working in Safety Sensitive Positions irrespective of their primary duties. The logic for this was that a secretary or manager might be the only one in the office available to co-ordinate a rescue operation in the case of a serious accident. If they were impaired then they would be putting others at risk.
- Introduce the ability for all employers in the industry to have access to positive test results so that an individual could not be found with drugs and turn up at a different employer the next day without that employer knowing. There were concerns around privacy laws in regard to this but these were resolved and now the information is shared.
- To clearly define and make known prohibited activities which are;
  - The use, sale, supply, transfer or possession of Illicit Drugs or Controlled Substances in the Work Place.
  - The inappropriate use or misuse of, legally prescribed Drugs or over the counter Drugs obtained legally.
  - The use, sale, supply, transfer or possession of Alcohol in the workplace without the prior and explicit approval of the Member's senior management.

- Reporting to work with Drugs or Alcohol in the person's system at a level higher than the accepted international standard (latest version of AS/NZS 4308) or at a lower level if so prescribed by a Member within that Member's Policy.
- To have a level of breath Alcohol higher than that allowed to legally drive a motor vehicle as defined by the Land Transport Act 1998 or at a lower level if so prescribed by a Member within that Member's Policy.
- A set of minimum standards were established around matters such as how many random tests must be done per year or how testing of people returning from rehabilitation were to be monitored.
- To define and make known the circumstance where an individual may be required to undertake a drug and/or alcohol test. These being:
  - Pre-employment
  - Reasonable Cause
  - Post-accident/Post incident
  - Random
  - Follow up

Each of these categories was clearly defined and the expectation was that whenever one or more arises a drug test will be conducted. Individuals tested positive for drugs or alcohol will on the first occasion be offered and assisted with rehabilitation through recognized rehabilitation agencies and be given every opportunity to make themselves available for work. However a second infraction will in most cases leave them without employment in the forestry industry in Gisborne Tairāwhiti.

## Outcomes

When this policy was implemented and random testing carried out there was a failure rate for random testing in the first month at 29%. This varied greatly between crews, many were clean but some had high percentages of their members under the influence, mainly cannabis. By May there has been a big improvement even though there is a lot more testing done. It is still very early days but it is the objective to continue and to try and reach the point where detection of a drug or alcohol is the exception.

The consistency of pre-employment statistics reflects the culture within the wider community and the failure of some people to realize the forestry industry is serious about drug use. The people found with drugs at a pre-employment test are generally not offered employment.

2011 Month	Random Testing			Pre-employment Testing		
	# of Tests	# Positive Results	%	# of Tests	# Positive Results	%
January	21	6	29%	131	10	8%
February	43	9	21%	113	10	9%
March	84	10	12%	158	15	9%
April	54	1	2%	172	16	9%
May	67	8	12%	145	11	8%



## **Future direction**

It is proposed to expand over time the concepts introduced to include all personnel involved in the industry, beyond just those working for the members of the Eastland Wood Council.

It is also hoped that the processes introduced here will be adopted by other regions so that at some point in the future there is a single policy nationwide. The ability to share testing means results will be known by any potential employer and therefore individuals with a drug habit will find it difficult to work anywhere while they are still using.

To work closely with the rehabilitation services to improve success rates, as well as the services offered so they are more relevant to the requirements of the forestry industry.

Various jobs within viticulture, horticulture and forestry are seasonal and there are many people moving from one to the next as the requirements for labour changes. We need to work with the other sectors to get a consistent approach to drug & alcohol testing and rehabilitation so that we all get a more reliable result and people who cannot stop using don't even bother coming to the area.

## **Conclusions**

While there has been no correlation of this project to work place accidents over this period, it is too early yet to draw valid conclusions, the anecdotal evidence suggests that the number of accidents that can be attributed to drug impairment have reduced.

Having said that, implementation of this initiative and data to date, suggests employees and contractors can work with more confidence that they are in a safer environment. This suggests the desired objectives are being met and the Members can obtain optimum performance, productivity and work quality from its workforce.



## Case Study: Elder Abuse and Neglect Prevention Project

Elder abuse is when a person aged 65 years or more experiences harmful physical, psychological, sexual, material/financial or social effects caused by the behaviour of another person with whom they have a relationship implying trust.

Evidence suggests that the elderly are often reluctant to seek help. They don't want to make a fuss or they are embarrassed – particularly when the abuser is a family member or close friend.

Incidents of abuse include:

- physical abuse
- financial abuse
- forcing the elderly to release legal powers
- neglect, and
- emotional and mental abuse.

Abusers are usually family members or care-givers.

The aim of the project is to:

- Provide education programmes for care-givers
- Raise public awareness of the issue
- Information and advice to help prevent, and provide support to, the elderly
- Provide assessment of suspected cases
- Provide an intervention referral service

## Lead agency

The lead agency for this project is Tairāwhiti Age Concern (TAC). TAC is an organisation that works for the rights and well-being of older people, koroua and kuia. It informs and advocates at a local level and contributes to a national voice on elderly issues through Age Concern New Zealand.

TAC is one of thirty-five councils, associates and branches who provide support services and information direct to older people in our communities. Services have been developed in response to local needs.

## TAC vision

An inclusive society where older people, koroua and kuia are respected, valued, supported and empowered.

Tairāwhiti Age Concern believes that the elderly have a right to:

**Dignity:** To respect the dignity and uniqueness of every person as an individual and as a valuable member of society.

**Wellbeing:** To ensure that older people/koroua/kuia are given the opportunity to achieve physical comfort, engage in satisfying activities and personal development and to feel valued and supported.

**Equity:** To ensure that older people/koroua/kuia have an equal opportunity to achieve well-being by directing resources to help those disadvantaged or in greatest need.

**Cultural Respect:** To respect the values and social structures of Maori and people of all cultural and ethnic backgrounds, demonstrating respect by working together to gain mutual understanding.

## Project partners

The work being done by Age Concern would not be possible without the support from a wide range of partners, all of which contribute to the prevention of abuse of the elderly. Our partners include:

- Other local age concern councils across New Zealand
- ACNZ (17)
- Providers of EANP services
- Presbyterian Support Services (3),
- Ministry of Social Development
- Te Hauora Pou Heretanga
- TOA Pacific
- Buller REAP
- Te Oranga Kaumatua Kuia Services Trust
- Tairāwhiti Abuse and Intervention Network (TAIN)
- Salvation Army
- Tairāwhiti District Health

## Project outcomes achieved/results

This project has, and continues to achieve, the following outcomes:

- The minimisation of Elder Abuse and Domestic Violence
- Informed communities – empowered to act and protect community members
- Self referrals – empowered individuals

- Zero Tolerance – no longer acceptable to keep family secrets
- Equality so that the elderly are not marginalised and overlooked
- The initiation of Elder Abuse Policy throughout all government departments
- Closing the gap for Elder Abuse in the Domestic Violence Act as Age Concerns are specialists in this field
- Legislation in place to control ageist attitudes
- Institutions being monitored more closely and legislation introduced to improve the quality of service delivery
- Local gaps in services and inadequate service delivery and unsafe practices
- Information share regarding the exclusion of a sector of the community by changes in policy within local decision making.

In particular the following policy areas have been addressed over the last 2 years.

### **Income and financial security**

All older people are assured of secure and adequate income, sufficient to purchase the goods and services they need and to participate in the community.

Action Taken: Sent letters to MSD outlining the deficiency in Accommodation Supplement for Gisborne area and initiated community collaboration to Gisborne Affordable Housing forum in which our CEO is the Chairperson for community action to review this supplementary assistance for low income earners.

### **Healthy and affordable services**

All older people have timely access to affordable, integrated health and disability support services that are responsive to the diverse and changing needs of older people and those who care for them. Healthy lifestyles and supportive environments enhance older people's well-being and enable future generations to age in better health

Action Taken:

- Working with Family Violence coordinator Tairāwhiti District Health to integrate Elder Abuse and Neglect Policy into the health system with CCS, TAIN, Women's Refuge, CYPFS.
- Advocating for individuals for ACC claims and home help assistance and referring to specialists and rest home advocacy as codes of conduct and the privacy act hinder staff alerting abusive behaviours and unsafe practices.
- We hold Health Promotion Concert and up and coming in July 16th with organisations across the board.
- Up and coming Health Promotions for 2012 are "The Magic of Movement" and "Lets make Rongoa/Natural Medicine".

## Healthy and affordable housing

All regions have a range of affordable and appropriate housing providing options for older people.

Action Taken: We are strategically placed to make sure that social housing has its place in our community the need is high the housing shortage allows for an economic boom and soaring rents and sadly the exclusion of a sector of our community into financial hardship this will escalate the crime rate.

We work hard for affordable housing along with health and iwi organisations, HNZ, Barnardos, Ka Pai Kaiti, Elgin Community group, Tairāwhiti and Abuse Network rep, ACC and other organisations. This topic is core business on a local level and national level and informing the community and working with Members of Parliament.

The need to have one and two bedroom houses allows for elderly to live on their own and in control of their lives away from coercive behaviours.

## Transport

Affordable and accessible transport services are available in all areas of the country, allowing older people to remain safe and to comfortably move from place to place with maximum levels of independence.

## Ageing in pace with safety and security

A high proportion of older people remain living in their own homes, in a safe and secure environment and with appropriate care and support, until the end of their lives.

Action Taken: We are working with our accredited visitation service to have a health promotion programme introduced which is to be included in our weekly visits which encompasses simple breathing techniques and muscle strengthening exercises along with when not to venture out on the roads when medications have been taken and formulate a safety plan to assess risk in their homes to keep them mobile in their homes as the result can be having to be institutionalised after hospitalisation.

## Culturally appropriate services

Diversity of services allows choice for older people and reduces inequalities in health and well being. Older people living in rural and remote communities are not disadvantaged when accessing services.

Action Taken: We are having our World Elder Abuse Day with the Mana Tane Ki Waiapu.



## **Criteria 4**

**Programmes that document the frequency and causes of injuries – both unintentional (accidents) and intentional (violence and self-directed)**

The priority areas of focus for Safe Tairāwhiti, as outlined in criteria two and three, were established following a review of both local and national data sources which document the frequency and causes of injury and incidents of crime in the Tairāwhiti region.

Several of the organisations involved with Safe Tairāwhiti document the frequency and cause of injury as part of their core business.

## Tairāwhiti District Health

Tairāwhiti District Health Board collects a wide range of information including:

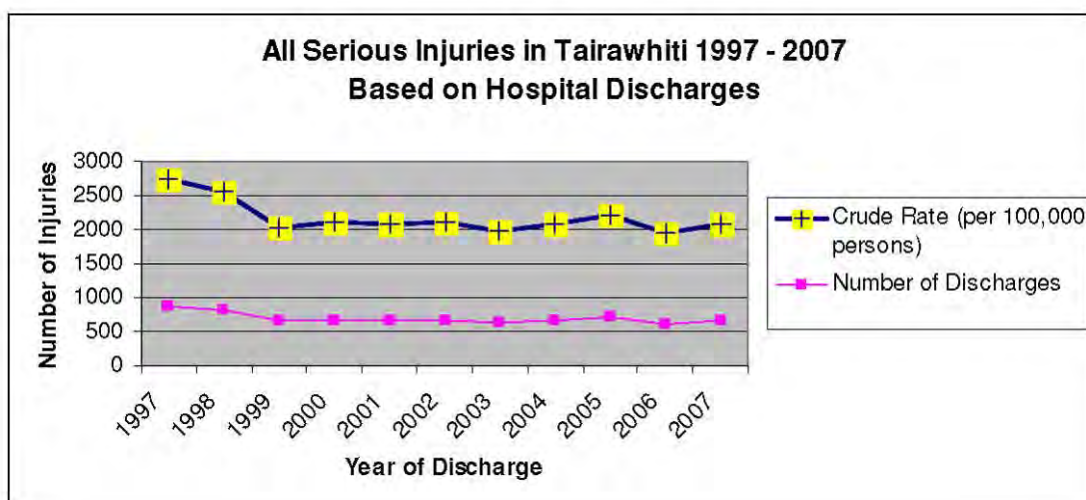
- hospital admissions and discharges
- injury type
- injury location
- injury causes, and
- injury fatalities.

This information is utilised on a local level to develop key injury prevention programmes, including target groups, areas of focus and locations.

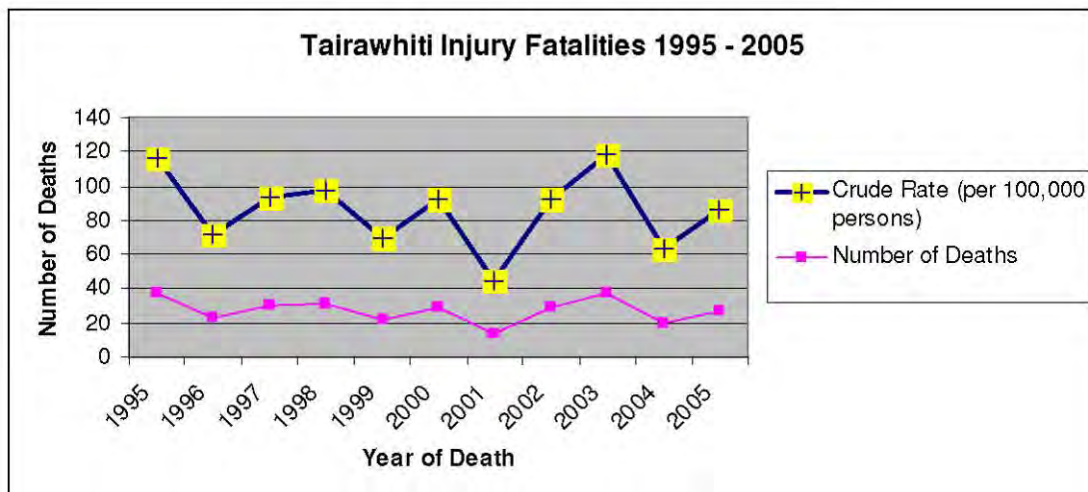
A comprehensive analysis of this local injury data was conducted by TDH in early 2010 and the key findings, strategies and associated actions informed the development of 'TIPS for a Safe Tairāwhiti: A Tairāwhiti Injury Prevention Strategy'.

The key findings from that analysis are demonstrated in the graphs below which show the total number of injuries and injury deaths across all causes that have occurred over the last 10 years for which statistics are available.

The source for these statistics is the National Injury Query System (NIQS) managed by the Injury Prevention Research Unit, Otago University. This document includes information on the 6 priority injury areas that cause between them 80% of the injury deaths and serious injuries. It is important to be aware that this is part of a bigger picture.

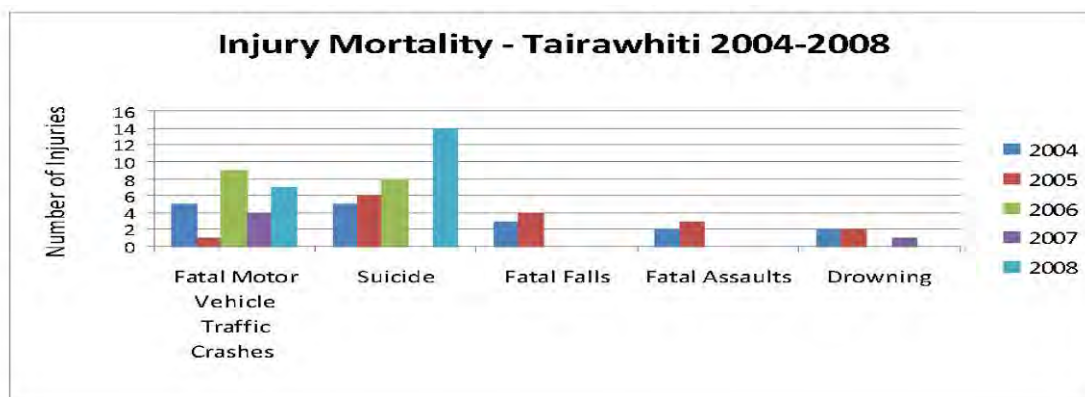


The graph above indicates that hospital discharge data from Tairāwhiti District Health, via the NIQS, for serious injuries trended downwards over an 11 year period, from 1997 to 2007.



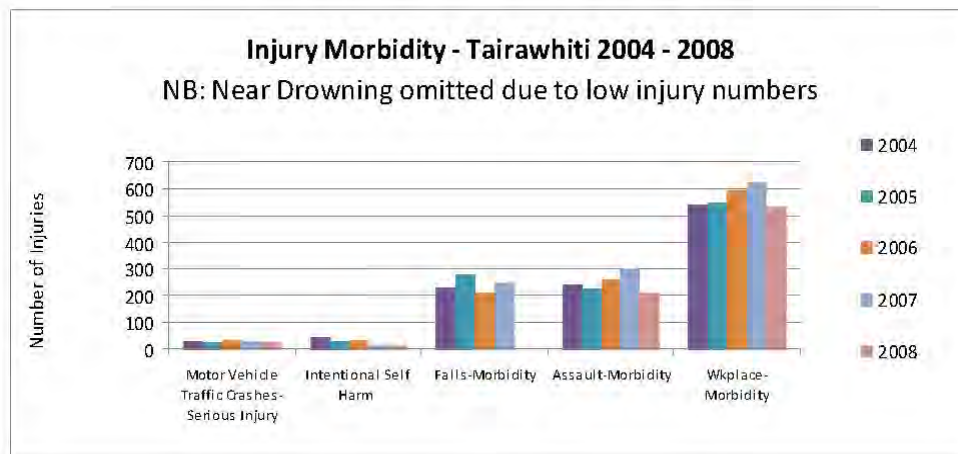
In addition, injury fatality statistics for the Tairāwhiti Region (available via NIQS) indicate that, aside from a peak in the 2003 year, there has been an overall decrease over a 10 year period (between 1995 and 2005).

Injury Mortality statistics (shown in the graph below) for the Tairāwhiti Region between the 2004 and 2008 years, demonstrate that motor vehicle traffic crashes and suicide are the two most significant causes of injury mortality.



In addition, analysis of Tairāwhiti Injury morbidity data over a five year period indicates that workplace, assault and falls morbidity are also significant.





The TIPS report also identified key barriers to injury prevention (such as injury environment, funding and cultural issues) and provided an approach for addressing injury prevention across the six major injury areas. These six priority injury areas between them account for 80% of all injury deaths and serious injuries. They are:

- Motor Vehicle crashes
- Suicide and deliberate self harm
- Falls
- Assault
- Workplace injuries
- Drowning and near drowning

Safe Tairāwhiti Community Trust will take into consideration this report and its proposed approach to ensure that there is alignment between the work that is done in relation to the Injury Prevention Task Area and the Tairāwhiti Injury Prevention Strategy.

### NZ Transport Agency

The comprehensive road injury statistics collected by the NZ Transport Agency are published in a national annual report which can be found at <http://www.transport.govt.nz/research/>. This report provides data such as the weekly road death rates across regions (see table below).

Local Government Region	2007	2008	2009	2010	2011
Northland	20	13	19	15	5
Auckland	27	33	49	32	30
Waikato	55	45	51	40	37
Bay of Plenty	24	22	16	26	8
Gisborne & Hawkes Bay	15	13	9	14	9
Taranaki	7	4	14	6	5
Manawatu / Wanganui	23	18	23	21	15
Wellington	9	11	13	7	9

Local Government Region	2007	2008	2009	2010	2011
Nelson / Marlborough	6	5	8	20	5
West Coast	3	5	2	2	6
Canterbury	23	24	18	26	17
Otago	14	11	7	12	10
Southland	5	8	12	6	1
<b>Total</b>	<b>231</b>	<b>212</b>	<b>241</b>	<b>227</b>	<b>157</b>

**Weekly road deaths update by Local Government Region as at midnight Monday, 25 July 2011 \***

Local road injury statistics are formally presented at the Road Safety Action Group meetings, and through the publication of Gisborne District Road Safety Profile Reports. These injury and fatality statistics govern the key focus areas for the Gisborne Road Safety Council.

To address the issues raised by the story told by the statistics the Gisborne Road Safety Council has been established. The purpose of the group is to work together towards a "safe road system increasingly free of death and serious injury". The Road Safety Council will contribute to the Government's Safer Journey strategy 2020 which aims to reduce user crash risks and consequences. The Road Safety Council Action Plan has an action plan in place to achieve this through:

- Reducing alcohol/ drug impaired driving.
- Increasing the safety of young drivers.
- Making roads and roadsides safer.
- Encouraging safe speeds.
- Creating safe walking and cycling zones.
- Improving the safety of heavy vehicles.
- Reducing the impact of fatigue and address distraction.
- Increasing the level of restraint use.

Action Plan is set out in Case Study 3 attached to this section.

### **Gisborne District Council**

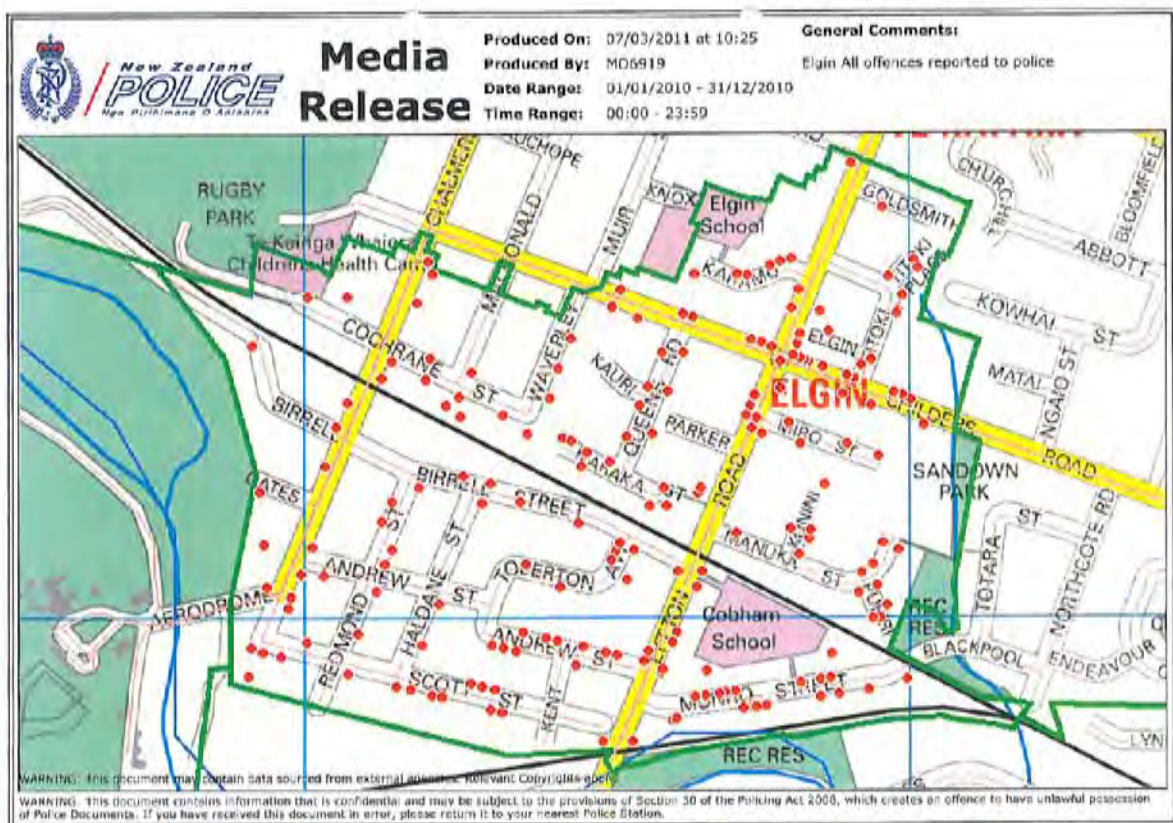
The Gisborne District Council collects data from government sources such as census data and data kept by Statistics NZ. The Council also collects a range of local data through the annual Communitrak Survey.

The information collected by Gisborne District Council has been used by Safe Tairāwhiti to support the development of the Safe Tairāwhiti Strategic Plan and the injury profile.

## NZ Police, Gisborne

The NZ Police produce regional area plans and the Gisborne Police Area Plans 2009/2010 and 2011/2012 provide an analysis of local crime and injury data, priority issues and action plans. In depth crime statistics information is also available from the Gisborne Police INTEL department.

Local statistics provided by the NZ Police, have been utilised by Safe Tairāwhiti to provide a detailed crime profile for the Tairāwhiti region, and to develop crime prevention programmes targeting identified key areas of risk. An example of this is the reported crime maps that are produced by the Police to help target programmes to vulnerable areas (see image below)



## Water Safety NZ

Water Safety NZ collects information about drowning incidents, including information about recreational, non-recreational and other drowning fatalities. This information has been utilised locally to formulate the Gisborne District Water Safety Education Plan 2009-2012 which involves the Safe Tairāwhiti coalition, and to provide associated drowning data to support the Safe Tairāwhiti injury profile.



An example of how this information is used can be found in Case Study 1 attached to this section.

## NZ Fire Service, Gisborne

The data provided by the Gisborne Branch of the NZ Fire Service, including information relating to the type and cause of local fires and the number of casualties and fatalities, has been used by Safe Tairāwhiti to monitor the trends in fire related injuries and fatalities and to develop partnership based fire prevention programmes such as the Juvenile Fire Starters Programme.

## Accident Compensation Corporation

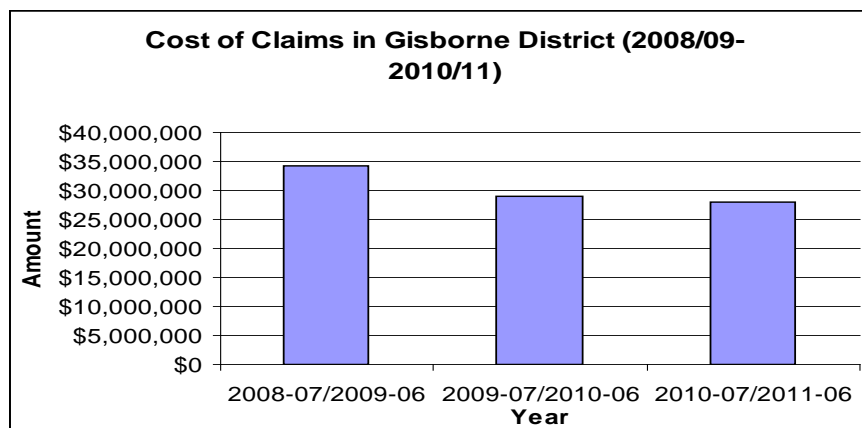
ACC collects comprehensive injury data, relating to injury trends in claim numbers and cost, entitlement type, injury causes, injury locations and so on. This information is analysed and is used to inform decisions about key areas of focus for injury prevention initiatives, and has contributed to Gisborne's injury profile.

Injuries have a high economic and social cost for Tairāwhiti communities, workplaces, whanau-families and individuals. Injuries and their consequences consume significant central and local government, community and commercial sector and personal resources.

The following information is sourced from an analysis of current ACC data on injury costs (July 2011).

## Tairāwhiti injury costs

The cost of injuries is a significant issue for the Tairāwhiti region. The cost of new and active ACC claims for the 2010/2011 financial year was 27.9 million<sup>2</sup>. In comparison to the previous 2 financial years (2008/2009 at \$34.1 million and 2009/2010 at \$29 million) this claims cost represents a downwards trend.

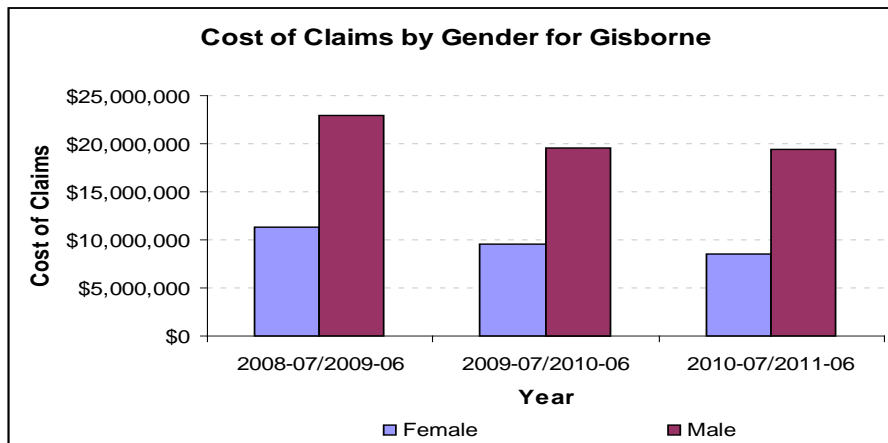


It is anticipated that the continued collaborative efforts of the Safe Tairāwhiti Coalition and the implementation of associated programmes, will continue to contribute towards reducing the cost of injury in the Tairāwhiti region.

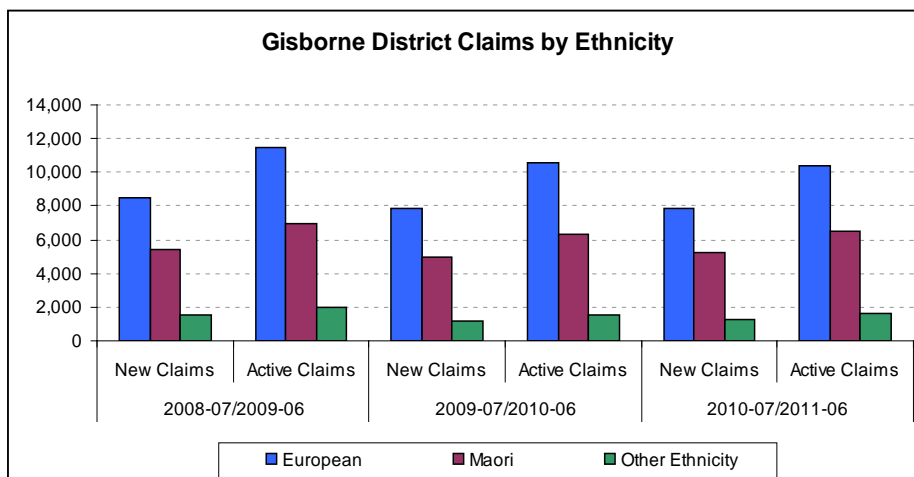
<sup>2</sup> This figure does not include money paid directly to District Health Boards for public acute services

## Tairāwhiti claims by gender and ethnicity

During the past three financial year periods, males are over represented in the number of all ACC Claims. The total cost of claims by males is just over 50% more than claims costs by females.

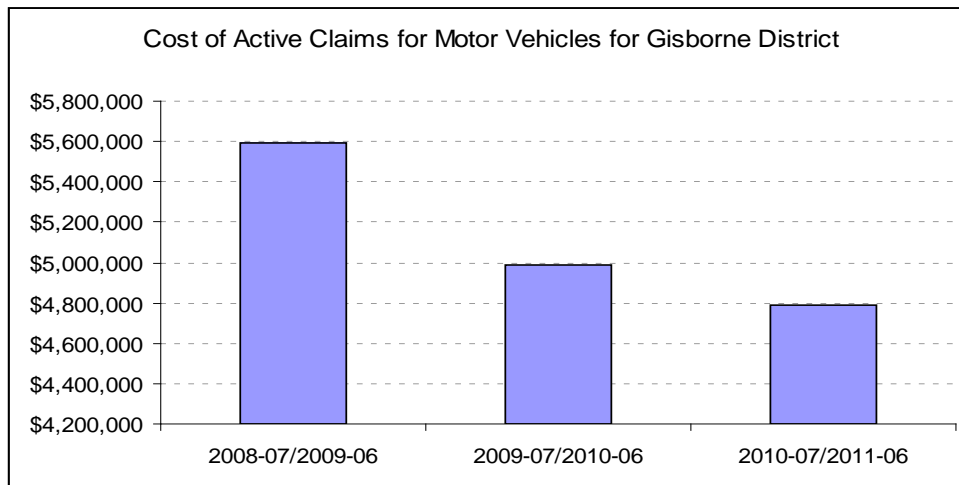


Analysis of the overall number of claims and the associated costs for the 2008/2009, 2009/2010, and 2010/2011 financial periods, also demonstrates that the Europeans make about a third more claims than Maori and that the associated claims costs are approximately a quarter higher than Maori claims costs.



## Tairāwhiti motor vehicle claims

Motor vehicle new and active ACC claims in Tairāwhiti are also trending downwards in relation to claims numbers and also claims costs. The cost of new and active ACC motor vehicle claims for the 2010/2011 financial year was 4.7 million, and represents 17% of the total claims cost for the Tairāwhiti region.



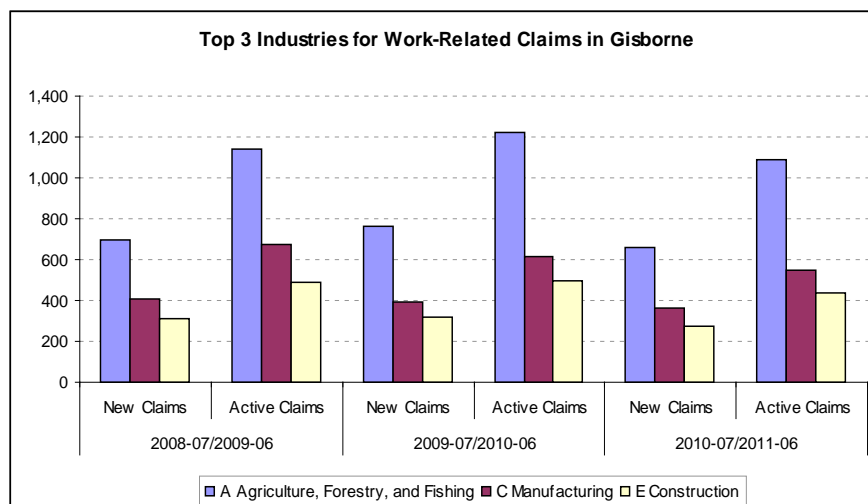
### Tairāwhiti work related claims

Tairāwhiti work related ACC claims costs represent just under a third of all new and active ACC claims costs over the previous three financial year periods.

Work Related Claims Costs and Overall Claims Costs:

	Cost of Gisborne Work Related Claims	Overall Gisborne Claims Cost
2008/2009	\$9.3 million	\$34.1 million
2009/2010	\$9 million	\$29 million
2010/2011	\$8.5 million	\$27.9 million

Whilst claims costs for work related ACC claims has decreased over the previous three financial year periods, the actual numbers of claims and claims costs has remained relatively steady. In relation to workplace fatalities and associated claims costs, Males dominate ACC Gisborne's accepted claims statistics, with claims generally peaking in the 40 to 55 year age group. The top three industries for work related claims in the Tairāwhiti region are: agriculture, forestry and fishing, manufacturing and construction. The following bar graph demonstrates the numbers of new and active claims in these 3 industry groupings:



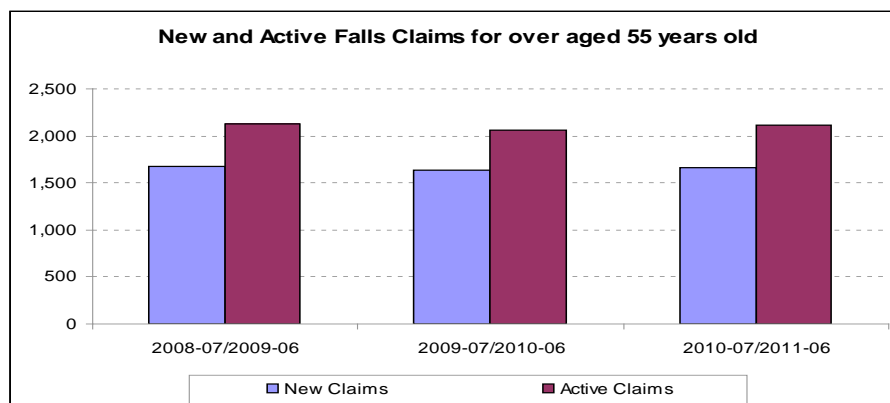
## Tairāwhiti fall related claims

ACC claims data shows that falls are the leading cause of injury hospitalization and one of the leading causes of injury death in New Zealand. Slips, trips and falls account for about 40% of unintentional injury hospitalizations and 20% of unintentional injury deaths. Fall related injuries account for nearly a third of the total cost of claims costs in Tairāwhiti. Analysis of fall related claims over the previous three financial years, demonstrates that there has been a very slight decrease in both the number of claims and also the associated claims costs.

### Fall Claims Costs and Overall Claims Costs – Gisborne

	Cost of Gisborne Fall Related Claims	Overall Gisborne Claims Cost
2008/2009	\$9.4 million	\$34.1 million
2009/2010	\$8.3 million	\$29 million
2010/2011	\$8.3 million	\$27.9 million

Older adults are particularly at risk of fall injuries. Older adults aged over 65 have a one in three chance of having a fall each year, once they're 80 that increases to one in two, or even higher if they live in a rest home. ACC suggests that caring for New Zealanders aged 65 and over who have been injured in falls, costs around \$60 million each year<sup>3</sup>. Claim numbers for new and active falls claims for those aged 55 years and over has remained relatively steady the previous three financial year periods.



## Tairāwhiti home injury claims

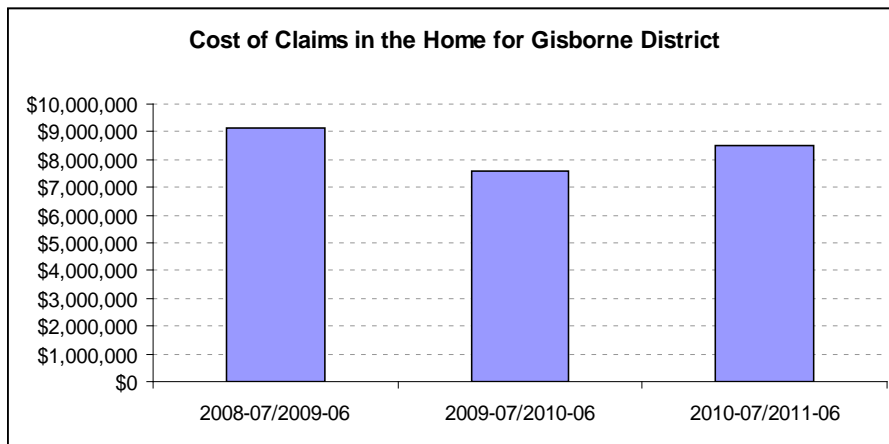
National ACC Claims data shows that one in three injuries (31% of entitlement claims, 40% of all claims) occurs in the home, making it the most common place for injuries to happen. Home related injury costs represent nearly one third of the total claims cost for the Tairāwhiti region:

<sup>3</sup> ACC

### Home injury claims costs and overall claims costs - Gisborne

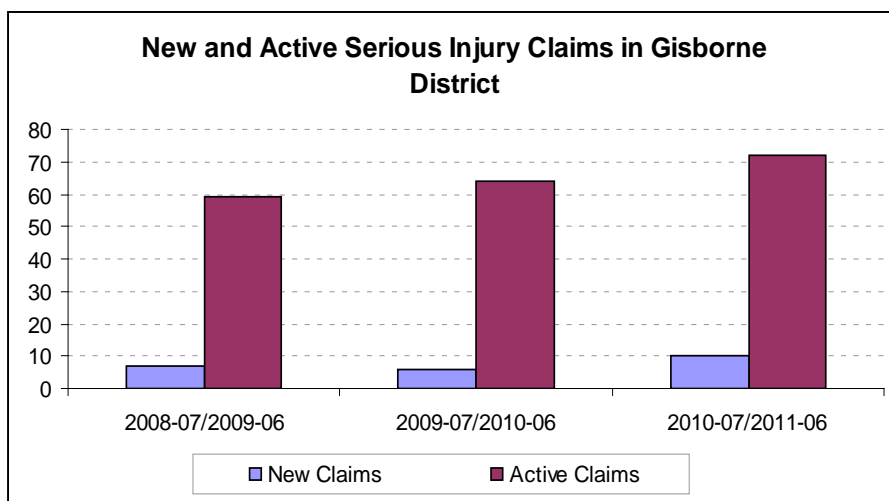
	Cost of Gisborne Home Injury Claims	Overall Gisborne Claims Cost
2008/2009	\$9.1 million	\$34.1 million
2009/2010	\$7.5 million	\$29 million
2010/2011	\$8.5 million	\$27.9 million

Home injury claims costs have increased slightly during the past two financial year periods:



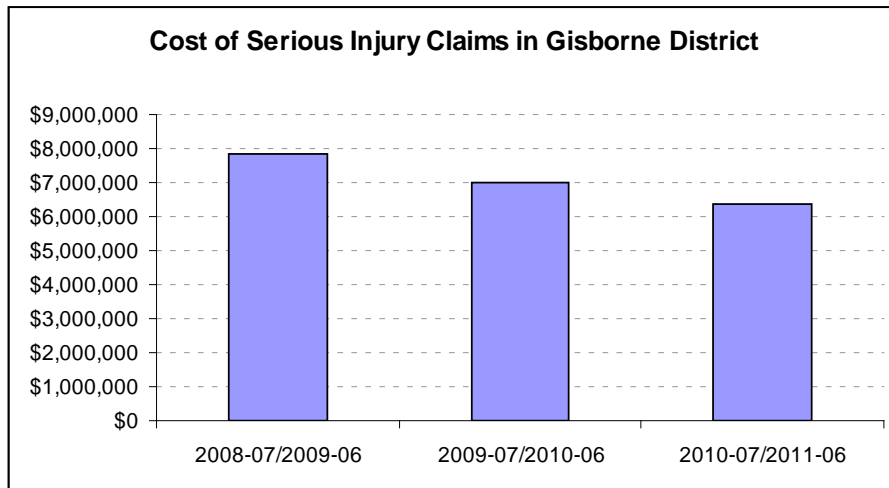
### Tairāwhiti serious injury claims:

Active serious injury claims continue to dominate serious injury claims in the Tairāwhiti region, and new serious injury claims over the previous three financial years have continued to be 10 or less in number.



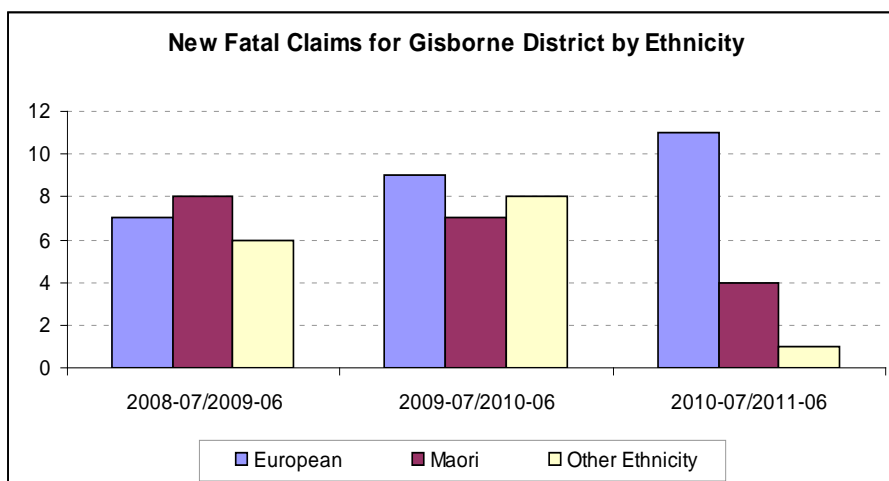


There has been a slight decrease in the cost of serious injury claims during the previous three years, with 2010/2011 serious injury claims costing \$6.3 million, 2009/2010 serious injury claims costing \$6.9 million, and 2008/2009 serious injury claims costing \$7.8 million (see bar graph on following page).



### Tairāwhiti fatal injury claims

Fatal Injury claim numbers in the Tairāwhiti region, vary each financial year. During the past three years there was an increase in the number of new fatal claims in the 2009/2010 year with the total number of new fatal claims being 24. In the 2010/2011 year, the number of new fatal claims reduced to 16. Analysis of ACC Gisborne Fatal Claims data over the previous three years, demonstrates that there is no specific trend in the ethnicity of new fatal claims, except for people of European ethnicity representing nearly 70% of new fatal claims in the 2010/2011 year.



### Alcohol related injury

Alcohol related injuries cost ACC 650 million per year and represent 22.5% of all ACC claims. There is also a strong correlation between alcohol and crime, with at least a third of recorded violence offences and family violence incidents in 2007/08 were committed where the offender had consumed alcohol prior to committing the offence.

With regards to serious offending, such as homicides and incidents where force was used by Police, approximately half of the alleged offenders or victims were affected by alcohol (*footnote 4*).

Analysis of Gisborne District Police Crime statistics, including Alco-Link data, demonstrates that alcohol continues to be a significant contributing factor to crime and crash in the Eastern District, with alcohol featuring in up to 75% of all Police attended incidents (*footnote 5*). An internal review of fatal motor vehicle crashes in the Eastern District over the past 5 years, also demonstrated that 35% of these crashes have involved alcohol (*footnote 6*).

### **Suicide and assault injuries**

ACC claims data and associated claims costs for suicide and assault claims is only available up to the 2007/2008 financial year. Since the 2008/2009 period, various other external agencies are now responsible for managing and reporting on this data. The table below, which outlines the costs of accepted fatal claims for suicide by the ACC Gisborne Branch, demonstrates a trend of significant growth in the cost of suicide claims over a four year period.

#### **Gisborne region ACC accepted fatal claims – SUICIDE**

	2004/2005	2005/2006	2006/2007	2007/2008
<b>Total Cost of Active Claims</b>	<b>\$14,624</b>	<b>\$59,607</b>	<b>\$87,144</b>	<b>\$121,112</b>

However this information must be considered with some caution, as there is not a corresponding increase in the number of actual new entitlement claims. Males are a dominant feature in these statistics, including fatal claims costs within the 20 to 34 year old age group.

Analysis of ACC Gisborne Branch accepted claims for assault injuries shows that there is very little disparity between male and female claims and also between European and Maori claims. This data does however strongly demonstrate that home environments are the predominant setting where assaults are most likely to occur.

Places of recreation or sports (including public places such as CBD areas) and industrial sites are the next two most common areas where assault injuries occur in the Gisborne region.

#### **Gisborne region ACC accepted claims – ASSAULT**

	2004/2005	2005/2006	2006/2007	2007/2008
<b>Total Cost of Active Claims</b>	<b>\$607,369</b>	<b>\$726,244</b>	<b>\$680,649</b>	<b>\$739,142</b>

### **Safe Communities Foundation NZ**

Injury Fact sheets which are available through the Safe Communities Foundation NZ, via The Injury Prevention Research Unit and the NZ Health Information Service, are utilized by Safe Tairāwhiti to make comparisons between the injury rates for Gisborne and national injury rates.

<sup>4</sup> NZ Police: Key Findings of the Police National Alcohol Assessment (April 2009)

<sup>5</sup> Gisborne Police INTEL Data

<sup>6</sup> Eastern Police Road Policing Manager: Inspector Christopher Wallace

External data sources which have also been accessed for national reference are listed as follows:

- The NZ Injury Prevention Strategy 2003 and Implementation Plan 2008-2011.
- The NZ Family Violence Strategy.
- The NZ Transport Agency Reports.
- NZ Police statistics.
- Safer Journeys: NZ Road Safety Strategy 2010 – 2020.
- Statistical information from Alcohol Action NZ.
- NZ Fire Service statistics.
- Water Safety NZ.
- Statistics NZ.
- Injury Prevention Research Unit, Otago University.
- The Crime Reduction Strategy 2000.
- The Workplace Health and Safety Strategy for NZ to 2015.

## Criteria 5

Evaluation measures to assess programmes, processes and the effects of change.

### Case Studies

Tairāwhiti Sealord Swim for Life

Safe Tairāwhiti Community Trust recognises the need for effective, useful, relevant, current and accurate evaluation of the effect of our programmes on environmental and behaviour changes. As part of the ongoing work programme a “Results Based” evaluation framework will be developed over the next 12 months and appropriate evaluation measures will be put in place to ensure that the work done by STCT continues to create meaningful change for our communities.

At the present time, STCT is working on gathering sound and robust data on outcomes and findings from past programmes to help set the baseline for future evaluation. Examples of the findings that will be used include random drug testing findings, and survey results from Council community surveys.

Evaluation will include use of the following tools and methodology.

### **Intervention logic**

In the documentation provided on “Guidance on Outcomes Focused Management”, The State Services Commission describes intervention logic as a:

“Systematic and reasoned description of the casual links between a programme’s activities, outputs, and outcomes. The main purpose is to select interventions that are most likely to be effective, and identify the most significant results that can be monitored to show interventions work.”

They go on to say:

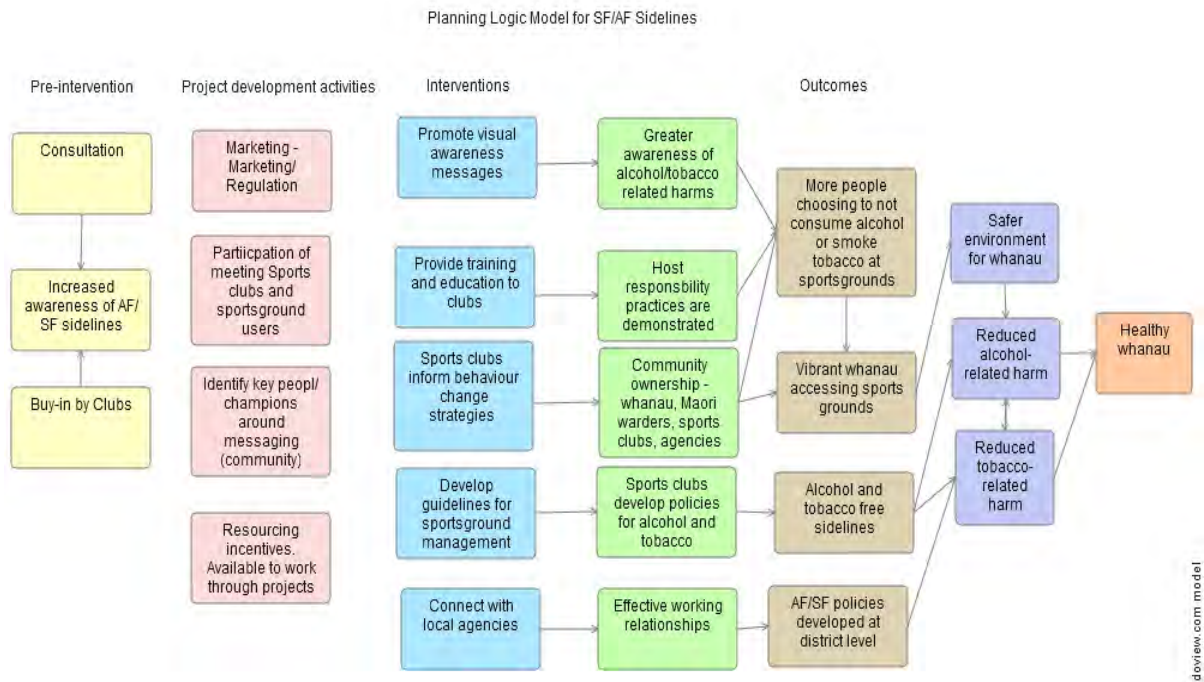
“Intervention logic starts with a clear definition of an outcome and uses logic and evidence to link outcome goals to outputs. Well developed intervention logic helps justify the choice of activities used to improve outcomes on the basis of evidence of effectiveness. When evaluative information can be produced on the activity, then intervention logic can be used to prioritise activity so as to maximise outcomes.

Intervention logic is a powerful tool for monitoring performance and informing decision-making. When done well, it helps improve strategies and plans, specify interventions to improve risk management, and demonstrate results.

Intervention logic is dynamic. The intervention logic evolves as knowledge of the effectiveness of an intervention increases and as the mix of interventions evolves. Feedback on the performance of interventions will provide further insights into the effectiveness of activities and lead to continuous performance improvement.

Intervention logic provides a powerful tool that can inform many areas of decision-making and planning as well as a disciplined approach used to drive continuous improvement throughout the life of a programme.”

An example of how intervention logic models may be used to help evaluate outcomes is demonstrated in the diagram below (taken from work done by Tairāwhiti District Health).



## Analysis of statistics and survey data

Data will be gathered from a variety of sources, including:

- Community surveys
- Council survey data: satisfaction on social outcomes
- Visitor surveys: how safe did you feel

An example of the type of data that may be used is the Random Drug Testing data collected through the Safety in Forests initiative as seen in the table below.

2011 Month	Random Testing			Pre-employment Testing		
	# of Tests	# Positive Results	%	# of Tests	# Positive Results	%
January	21	6	29%	131	10	8%
February	43	9	21%	113	10	9%
March	84	10	12%	158	15	9%
April	54	1	2%	172	16	9%
May	67	8	12%	145	11	8%

## Evaluation of outcomes

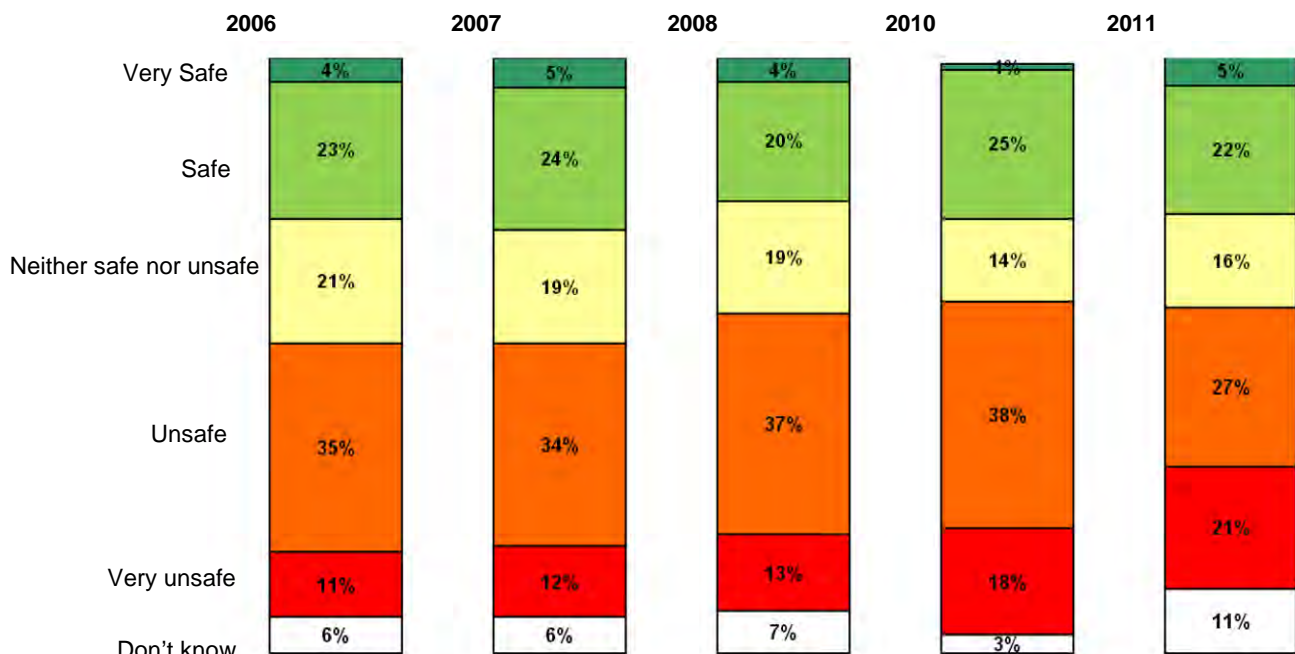
The results from outcome evaluation will be used to refine our work programmes and prioritise initiatives and work for the future. When funding is available, formal evaluations will be carried out by independent reviewers to help inform improvements to the work programmes associated with STCT.

## Perceptions of safety

The Council carries out an annual review of safety perceptions around the region. The most recent survey results were received by Council in early August 2011, and are set out below.

This information is used to help Council determine what activities it needs to priorities in its annual work programme to address safety issues around the district.

*How Safe or Unsafe Do You Feel Walking in the Gisborne City Centre at Night? (I)*



Just over a quarter (27%) of residents feel Very safe/Safe walking at night in the City Centre. Those feeling unsafe/very unsafe (48%) has fallen 8 percent from 56 percent last year. The percentage who feels very unsafe (21%) continues to rise.

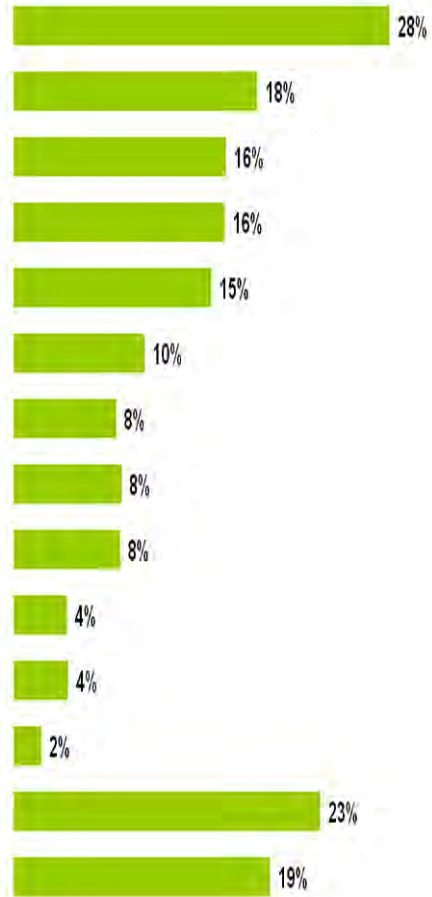

Women (56%) and those over 60 years of age (61%) are the most likely to feel Unsafe/Very unsafe. Over a quarter (26%) of those from 3+ person households feel safe walking in the City Centre at night compared to 16 percent from 1-2 person households.

The Survey also asked what, in general, did people see as the top safety priorities for the coming year.



The responses are shown in the table below.

### General Safety Needs for Gisborne



### Case study

The case study in this section demonstrates how evaluation and data can be used to inform and monitor intervention and prevention initiatives.



## Case Study 1: Tairāwhiti Sealord Swim for Life

### Background

While many think everyone can swim, the scary thing is that most kids today can't.

Research<sup>7</sup> conducted by Water Safety New Zealand has shown that the swimming ability of our children is in a downward spiral, as illustrated in the key finding presented below:

- 21% of 12 year olds can swim 200m.
- 50% of 10 year olds can swim 25m and just 37% can swim 50m.
- 25% of children are unable to get across 20m of water or manage to keep afloat and tread water.

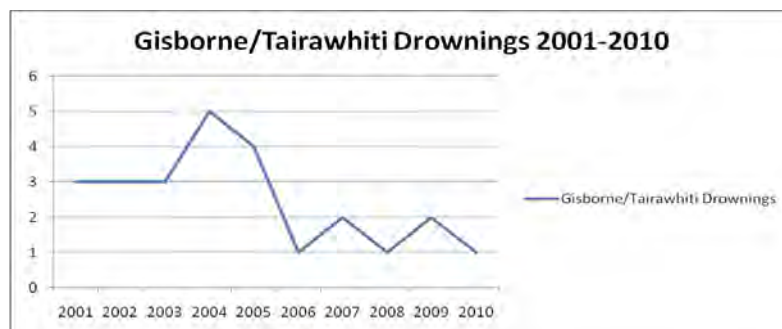
*Proficiency in each of these measurements is down on average by 10% from 2001*

If this downward trend continues, the New Zealand drowning rates will return to the high levels of the 1980's when 214 deaths were recorded in 1985 - more than double the toll of 87 recorded in 2010.

To further compound the problem research indicates:

- Schools are not able to deliver the level of swimming instruction provided in the past due to financial and infrastructure limitations.
- School teachers believe the quality of children's swimming skills has steadily declined.
- Almost 50% of teachers have not had any swimming/aquatics training in the past six years and many question their ability to teach swimming skills to the level required by the curriculum.

These issues have been compounded by the Ministry of Education when in 2009 they issued a new curriculum that emphasised the need to raise standards in reading, writing and mathematics with minimal support for learn to swim and survive programmes.



<sup>7</sup> Nielsons

, 2008

Drowning affects all New Zealanders irrespective of age, ethnicity, gender or socio-economic status, hence the need for a coordinated and collaborative initiative to ensure the youth of the Gisborne Tairāwhiti region have the opportunity they deserve to learn the core life skills of swim and survive.



## Project details

Water Safety New Zealand (WSNZ) is New Zealand's national organisation responsible for water safety education, awareness and prevention. It represents 35 organisations within Aotearoa New Zealand that have an interest in water safety.

WSNZ advocates that every New Zealand child needs to be able to swim 200m. In order to work towards achieving this, a partnership between Sport Gisborne Tairāwhiti, KiwiSport and Water Safety NZ has been developed to facilitate the Tairāwhiti Sealord Swim for Life initiative.

The Sealord Swim for Life initiative has two major components:

1. The regional coordination of swim and survive in schools via partnerships with Regional Sports Trusts, Territorial Local Authorities and other partners that promote the delivery of learn to swim and survive programmes through schools.
2. A communications campaign that increases awareness of the importance of learning to swim and survive for primary school aged children

This national initiative aims to ensure that every child in New Zealand has the opportunity to learn the core life skills of swim and survive.

## Vision

To have a water safety culture imbedded into the Tairāwhiti community

## Mission

Provide and implement swim and survive education for all children through the Sealord Swim for Life programme – Tairāwhiti

This initiative will assist 31 Gisborne Tairāwhiti schools in the delivery of learn to swim and survive education to nearly 2000 year 1-6 children through KiwiSport.

Students will be provided with ten quality swim and survive lessons from swim providers at a range of venues. Swim providers in the region are supportive of, and committed to, this project.

Each student participating in the initiative, in addition to receiving free swim and survive tuition, will be presented with a Sealord Swim For Life Passport featuring Kautiki – the swimming Tiki. Kautiki has been created by local artist Derek Lardelli to help create awareness of the seriousness of the issue for our children. Kautiki will guide kids through their swim achievements in the passport and provide them with water safety tips along the way.

## Summary of activity

Tairāwhiti Sealord Swim for Life has made a splash in Gisborne Tairāwhiti with nearly 200 children and 4 schools committing to the initiative in Term 2.

Regional schools are excited about the new initiative. Tania Hunter, Mangatuna School Principal states: *"I know this - swimming is exciting this term and the children love it!!"*

Initial baseline data gathered for the children involved in the programme shows that Gisborne Tairāwhiti children are well below the national average in a range of swimming skills.

ACHIEVEMENT SKILLS	RST's Schools	National Average
% Achieving Submersion	94.50%	87.96
% Achieving Floating	90.65%	80.68
% Achieving 5m	58.24%	62.59
% Achieving 15m	30.22%	45.09
% Achieving 25m	17.60%	31.08
% Achieving 50m	3.30%	19.56
% Achieving 100m	2.75%	12.53
% Achieving Survival Sequence	%	8.48
% Achieving 200m	1.65%	7.65
<b>MISCELLANEOUS</b>		
Average Number of Swim Lessons Per Class	N/A	6.8
Average Session Time (Minutes)	23.5	31.6
% of Instructors Trained in Swim and Survive	100.00%	87.04%

	Above National Average
	Equal to National Average
	Below National Average

## Outcomes

- More children learning to swim and survive.
- More children have learnt to swim and survive.
- More schools have facilitated swim and survive programmes.
- More schools teachers received professional development for swim and survive.

- New Zealanders valuing swim and survive as a core life skill.
- In Gisborne Tairāwhiti at least 31 schools and 1885 children are part of the Tairāwhiti Sealord Swim for Life initiative.

The community will benefit in the long term as more New Zealanders will have the knowledge and skills to enjoy the water safely. This will result in a commensurate reduction in the number of drownings

The programme is monitored through the Swim for Life database which records and tracks each child's swim and survive achievements. This database also records nine levels of achievement for local schools against a regional and national average.

### **Future directions**

- The Tairāwhiti Sealord Swim for Life project will continue to work with at least 31 schools to get quality swim and survive lessons for 2000 children per year over the next three years.
- The project will also work with the community to provide swim and survive options such as kayaking, surf lifesaving and Waka Ama.

Will continue to record achievements in the database and measure them alongside national data to review the success of the programme.

### **Other partners**

Water Safety NZ is also working with the community through the Tairāwhiti Regional Water Safety Forum to develop and implement a Regional Water Safety Plan. A range of organisations involved in water safety related issues have contributed to this plan. These include:

- Sport Gisborne Tairāwhiti
- Gisborne District Council
- Swim Providers
- Tairāwhiti District Health Board
- Swimming NZ
- SLSNZ
- Coastguard
- Waka Ama
- YMCA
- REAP
- Safe Tairāwhiti Communities
- Te Puni Kokiri
- Turanga Health, and
- Te Rununga o Ngati Porou.

These groups have identified that the four main issues for the Gisborne Tairāwhiti community are:

- Swim and survive
- River safety,
- Maori, and
- Waka Ama

The agencies will work together to identify strategies to improve safety around these core areas of concern.

## Criteria 6

**Ongoing participations in national and international safe communities networks**

Every member is committed to keeping up to date with emerging trends and initiatives that make communities safer through participation in national and international safe community networks.

### **National networks**

This means that members of STCT attend a number of relevant national forums, meetings, workshops and conferences every year.

For example:

- STCT members attended the NZ Safe Communities Forums in 2009 and 2010.
- Injury Prevention Network Aotearoa NZ (IPNANZ), members have attended conferences and presented papers and have held executive committee roles.

Gisborne District Council has three Sister City relationships in place with:

- Palm Desert: California
- USA Nonoichi Town: Japan, and
- Gisborne Town: Victoria Australia

Each of these cities have programmes and initiatives in place that aim to make their communities safer and we share information and ideas across the city representatives to help learn from each other and improve our communities.

For more information on the relationship between our Sister Cities and Gisborne, please refer to <http://www.gdc.govt.nz/sister-cities/>

Members of the STCT have also been invited to be part of the accreditation of other New Zealand regions applying for accreditation.

### **International networks**

In addition to national networks, our members ensure that, through our organisations, we build and maintain strong and positive relationships with a number of international networks.

For example, the 17<sup>th</sup> International Safe Communities Conference Christchurch 22-23 October 2008 was attended by Turanga Health Community Injury Prevention coordinator, Council Community Development staff and the Director of Sandy Lane Co Ltd, (all participants of Safe Tairāwhiti Communities). The three delegates also participated in Christchurch Safe Community designation ceremony which was held during the conference.

STCT will support a delegation to participate in the World Health Organisation Injury Prevention and Safety Promotion Conference to be hosted by Wellington 2012. Representatives from STCT also look forward to actively participating in the Pan Pacific Safe Community Network.

## National and international networks

The table below provides an indication of the types of national and international networks that our members are involved with.

National/ International Network	Who Are They
SASTA	Is an independent incorporated society managed by professionals working in local government to promote national best practice in community focused activities that seek to improve safety and sustainability on our transport network.
TRAFINZ	The New Zealand Local Authority Traffic Institute or TRAFINZ represents local authority views on road safety and traffic management in New Zealand. It exists to lobby the government, to influence decision making on road safety and traffic issues. It also acts as a forum for collectively pursuing traffic issues of interest to local authorities, and for sharing information and advice.
White Ribbon Day: Men Against Violence NZ	<p>The White Ribbon campaign raises awareness of men's violence against women - which in New Zealand generally takes place within families.</p> <p>The campaign celebrates the many men willing to show leadership and commitment to promoting safe, healthy relationships within families and encourages men to challenge each other on attitudes and behaviour that are abusive.</p>
Tairāwhiti Abuse Intervention Network (TAIN)	<p>T.A.I.N is a cross sector affiliation of local service providers involved in the delivery of services to 'at risk' children, young people and whanau / families in Te Tairāwhiti. T.A.I.N is administered by the T.A.I.N Management Group which is comprised of representatives from seven Government and Non-Government agencies.</p> <p>T.A.I.N's Vision is for an enhanced community and interagency response to family violence intervention and prevention.</p>
Gisborne Community of Social Services (GISCOSS)	GISCOSS is committed to preserving and enriching the quality of life in Tairāwhiti, through leadership, encouraging collaboration and advancing social development in the region. GISCOSS serves the Tairāwhiti community by being a resource, a champion and a steward while being guided by a commitment to values of integrity, innovation and inclusion
Gisborne Road Safety Coalition	The Road Safety Council is a coalition with members from a variety of groups interested in improving road safety in our community.
Water Safety Forum	Formed in 1949, Water Safety New Zealand (WSNZ) is the national organisation responsible for water safety education in New Zealand. WSNZ is a membership based collective comprising 36 member organisations that elect the Board that governs the national office. WSNZ aims to ensure that everyone in New Zealand will have the water safe skills and behaviours necessary to use and enjoy the water safely.



National/ International Network	Who Are They
Rural Education Assistance Programme (REAP)	<p>REAPs exist to provide lifelong learning support to their communities through multiple work streams, including early childhood, working with schools and adult and community education.</p> <p>REAPs work varies in each of the regions, and includes a very diverse range of activities, including working with all or some of the following government agencies: Ministry of Education, Tertiary Education Commission, Land Transport, Te Puni Kokiri, Accident Compensation Commission, Ministry of Social Development (including Strategies with Kids, Information for Parents - SKIP, Parents as First Teachers - PAFT, Family Start).</p> <p>REAPs also work closely with local government, local trusts and community groups in their area.</p>
Safe Kids NZ	<p>Safe kids New Zealand is the national child injury prevention service, and a service of Starship Children's Health.</p> <p>Our goal is to reduce the incidence and severity of unintentional injuries to children in New Zealand aged 0 - 14 years.</p>
Workplace Safety forum	<p>The <i>Workplace Health and Safety Strategy for New Zealand to 2015</i> (the Strategy) aims to lift New Zealand's workplace health and safety performance and reduce the work toll to achieve healthy people in safe and productive workplaces.</p>
Age Concern NZ	<p>We work to serve the needs of older people by offering nationally contracted services, education, resources and national leadership.</p> <p>Age Concern New Zealand is the collective national office, serving to support, engage and promote the organisation's development and quality best practice. Responding to directions set by the Board and feedback from Age Concern Councils, we advocate nationally and internationally on policy and issues relevant to older people and ageing.</p>
Injury Prevention Network Aotearoa	<p>The Injury Prevention Network of Aotearoa New Zealand (IPNANZ) promotes safe living, working, and recreational environments and communities in Aotearoa New Zealand through injury prevention.</p> <p>One of our members sits on the Board as Board Chair and Chair Maori caucus.</p>
MSD Community Response Forum (East Coast – Hawke's Bay)	<p>Fourteen regional forums have been established throughout New Zealand to assess the impact of family and community support services, in their region, against Government priorities.</p> <p>These local forums will consider existing MSD family and community services funding and make recommendations to the Minister for Social Development and Employment on how funding can be better directed to improve services and make a real difference to local families.</p>

In addition to the national and international networks that our members are involved with, STCT support initiatives and programmes from our region that promote safety messages to the nation. An example of this is the story of Tamati Paul, a young man whose life was changed forever when he was the victim of a drunk-driver incident. His story has been told across New Zealand and serves as a message to us all on the tragic consequences of drinking and driving.

## A YOUTH'S SHATTERED DREAMS

By SHIRLEY WHITWELL



Tamati Paul shuffled on to the stage, his partial paralysis obvious to the staunch and usually exuberant teenagers waiting to hear his words. The words were slow and laboured. Occasionally a stammer or a stutter. Often the young man would forget his words mid-sentence.

Five years ago Tamati was a dynamic young man, living in Gisborne, a former surf lifesaving and outrigger canoe champion representing his country in waka ama - his life ahead of him.

His life was shattered in seconds when he was seriously injured in a crash with a repeat drunk driver near Tologa Bay in 1998. The drunk driver, Chris Waru, died at the scene. He had 15 previous

driving convictions and was a disqualified driver at the time of the crash.

Tamati spent months in a coma. Nearly every bone in his body was broken, his skull smashed. He was not expected to survive. That diagnosis became "he will never walk again" and the past few years have been spent learning how to walk and talk again. Tamati features in *Shattered Dreams*, a film that tells how he sustained and then recovered from the severe multiple injuries. He shares his story about how he and his family's lives were changed forever by a drunk driver.

The Accident Compensation Commission funded the video which is being shown to youth in a bid to curb high male Maori drink driving statistics.

Tamati added to the impact of his video with a visit to Whakatane's Cyber Cafe as part of National Youth Week.

"This is my story," he told the young people present. "There are no scripts. I performed and competed in my dream sports. I had these dreams shattered in that crash. I use the word crash deliberately rather than the commonly used "accident". My crash was no accident - it was the result of drink driving."

Tamati has lost the vision in one eye, still has only partial use of one arm and leg and suffers short-term memory loss. He will never play sport or work again but the bitterness has passed, with love.

"I have the love of my whanau, my wife and child, my mother and I will move on and get better."

He urged his quiet audience to make the right choice - "don't drink and drive a vehicle. It affects other people's lives - look at me".

As his speech ended, a man in the audience stepped on to the stage to hug him before introducing himself.

"My name is Red Edwards. My first cousin is Chris Waru. "My cousin made the choice he did to drink and drive. He had done it before. This time he had been drinking all day. He lost his life - and took others with him," he said. "Our family has had to live with the crash on our conscience for seven years. The drink driver has no conscience."

The verdict on Tamati Paul? "He's a warrior, an inspiration."

## Appendix one – Safe Tairāwhiti Trust: Trust Deed

SAFE TAIRAWHITI COMMUNITIES TRUST

TRUST DEED

**THIS DEED** is made this                      day of                      2008

**WHEREAS**

- A. The parties to this Deed wish to establish a charitable trust (“the Trust”) for the *purposes* described in clause 3 of this Deed.
- B. The Trustees hold the sum of \$10 as the initial Trust Fund, on trust along with any other money or property received by the Trust to carry out the aims set out in this Trust Deed.
- C. The Trustees are entitled to apply to be incorporated as a Board under the Charitable Trust Act 1957 (Section 7) to carry out the aims, powers and rules set out in this Trust Deed.
- D. The Trustees are entitled to register the Trust with the Charities Commission under the Charities Act 2005.

**THIS DEED WITNESSES**

1. **Name**

The name of the Trust shall be the “Safe Tairawhiti Communities Trust”.

2. **Office**

The office of the Trust shall be in Gisborne, New Zealand as the Board of Trustees may determine.

3. **Purpose**

The purposes of the Trust are as follows:

- 3.1 To benefit the Gisborne district communities in general through the provision, promotion and facilitation of a range of services that will assist the community to be free from intentional and unintentional injuries and address issues and concerns related to making a safe community.
  - (a) To put into place, monitor and evaluate projects and tasks related to injury prevention and community safety.
  - (b) To establish effective partnership with agencies working to improve injury prevention and community safety in the Gisborne district.
  - (c) To raise awareness, commitment and motivation to improve injury prevention and community safety within organisations and throughout the community.
  - (d) To guide and support the development of plans for effective injury preventions at a community level within the framework of the New Zealand Injury Prevention Strategy
- 3.2 To accept monies and property by way of gift or otherwise for the purposes of the Trust and to apply and distribute or administer the resultant money or other property for the purposes of the Trust in whatever manner and on whatever terms as the Trust thinks fit.
- 3.3 To engage all necessary persons and take all necessary steps in furtherance of the objectives of the Trust.
- 3.4 To establish and maintain connections with organisations in New Zealand and overseas having objects wholly or in part similar to those of the Trust for the exchange of information and personnel and for any other purpose connected with the objects of the Trust.

- 3.5 To provide for the purposes set forth in Section 61A of the Charitable Trusts Act 1957 or any act or enactment passed in substitution thereof.
- 3.6 To do such acts as are defined as a Charitable Purpose under Section 2 and Section 38 of the Charitable Trusts Act 1957 or any act passed in substitution thereof provided such charitable purpose is within the definition of that term contained in Section OB1 of the Income Tax Act 1994.
- 3.7 To do all such things as in the opinion of the Trustees may be incidental or conducive to the attainment of any of these objectives PROVIDED HOWEVER that if by reason of any alteration in the law relating to Income Tax it is at any time necessary to alter such purposes in order to preserve the right to exemption from Income tax of a kind referred to in ss CB4(1)(c) and CB4(1)(e) of the Income Tax Act 1994 such purpose shall thereupon be deemed to be amended to the extent necessary.

4. **Structure of the Trust**

The Trust shall be administered by the Board of Trustees (“the Board”) who shall be accountable to and elected by the members of the Trust.

5. **Members of the Board**

5.1 Number of Board

The Board shall consist of not less than four (4) nor more than eight (8) members.

5.2 Membership of the Board

The signatories of this deed shall be the first Board and subsequently the Board shall be elected at each annual general meeting of the Trust.

5.3 Retirement of the Board

The Board shall retire at each annual general meeting, but shall be eligible for re-election at the same and subsequent meetings.

5.4 Nomination to the Board

Nomination for a position on the Board shall be by way of notice of nomination in writing endorsed with the consent of the nominee and given to the Secretary not less than twenty-four (24) hours before the time fixed for the annual general meeting. If there are insufficient nominations for the vacant position on the Board, oral nominations may be received at the annual general meeting provided that no member shall be elected who has not consented to being nominated.

5.5 Vacancies

Subject to Rule 5.1 herein, the Board shall have the power to co-opt further members on the Board and to fill any casual vacancy (however caused) on the Board until the next annual general meeting.

5.6 Name of the Board

The name of the Board shall be the “Safe Tairawhiti Communities Trust Board”.

6. **Proceedings of the Board**

6.1 Meetings

The Board shall meet at such times and places as it determines, and shall elect Chairperson at its first meeting and at every subsequent annual general meeting.

6.2 Officers

The Board shall appoint the officers of Secretary and Treasurer. These officers may be combined. The Secretary and Treasurer need not be members of the Board.

- 6.3 Chairperson  
The Chairperson shall preside at all meetings of the Board at which she or he is present. In the absence of the Chairperson from any meeting the members present shall appoint one of their number to preside at that meeting.
- 6.4 Quorum  
The Quorum for all Board Meetings will be half of the Board members plus 1, and no business shall be transacted unless a quorum is present.
- 6.5 Voting  
All questions before the Board shall be decided by consensus. However where a consensus decision cannot be reached on a question, it shall, unless otherwise specified in this deed, be put as a motion to be decided by a majority of votes. If the voting is tied, the motion shall be lost. The Chairperson shall have a casting vote and only Board members are entitled to a vote.
- 6.6 Minutes  
The Secretary shall keep minutes of all Board meetings which shall be available for inspection by Board members at reasonable times.
- 6.7 Eligibility of Board Membership  
The following persons shall not be eligible as a Trustee and may not hold office as a Trustee:
- a. A bankrupt who has not obtained a final order of Discharge;
  - b. A person who has been convicted within the last three years of fraud or dishonesty or any criminal offence punishable by imprisonment;
  - c. A person to whom an order under section 383 of the Companies Act 1993 applies
  - d. A mentally disordered person within the meaning of the Mental Health Act 1969;
  - e. Any person who is the subject of an order under the Protection of Personal Property Rights Act 1988.
7. **Powers**
- 7.1 General and Specific Powers  
In addition to the powers implied by the general law of New Zealand or contained in the Trustee Act 1956, the powers, which the Board may exercise in order to carry out, its charitable objects are as follows:
- (a) To use the funds of the Trust as the Board thinks necessary or proper in payment of the costs and expenses of the Trust including the employment of professional advisers, agents, officers and staff as appears necessary or expedient; and
  - (b) To purchase, take, and lease or in exchange or hire, or otherwise acquire any land or personal property and any rights or privileges which the Board thinks necessary, or expedient, for the purpose of attaining the objects of the Trust, and to sell, exchange, bail or lease, with or without option of purchase. Or in any manner dispose of any such property, rights or privileges as aforesaid; and
  - (c) To carry on any business, and
  - (d) To invest surplus funds in any way permitted by law for the investment of trust funds and upon such terms as the Board thinks fit; and
  - (e) To borrow or raise money from time to time with or without security and upon such terms as to priority and otherwise as the Board thinks fit; and
  - (f) To do all things as may from time to time appear or desirable to enable the Board to give effect and attain the charitable purposes of the Trust.

- (g) To insure the Trustees or any employees against liability for acts or omissions and / or costs incurred in connection with claims relating to the running of the Trusts affairs.
- (h) To give a full and complete indemnity from any and every part of the fund of the Trust for any personal liability for the debts, engagements and liabilities of any business or partnership in which the fund of the Trust has been employed notwithstanding that the whole of the fund of the Trust may not have been employed.

7.2 Employment

Under rule 7 1(a) the Board may employ as agents, officers and staff persons who are members of the Board.

**8 Income, benefit or advantage to be applied to charitable purposes**

8.1 Application

Any income, benefit or advantage shall be applied to the charitable purposes of the Trust.

8.2 Influence

No member or person associated with a member of the Trust shall derive any income, benefit or advantage from the Trust where they can materially influence the payment of the income, benefit or advantage except when that income, benefit or advantage is derived from:

- (a) Professional services to the Trust rendered in the course of business
- (b) Interest on money lent at no greater rate than current market rates
- (c) Any such income paid shall be reasonable and relative to that which would be paid in an arms length transaction (being open market value)

**9. Accounts**

9.1 True and Fair Accounts

The Board shall keep true and fair accounts of all money received and expended.

9.2 Audit

The Board shall as soon as practicable after the end of every financial year of the Board, cause the accounts of the Board for that financial year to be independently verified by an accountant or other independent person appointed by the Board for that purpose and the Board shall present the independently verified accounts to the annual general meeting of the Trust together with an estimate of income and expenditure for the year.

**10. Power to Delegate**

10.1 Power to Delegate

The Board may from time to time appoint any committee and may delegate in writing any of its power and duties to any such committee or to any person, and the committee or person, as the case may be, may without confirmation by the Board exercise or perform the delegated powers or duties in like manner and with the same effect as the Board could itself have exercised or performed them.

10.2 Delegate Bound

Any committee or person to whom the Board has delegated powers or duties shall be bound by the charitable terms of the Trust.

10.3 Delegate Revocable

Every such delegation shall be revocable at will, and no such delegation shall prevent the exercise of any power or the performance of any duty by the Board.

- 10.4 Delegate need not be Board Member  
It shall not be necessary that any person who is appointed to be a member of any such committee, or to whom any such delegation is made, be a member of the Board.
11. **Common Seal**  
The Board shall have a Common Seal which shall be kept in the custody of the Secretary, or such other officer as shall be appointed by the Board and shall be used only as directed by the Board. It shall be affixed to documents only in the presence of and accompanied by the signature of two members of the Board.
12. **Membership of the Trust**  
Any person who or any group or organisation, which agrees with the purposes of the Trust may subject to the Board's approval, become a member of the Trust by application in writing and upon payment of a subscription (if any).
13. **Resignation of Trust Board Member**
- 13.1 Resignation by Notice  
Any member of the Trust may resign membership at any time by giving to the Secretary notice in writing to that effect and such notice, unless otherwise expressed shall take effect immediately.
14. **Expulsion of Members of the Trust**
- 14.1 Notice of Complaint  
Any person may make complaint to the Board that the conduct of a member of the Trust is or has been injurious to the character of the Trust. Every such complaint shall be in writing and addressed to the Secretary.
- 14.2 Meeting  
If the Board considers that there is sufficient substance in the complaint it can invite the member to attend a meeting of the Board and to offer written or oral explanation of the members conduct.
- 14.3 Notice of Meeting  
The Board shall give the member at least fourteen (14) days written notice of the meeting. The notice shall:  
(a) Sufficiently inform the member of the complaint so that the member can offer an explanation of the member's conduct: and  
(b) Inform the member that, if the Board is not satisfied with the member's explanation, the Board may expel the member from the Trust.
- 14.4 Board may Expel  
If, in the meeting the Board decides to expel a member from the Trust, the member shall cease to be a member of the Trust.
- 14.5 Appeal  
A member expelled by the Board may within fourteen (14) days give written notice of an appeal to the Secretary. The Secretary shall then call a special general meeting to take place within 21 days of the receipt of the notice of appeal. If that meeting passes a resolution rescinding the expulsion the member shall be reinstated immediately.
- 14.6 Termination of Trusteeship  
The Board shall have the power to remove a Trustee from his/her office as Trustee only upon the unanimous approval of the remaining members of the Board.



**15. Annual General Meeting**

**15.1 Time and Place of Annual General Meeting**

The annual general meeting of the Trust shall be held each year, in September, at such time and place as the Board may determine.

**15.2 Business of Meeting**

The annual general meeting shall carry out the following business:

- (a) Receive the minutes of the previous annual general meeting and of any other special general meeting held since the last annual general meeting; and
- (b) Receive the Trust's statement of accounts for the proceeding year and an estimate of the income and expenditure for the current year; and
- (c) Receive reports from the Board and its committees; and
- (d) Subject to rule 5, elect members to the Board;
- (e) Fix the annual subscription (if any); and
- (f) Consider and decide any other matter, which may be properly brought before the meeting.

**16. Special General Meeting**

**16.1 Secretary may call a Meeting**

A special general meeting of the Board shall be called by the Secretary on the receipt of a request in writing for such a meeting stating the reason for having such a meeting and signed by not less than 4 members of the Trust.

**16.2 Meeting for an appeal against expulsion**

Subject to the provision of rule 14 of the Secretary for the purpose of hearing an appeal against expulsion, shall call a special general meeting of the Board.

**16.3 Notice of Meeting**

The prescribed notice for calling a special general meeting shall state in general terms the business for which the meeting is called and at that meeting only the business so stated shall be discussed.

**17. Procedure for General Meeting**

**17.1 Definition**

In these rules the term "general meeting" includes both an annual general meeting and a special general meeting

**17.2 Notice of Meeting**

Fourteen (14) days written notice of each general meeting shall be given to all members of the Trust. This notice shall state that the meeting is the annual general meeting or a special meeting as the case may be and shall specify the place, date and time at which the meeting will be held.

**17.3 Quorum**

Half the Trust members plus 1, shall constitute a quorum for a general meeting.

**17.4 Chairperson**

The Chairperson of the Board or the Chairperson's nominee shall chair each general meeting.

**17.5 Voting**

All questions at a general meeting shall be decided by consensus. However if a consensus decision cannot be reached on any question, it shall, subject to rule 17, be put as a motion to be decided by a majority of votes. Each member shall have one vote. Voting will be by show of hands. If the voting is tied then the motion shall be lost.

**18. Alteration of Rules**

These rules may be altered added to, rescinded or otherwise amended by a resolution passed by a two-third majority at a general meeting, provided that no such amendment shall:

- 18.1 Detract from the exclusively charitable nature of the trust or result in the distribution of its assets on winding up or dissolution for any purpose that is not exclusively charitable; or
- 18.2 Be made to rules 3, 8, 9, 19 or 20 unless it is first approved in writing by the Department of Inland Revenue.

**19. Disposition of Surplus Assets**

On the winding up of the Trust or on its dissolution by the Registrar, all surplus assets after the payment of costs, debts and liabilities shall be given to such exclusively charitable organisations within the Gisborne District as the Board decides or, if the Board is unable to make such a decision, shall be disposed of in accordance with the directions of the High Court pursuant to section 27 of the Charitable Trusts Act 1957.

**20. Application of Funds**

All funds or assets received by the Trustees for any purpose whatsoever are to be expended within New Zealand only.

**21. Indemnity**

No Trustee acting or purporting to act in the execution of the Trust under this deed shall be liable for any loss not attributable to his/her own dishonesty or to the wilful commission or omission by him/her of any act known by him/her to be a breach of trust. In particular, no Trustee shall be bound to take or be liable for the failure to take any proceedings against a co-trustee for any breach or alleged breach of trust committed by such co-trustee.

IN WITNESS this deed is duly executed.

SIGNED by

In presence of:

SIGNED by:

In presence of:

SIGNED by

In presence of: