

# 2016

## REACCREDITATION APPLICATION

—  
New Plymouth District  
Safe Community



*Tūpato! Me kaha te tiaki i a koe rānō  
Kia kore e taka Kia kore e paheke ki te raruraru  
Me matua arai whara anō hoki*

Caution! You are responsible for your wellbeing  
To prevent falling To prevent being hurt  
And to also prevent major injury

# FOREWORD

On behalf of the New Plymouth injury Safe Trust and the New Plymouth District we would like to express our delight in again applying for recognition as an accredited International Safe Community. The commitment of the Trust over the last five years and the support of many groups and community organisations is recognised by this reaccreditation process.

We continue to make substantial progress in a number of leading injury prevention areas and policies. It is very satisfying to see the suicide rate and paediatrics falls rate trending down in the region. The incremental changes in alcohol policy which have a positive impact on harm minimization is further evidence of the progress made in the last five years.

The Needs Assessment which is completed every four years provides good evidence on the impact and effectiveness of NPiS and ensures our priorities remain relevant and district focused.

We cannot look back over the last five years without remembering those who have passed on. We would like to acknowledge Brenda Archer who passed away in 2014 as a founding member of

New Plymouth injury Safe. Brenda was committed to injury prevention across the whole community and was a highly valued trust member. We also need to acknowledge the many years of support from Jo Pugh, John Nicholls and former Mayor Andrew Judd who all contributed significantly to the aims of the NPiS. We would like to thank current members of New Plymouth injury Safe Trust and the many others within our community who actively ensure that our community remains a safe place to live, work and play. We hope you all take pride in the successful reaccreditation process that we have all achieved for the District.

Andrew Brock  
*Chair*  
*New Plymouth Injury Safe*



Neil Holdom  
*Mayor*  
*New Plymouth District Council*



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# CRITERIA 1: Leadership & Collaboration

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

## 1.1 Community demographics and our Safe Community History.

### OUR PLACE

#### Past

Māori lived on the land now known as Taranaki for hundreds or even thousands of years, but invasion threats from Waikato tribes in the early 19th century saw many local Māori leave the area. While they were away, the first of the English immigrants arrived in 1841.

There was objection by Māori still living in Waitara (an area just north of New Plymouth) to land being sold to Pākehā (non-Māori people), and consequently those Māori who had previously moved away returned to Taranaki to reoccupy their lands and ensure it would not be sold. Waitara saw the first shots fired in what subsequently became the New Zealand land wars.

#### Present

New Plymouth District is located in the region of Taranaki, which is on the west coast of the North Island. It covers an area of land (2,324.26 square kilometres) from Mokau to Okato and includes the city of New Plymouth, the towns of Waitara, Inglewood, Urenui, Okato, Bell Block and Oakura, and many other smaller rural communities.

New Plymouth District has an estimated population of 74,000. Gross Domestic Product (GDP) for the Taranaki region is around \$5.3 billion, which has grown steadily over recent quarters. New Plymouth District is a mix of diverse cultures and contemporary styles and is becoming a popular region for visitors, businesses, migrants, refugees and their families.

Taranaki is the second largest dairy farming region in New Zealand. Dairy farming is Taranaki's primary industry, with other significant industries being heavy and light engineering, manufacturing, horticulture and tourism. New Plymouth is also the centre of New Zealand's oil, gas and petrochemical industry, producing the bulk of New Zealand's petroleum and petrochemical products and contributing billions to the nation's economy.



The district is known for its rugged coastline, world class surfing spots, fertile farming land, major events and, of course, the majestic Mt Taranaki (also known as Mt Egmont). The district offers numerous activities: Whether it is enjoying a coffee in one of the many cafes, swimming at one of the black-sand beaches, wandering along the 11km Coastal Walkway, browsing through Puke Ariki (a fully-integrated museum and library) or taking part in a wide range of sports.

Diversity is celebrated in New Plymouth District through multi-ethnic festivals and hosting the World of Music and Dance festival every year (WOMAD).. It is generally a safe, welcoming and community-orientated place to live.

### **Tangata whenua**

The tangata whenua (people of the land) whose rohe (area) is situated in New Plymouth District have a long and rich history. Ngati Tama, Ngati Mutunga, Te Atiawa, Ngati Maru and Taranaki all identify as iwi (tribes) of this district.

The ancestors of the iwi arrived in great waka (canoes) over many decades with the last migrations arriving in the Tainui, Tokomaru and Kurahaupo waka. Maori culture is an integral part of the community and is celebrated in New Plymouth District.

### **Mt Taranaki**

Mt Taranaki stands at 2,518m. Mt Taranaki is a 'silent volcano' with the last recorded activity being in 1755. Information is regularly gathered about earthquake activity and it is closely monitored by the Taranaki Civil Defence Emergency Management Group.

There are four volcanic centres in Taranaki. Mt Taranaki and the adjoining Fathom's Peak is the youngest volcano and became active around 130,000 years ago. The Kaitake Range has not been active for about 500,000 years while the Pouakai Range was active until around 250,000 years ago. Paritutu and the Sugar Loaf Islands date back 1.75 million years and are the region's oldest volcanic centre.

The mountain provides an excellent playground for climbing, skiing, tramping and photography.

### **DEMOGRAPHICS**

As at the 2013 census a total of 74,187 people were usually resident in New Plymouth District. This was 68% of the total Taranaki regional population of just over 109,750. The populations of the Stratford and South Taranaki districts were 8,988 and 26,577 respectively.

Over the seven-year period 2006–2013 the population of New Plymouth District grew by a total of 5,286 people or 7.7%. This was above the national average of 5.3%. Previously, the district's population decreased by 2.2% over the five-year period from 1996–2001, and increased by 3.5% from 2001–2006 (see appendix table 2.1).

The district's population is projected to increase steadily in the future, reaching 90,000 by 2033 (Statistics New Zealand 2015).

## **Age and gender**

At the 2013 census, the median age for New Plymouth District was a little older than the New Zealand average – 41 years compared with 38 (Statistics New Zealand 2015).

In 2013, the New Plymouth District population consisted of:

- 15,111 children aged 0–14 years (20% of the population)
- 8,619 young people aged 15–24 (12%)
- 37,998 adults aged 25–64 (51%)
- 12,459 older people aged 65 or more (17%).

Compared to the national average, the New Plymouth District has a slightly higher proportion of older people aged 65 and over (17% versus 14%) and a slightly lower proportion of adults in the working age group 15–64 (63% versus 65%).

The proportion of children aged 0–14 in the New Plymouth District population (20%) is the same as the national average (see appendix tables 2.2 and 2.3).

As for the whole of New Zealand, in New Plymouth District there are slightly more females (51%) than males (49%).

## **Māori**

At the 2013 census, a total of 11,082 New Plymouth District residents self-identified as Māori. This is 15% of the New Plymouth District population, slightly higher than the proportion of Māori people in the total New Zealand population (14%).

Altogether, 12,750 people (17%) said they were of Māori descent. Of these people, 9,396 (74%) stated which iwi (tribe or tribes) they belonged to. By far the most common iwi group affiliation was Te Ātiawa (3,465 people) (see appendix table 2.4).

As for the whole of New Zealand, the Māori population of New Plymouth District is much younger than the average for all ethnic groups, with a median age of 23 years at the 2013 census (Statistics New Zealand 2015).

Over a third (36%) of local Māori were children aged 0–14 years. Only 5% of Māori living in New Plymouth District were aged 65 or older in 2006.

This includes people who identified Māori as their only ethnic group, as well as people who identified Māori as one of their ethnic groups.

## History of New Plymouth Injury Safe

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In September 2000, recognising the increasing evidence that a community based approaches can be effective in reducing injury rates, ACC invited communities throughout New Zealand to conduct feasibility studies to examine injury occurrence and injury prevention in their communities.

A small group of New Plymouth based health and community professionals joined in a successful bid for ACC funding to conduct an injury prevention needs assessment in the New Plymouth District. The original Community Injury Prevention Advisory Group, now known as New Plymouth injurySafe Trust (NPiS), consisted of Tui Ora Ltd., Taranaki District Health Board's Health Promotion Unit, Kidsafe Taranaki Trust, New Plymouth District Council and Plunket representatives.

The resulting document, Community Injury Prevention in the New Plymouth District – Assessing the Needs (McLellan, Maskill & Hodges, 2006) created a solid platform of information for NPiS to work towards its shared vision of 'a safe community without the burden of injury'. Injury prevention efforts were further supported by the development of the New Zealand Injury Prevention Strategy (NZIPS) in 2003 and the establishment of the Safe Communities Foundation of New Zealand (SCFNZ) in 2004.

In 2005, NPiS successfully co-coordinated the application for accreditation as an International Safe Community in line with criteria set by the WHO Collaborating Center on Community Safety Promotion based at the Karolinska Institut in Stockholm. The application for accreditation was the catalyst for NPiS to develop their first 3- year Strategic Plan (2005-8), in line with the New Zealand Injury Prevention Strategy 2005-2015. The mission statement "*To achieve a positive safety culture and create safer environments for all people within our communities*" has remained since 2005.

In 2006, the NPiS coalition recognised the need to formalise their structure by registering as a Charitable Trust. Funding from a number of Trust partners enabled the group to recruit a part-time Safe Community Programme Manager who was appointed in January 2007.

In 2010 NPiS achieved reaccreditation as an International Safe Community. This was an important recognition of the successes achieved but unfortunately it also had the consequence of the trust no longer being able to afford to employ a coordinator due to funding conditions set by ACC.

After a period of 18 months without a dedicated programme coordinator the trust were successful in being granted funding for a significant research project with ACC that included a component for project management. This meant that the trust were able to appoint a programme coordinator (further discussed on page 14).

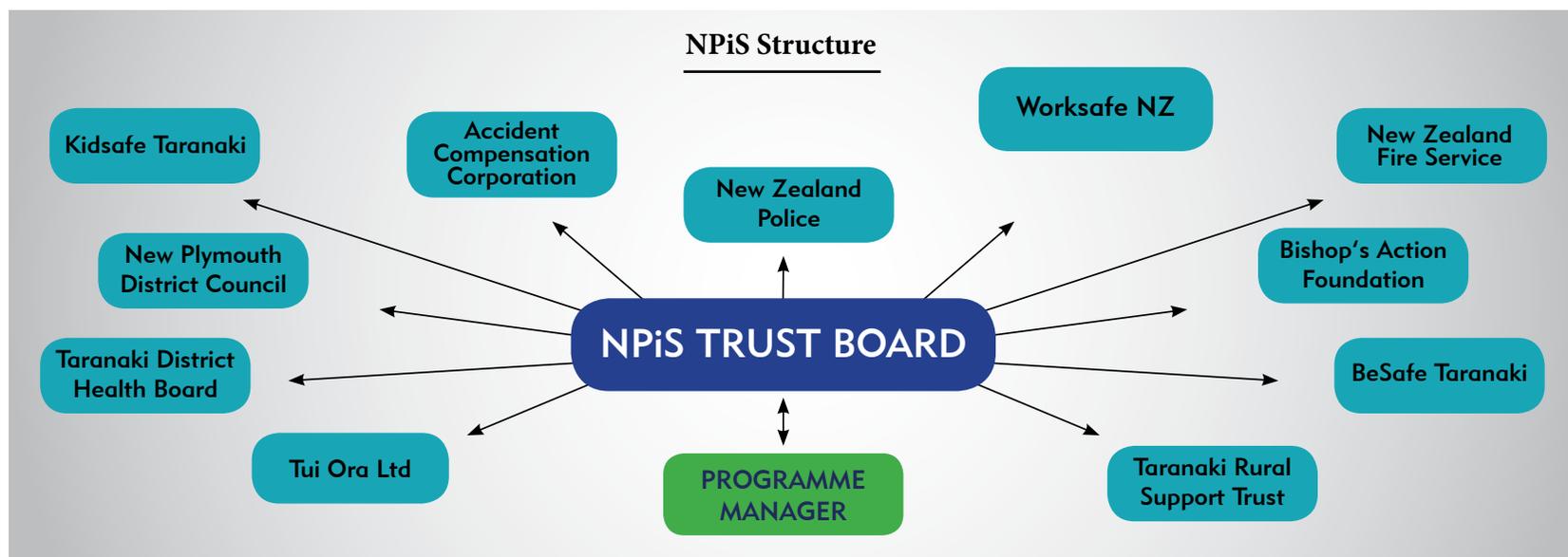
NPiS would like to recognise the service of two founding members who passed away while still active as trustees of our organisation – Dr Alan Parsons and Ms Brenda Archer. Their commitment and vision continues to influence the actions of the group to this day.

## 1.2 Structure of our coalition

The NPiS Board meets monthly and includes representation from key New Plymouth-based organisations and groups including (by date of joining the Trust):

- **Tui Ora Ltd** - a kaupapa Māori health and social services organisation
- **Taranaki District Health Board** – Public Health Unit
- **New Plymouth District Council**
- **Kidsafe Taranaki** - a charitable trust addressing unintentional injuries to children
- **Accident Compensation Corporation (ACC)**
- **New Zealand Police**
- **Worksafe NZ** (previously Department of Labour)
- **New Zealand Fire Service**
- **Bishop's Action Foundation** - a charitable trust that aims to support the unanswered needs of Taranaki communities
- **Be Safe Taranaki** - a health and safety education and training collaboration.
- **Taranaki Rural Support Trust** – replaced Federated Farmers on the board in late 2015 to reflect the important interaction between the rural sector and our suicide prevention activities.

Activities during monthly meetings include: information sharing, strategy development, building consensus on priority areas for action, joint planning for local safety projects, and supporting the work of the NPiS programme manager.



## 1.3 Our Safe Community Partners

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### **ACC**

The Accident Compensation Corporation (ACC) provides comprehensive, no-fault personal injury cover for all New Zealand residents and visitors to New Zealand. As a Crown organisation, ACC's role has been set out by the Government to prevent injury; ensure people can get treatment for injury, if it happens and to assist people to get back to everyday life as soon as possible. ACC's role in injury prevention is to work with businesses and in the community, to help them become safer, injury-free places. The first NPIS community needs assessment was one of eleven funded by ACC in 2001. ACC has also funded several important projects since our last reaccreditation.

### **Be Safe Taranaki**

Be Safe Taranaki has grown from a drive for health and safety excellence in Taranaki. The leaders of a group of Oil & Gas companies and contractors collaborating with a keen interest to raise health and safety standards not only in their operations but in the wider work environment and the community beyond.

Initially the group sponsored and supported the HSE Training centre. The centre was a concrete example of the focus for the group: raising the standard of health and safety in the Taranaki region through common training and procedures. Although the physical centre has been closed training now continues in collaboration with NZIHT (New Zealand Institute of Highway Technology –head office in New Plymouth).

Today Be Safe Taranaki has the same focus; but in addition to facilitating training and presentations there are some specific areas of focus to assist companies with managing risk, promote safer behaviour and decision making.

### **Bishop's Action Foundation**

The Bishop's Action Foundation exists to contribute to the spiritual, social, cultural, economic, and environmental well-being of the Taranaki region and can best be described as a catalyst working for the common good by supporting communities and organisations to develop projects and partnerships that address as yet unmet needs.

### **Kidsafe Taranaki Trust**

Established in 1994, Kidsafe Taranaki has a primary objective of reducing the incidence and severity of unintentional injuries to children. Membership is open to all individuals or organisations who share that goal. Kidsafe Taranaki has developed a range of projects and resources over the years and has gained experience and credibility in the field of child injury prevention.

### **New Plymouth District Council**

The Territorial Local Authority responsible for local governance of the New Plymouth district. The Council is responsible for a wide range of activities supporting the wellbeing, health and safety of people. Activities range from physical infrastructure to community services, and includes maintenance of footpaths, roads and walkways, water to households and businesses, provision of parks, reserves, cultural and event venues, public health protection through food safety and liquor licensing, and protection through civil defence and rural fire activities.

### **New Zealand Fire Service**

The statutory role of the New Zealand Fire Service is to provide an emergency response to any incident for the preservation of life and property and provide Fire Risk and Educational advice for a safer New Zealand. The NZ Fire Service is committed to working in partnership with other central and local government organisations to ensure a whole of government approach is taken to community issues.

### **Taranaki District Health Board, Public Health Unit**

The Public Health Unit is a provider of public health services with the Taranaki region. There are three goals for the Unit:

<i>Ko tahi</i>	Improve health and wellbeing of Taranaki population
<i>E rua</i>	Improve Māori Health
<i>E toru</i>	Reduce health inequalities

The Ministry of Health made funding available through the Public Health Unit for the second needs assessment in 2006.

### **New Zealand Police**

The New Zealand Police are a key partner in road safety programmes, programmes to prevent intentional injury, programmes relating to violence and programmes to prevent alcohol-related injury. Crime prevention continues to be a core activity in the community. The New Zealand Police currently provide secretarial support for the trust.

### **Taranaki Rural Support Trust**

The Charitable Trust was established in 2007 to help rural people who experience an adverse event – climatic, financial or personal – to more effectively meet and overcome these challenges. Services are free and confidential with a focus on supporting isolated rural families receiving improved access and support to services based on their unique need. The Taranaki Rural Support Trust replaced Federated Farmers Taranaki in 2015 as the rural organisation on the board.

### **Tui Ora Ltd**

Tui Ora Ltd was established in 1998 as a Maori Development Organisation and is now the largest Māori health and social service provider in Taranaki. Tui Ora is governed and owned by iwi of Taranaki through Te Whare Pūnanga Kōrero (iwi relationship body with representation from the eight iwi of Taranaki). Tui Ora delivers services in the community with clinics and offices in New Plymouth, Waitara, Hāwera, Opunake, and Patea. Many of its services are mobile and are provided in the following areas – primary health, child and youth health, health of older people, general community support, mental health and addictions, public health and social services.

### **WorkSafe New Zealand**

WorkSafe New Zealand (WorkSafe) is New Zealand's work health and safety regulator. They work collaboratively with businesses, undertakings, workers and their representatives to embed and promote good work health and safety practices.

**Taranaki Safe Families Trust – ACC, Police**

**Kidsafe Taranaki – ACC, NPiS, TDHB**

**Suicide Prevention Taranaki – TDHB, NPiS, Be Safe Taranaki, Tui Ora, Taranaki Rural Support Trust**

**Be Safe Taranaki – NPDC, Worksafe NZ**

**North Taranaki Neighbourhood Support – Police**

**Taranaki Alcohol Harm Reduction Group – TDHB, NPiS, ACC, Be Safe Taranaki, Tui Ora**

**Roadsafe Taranaki – NPDC, Police, ACC, NPiS**

**New Older Persons Falls Prevention Coordination Service – ACC, TDHB**

Each of our organisations have their own processes for engaging with the community on safety issues. Also, each collaboration that our board members are a part of have their own processes for engaging with the public. Therefore as an organisation we are very wary of treading on toes or 'doubling-up' with these processes. As part of our strategic planning process every three years we engage with each of our organisations and collaborative (as well as a few other groups) to give them information from our needs assessment data analysis and to ask them where our future priorities should lie and how we should best operate. This process has occurred twice since the last reaccreditation (as the strategic plan is for a period of three years).

Community engagement is further discussed under criteria six.

## 1.4 Letters of support from key agencies



21 April 2016

### To whom it may concern

Taranaki Police are committed to the reaccreditation of NPIS and fully support the initiatives this group has already implemented within the community.

The Police as an organisation have and will continue to provide support to NPIS in relation to the programmes they are currently involved with or are looking at implementing in the future. Our commitment is not just because we see increased community trust and confidence in these programmes but that it is about making our community as safe as possible for everyone.

NPIS have already achieved great results and they have been a direct result of getting organisations to work together. Safe Communities approach is an important means of delivering evidence-based violence and injury prevention strategies at the local level.

Yours sincerely

A handwritten signature in black ink, appearing to read 'K Borrell'.

Inspector Keith Borrell  
Area Commander  
Taranaki Police

### Safer Communities Together

New Plymouth Police Station  
95 Powderham Street  
P O Box 344, DX NX 10048  
New Plymouth 4340  
Phone: 067595500



15<sup>th</sup> Piripi 2016

On behalf of Taranaki District Health Board (TDHB) Public Health Unit, I am writing this letter in support of New Plymouth Injury Safe (NPIS) reaccreditation application as a Safe Community.

The TDHB vision Taranaki Whānui He Rohe Oranga - Taranaki together a Healthy Community aligns closely with NPIS Strategic Direction. As a founding and long time member for sixteen years TDHB would also like to take this opportunity to re-confirm our support as a formal partner of New Plymouth Injury Safe Trust, and will continue this over the next five years of accreditation.

No reira, Paimarie

A handwritten signature in blue ink, appearing to read 'Rawinia Leatherby'.

Rawinia Leatherby - Health Promotion Manager, Public Health Unit

Taranaki District Health Board  
Private Bag 2016  
New Plymouth 4342  
New Zealand  
Telephone 06 752 8726  
Facsimile 06 752 7770  
Email [corporate@tdhb.org.nz](mailto:corporate@tdhb.org.nz)  
Website [www.tdhn.org.nz](http://www.tdhn.org.nz)  
Taranaki Base Hospital  
Private Bag 2076  
New Plymouth 4342  
New Zealand  
Telephone 06 752 8128  
Facsimile 06 752 7710  
Hawera Hospital  
Post Office Box 98  
Hawera  
New Zealand  
Telephone 06 278 7138  
Facsimile 06 278 9879  
Stratford Health Centre  
Telephone 06 753 1188  
Opunake Health Centre  
Telephone 06 361 8777  
Waiakeia Wairoa Districts  
Health Centre  
Telephone 06 210 8088  
Waikanae Health Centre  
Telephone 06 754 7160  
Mokai Health Centre  
Telephone 06 752 9722

## 1.4 Letters of support from key agencies



New Plymouth Injury Safe  
New Plymouth

To Whom it may concern,

The Taranaki Rural Support Trust is a charitable Trust established in 2007 to help rural people effectively meet and overcome climatic, financial or personal adverse events. Services are free and confidential with a focus on farmers helping isolated rural families achieve improved access and support to services.

Trust objectives include supporting the wellbeing of rural New Plymouth people through adverse events in conjunction with Ministry of Primary Industries and Civil Defence. In recent times dairy farmers in the New Plymouth region have been facing a number of stressful factors that include; a marked down turn in the dairy pay out, employee relationships, animal health issues and poor climatic conditions. The Trust is now in the process of delivering mental health workshops to upskill members of the rural community to recognise and respond to stresses – mitigating the incidents of mental illness and suicide risk.

The rural suicide statistics are alarming so aligning ourselves to other like-minded organisations that sit around the table of New Plymouth Injury Safe, Representatives from the District Health Board, New Plymouth Injury Safe, Worksafe NZ, NZ Police and Tui Ora Health Limited is integral to keeping rural members within the New Plymouth community safe. Networking since 2012 with these agencies enables a broader sharing of awareness of Trust goals and support we offer to rural community members. These organisations also support the Trust to identify the variety of support they have available and participate in shared networking events where we promote a mentally healthy and safer community.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Marcia Paurini', written over a light blue horizontal line.

Marcia Paurini  
Coordinator  
Taranaki Rural Support Trust



Te Kaunihera-ā-Rohe o Ngāmotu

NEW PLYMOUTH DISTRICT COUNCIL

[newplymouth.govt.nz](http://newplymouth.govt.nz)

Office of the Mayor

4 May 2016

Teresa Gordon  
Safe Community Programme Manager  
New Plymouth Injury Safe Trust (NPIS)  
c/- Public Health Unit Taranaki District Health Board  
Private Bag 2016  
New Plymouth 4620

**RE: LETTER OF SUPPORT FOR NEW PLYMOUTH SAFE COMMUNITY RE-ACCREDITATION**

Dear Teresa

As Mayor of the New Plymouth District, I am excited to support New Plymouth's re-accreditation as a Safe Community.

New Plymouth District Council has resolved to work with New Plymouth Injury Safe to seek re-accreditation as an accredited Safe Community. The Council and our safe community partners work very hard at creating a safe place to live, work, and visit.

The process of re-accreditation has given the Council and our partners an opportunity to work together to strengthen the district's commitment to community safety. Our work with key agencies has allowed Council to look at safety issues including creating safe public places, road safety, crime prevention, injury prevention, reducing alcohol related harm, and safety at work.

New Plymouth District Council looks forward to a continued relationship with our community partners, to achieve positive changes for our community.

Yours faithfully

A handwritten signature in black ink, appearing to read 'Andrew Judd', written over a light blue horizontal line.

Andrew Judd  
Mayor New Plymouth District

## 1.4 Letters of support from key agencies

**Tui Ora**  
*Let Unity Prevail*

Maru Wehi Hōwera Complex  
36 Marotahi Street  
P.O. Box 8119  
NEW PLYMOUTH 4342  
Ph. (06) 759 4064  
www.tuiora.co.nz

30 August 2016

Safe Communities Foundation NZ  
Auckland

**RE: International Safe Communities Re-accreditation for New Plymouth District**

I am writing to support the New Plymouth Injury Safe (NPIS) Trust's application for the re-accreditation as a safe community for the New Plymouth District.

Tui Ora is the largest health and social service provider in the region who provides support services in communities across Taranaki. As an organisation we have been a key stakeholder within the Trust since its inception in 2005 and will continue to provide support to achieve a positive safety culture and create safer environments for all people within the New Plymouth District.

The Safe Communities approach is an important means of delivering evidence-based prevention strategies at the local level. NPIS have achieved great results and this continues to be demonstrated by the collaboration that has become evident across organisations.

Tui Ora is proud to be a key partner in initiatives that continue to make New Plymouth a safer community.

Nāku noa, nā

  
Jane Hawkins-Jones  
General Manager, Service Development and Delivery

*Enhancing whānau health and wellbeing*

**Kidsafe Taranaki Trust**  
c/o Public Health Unit  
Taranaki District Health Board  
Private Bag 2026  
New Plymouth  
Ph: (06) 753 7799  
Fax: (06) 753 7788

25 May 2016

Safe Communities Foundation of New Zealand  
Auckland

**Support for NPIS Application for Re-accreditation as a Safe Community**

The Kidsafe Taranaki Trust was established in 1994 to promote child safety and injury prevention. Under the visionary leadership of the late Dr Alan Parsons, Kidsafe went on to become a founding partner in the New Plymouth InjurySafe Trust which Alan served as a trustee until his death in 2010. In that year, NPIS dedicated its first application for re-accreditation to him.

In the six years since then, I am proud to say that both Kidsafe Taranaki and New Plymouth InjurySafe have continued to work tirelessly towards reducing injuries in our community and have built on the solid foundations that Alan helped to establish. The relationship between the two trusts is strong and mutually beneficial and is a real example of true collaboration and commitment to a shared vision and values.

The Kidsafe Taranaki Trust is delighted to express our support for this application and proud to contribute to the work of the safe community programme in New Plymouth District.

Yours sincerely

  
Kath Forde  
Chair, Kidsafe Taranaki Trust

## 1.4 Letters of support from key agencies



24 May 2016

To whom it may concern:

Be Safe Taranaki is pleased to support the application by New Plymouth injury Safe for reaccreditation as a Safe Community.

The accreditation process has not only provided support for our community, but also gives an indication of the level of achievement within the field of safety promotion and injury prevention.

In the initial application in 2005 and again in the reaccreditation of 2010 the role of workplace Health and Safety featured with the Taranaki Industries HSE centre noted as providing links to the workforce and a unique safety training venue.

Be Safe Taranaki are proud to have been a partner with NPIS since it was formed in 2013. We believe that Be Safe Taranaki's partnership with NPIS has contributed towards an improvement in the community's heightened awareness of the importance of developing a Safer community. It has also contributed towards a further awareness of the importance of Health and Safety within industry.

Please accept this letter as a commitment from Be Safe Taranaki to continue to support the activities of NPIS.

A handwritten signature in black ink, appearing to read 'R Jager', is written over a horizontal line.

R Jager  
Chairman  
Be Safe Taranaki Trust



6 May 2016

Safe Communities Foundation New Zealand  
Auckland

### International Safe Communities Re-accreditation for New Plymouth District

ACC is proud to support the application from the New Plymouth injury Safe Trust (NPIS) for re-accreditation as a Safe Community.

NPIS provides an unrivalled opportunity for ACC to work collaboratively with partners and the community to achieve a positive safety culture and create safer environments for all people within our district.

Reducing injuries is an important goal for ACC and the value of the Safe Community model to ACC is that:

- Communities can take ownership of and promote injury prevention at a local level
- There is a coordinated effort to identify and address injuries that are prioritised through regular and robust community injury needs assessments
- It provides an opportunity for ACC to demonstrate its core values of "Safe Kiwis" and "Good Partners" and creates delivery channels for ACC's injury prevention strategies
- It has the potential to contribute to a reduction in the number and severity of injuries and to reduce claims.

This is the second application for re-accreditation submitted on behalf of the district by NPIS and ACC is proud to have been associated with many significant achievements over the last eleven years.

ACC looks forward to continuing to work with NPIS towards its vision of a safe community without the burden of injury.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Janet Tinson', is written over a horizontal line.

Janet Tinson  
Branch Manager,  
ACC New Plymouth

## 1.4 Letters of support from key agencies



Safe Communities Foundation NZ  
PO Box 331399  
Takapuna, 0740  
North Shore

14 April 2016

### NPIS REACCREDITATION APPLICATION

I am writing in support of NPIS reaccréditation application as a Safe Community.

NPIS provides a strong collaborative approach to improving the safety of our community. The opportunities that NPIS has developed for collaboration and partnerships has meant that a far broader network of organisations and people have worked together over many different safety issues which currently challenge our community. This is a strength of NPIS and is having a positive impact overtime on a number of safety issues which is highlighted in the completed 2015 Needs Assessment.

The Bishop's Action Foundation's vision is 'Communities where people flourish'. Justice, equity and generosity are the fundamental drivers of our work. We believe that responses to needs should be based on relationships and partnerships ensuring that they are sustainable and do not depend entirely on the ongoing work of any one individual or organisation. NPIS does this by continuing to develop and build collaborative partnerships across the community that make a difference.

The Bishop's Action Foundation has had a 5 year affiliation with NPIS and is looking forward to many more.

To further discuss please do not hesitate to contact me at 06 759 1178 ext 12 or [projects@bishopsactionfoundation.org.nz](mailto:projects@bishopsactionfoundation.org.nz)

Yours faithfully

Andrew Brock  
Manager Projects & Innovation

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Telephones: 64 6 7591178 Fax: 64 6 7591180  
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Web: [www.bishopsactionfoundation.org.nz](http://www.bishopsactionfoundation.org.nz)

Patron  
The Most Reverend & Right Honourable  
Dr. John Santamu, Archbishop of York

Trustees  
Archbishop Philip Richardson  
Mary Bourke  
Jim Gibbons - Stuart Trundle  
Dean Pratt



### New Zealand Fire Service

New Plymouth Station, New Plymouth Fire District  
Lindet Street  
PO Box 747  
Taranaki Mail Centre  
New Plymouth 4340

New Zealand  
Phone+64 6 757 3800; Fax +64 6 757 3873

22 June 2016

State Communities Foundation New Zealand  
PO Box 331399  
Takapuna 0740  
North Shore

To whom it may concern,

I am writing to support the reaccréditation of New Plymouth Injury Safe as a safe community.

The New Zealand Fire Service along with New Plymouth Injury Safe provide a collaborative approach in providing a safer environment for our communities.

We serve our communities and retain their trust and confidence by understanding what they value and going the extra mile to meet their needs. I believe these are the same principles as New Plymouth Injury Safe and this is why we value their partnership and support reaccréditation.

The New Zealand Fire Service looks for new ways to strengthen our relationship with New Plymouth Injury Safe and look forward to working with them in future years.

Regards

Pat Fizzell  
Area Manager  
Taranaki Area

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

Leading integrated fire and emergency services for a safer New Zealand | Te Manatū o ngā ratonga ohotata kia haumarua  
ake at a Aotearoa



## 1.5 Safe Community Coordinator Position Information

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The NPiS Trust employs a programme manager for 28 hours per week. The programme manager is the public face of the Trust and responsible for much of its day-to-day work. She is employed by the Trust and based at the Public Health Unit of the Taranaki District Health Board. Both the programme manager and the Trust board have responsibilities for extending and strengthening the links between NPiS and other organisations working towards safety in New Plymouth District.

Her employment agreement is attached (Appendix A)

Performance management is delivered through:

- the adoption of an annual implementation plan,
- monthly supervision meetings and
- an annual performance review.

### **A gap in coordination**

For nearly two years after the last reaccreditation the Trust was unable to employ a coordinator due to a lack of funds. However early in 2012, NPiS successfully applied to ACC for funds to develop a project on adult falls and with this were financially viable enough to employ a new programme manager. The programme manager position was advertised and in July 2012 the new programme manager, Teresa Gordon, began work.

In recent years, the Trust has obtained funding for its work from a variety of agencies including ACC, New Plymouth District Council, Taranaki District Health Board and the TSB Community Trust. Some of this money has been ear-marked for one-off campaigns or research projects. Other money has been for programme manager salaries and the general operation of the Trust. Local businesses also help by sponsoring specific safety campaigns and projects.

## 1.7 How we will ensure the sustainability of our Safe Community coalition

The New Plymouth Injury Safe Trust Board have made prudent decisions in the last five years to ensure the continuity of the safe community. This has included:

- not employing a coordinator when funding circumstances dictated this,
- adopting a Statement of Investment Policies and Objectives which involves setting aside a reserve fund in a term deposit as a cushion for years when funding applications are unsuccessful,
- reducing our scope of work when funding applications are unsuccessful,
- having a focused range of strategic priorities,
- make an explicit effort to meet the needs of our major funders in order to maintain their funding status, and
- actively seeking out multiple sources of funding for both coordinator salary and programme implementation.

It is expected that this prudent management of the trust's affairs will continue for the next five years.



# CRITERIA 4: Data Analysis & Strategic Alignment

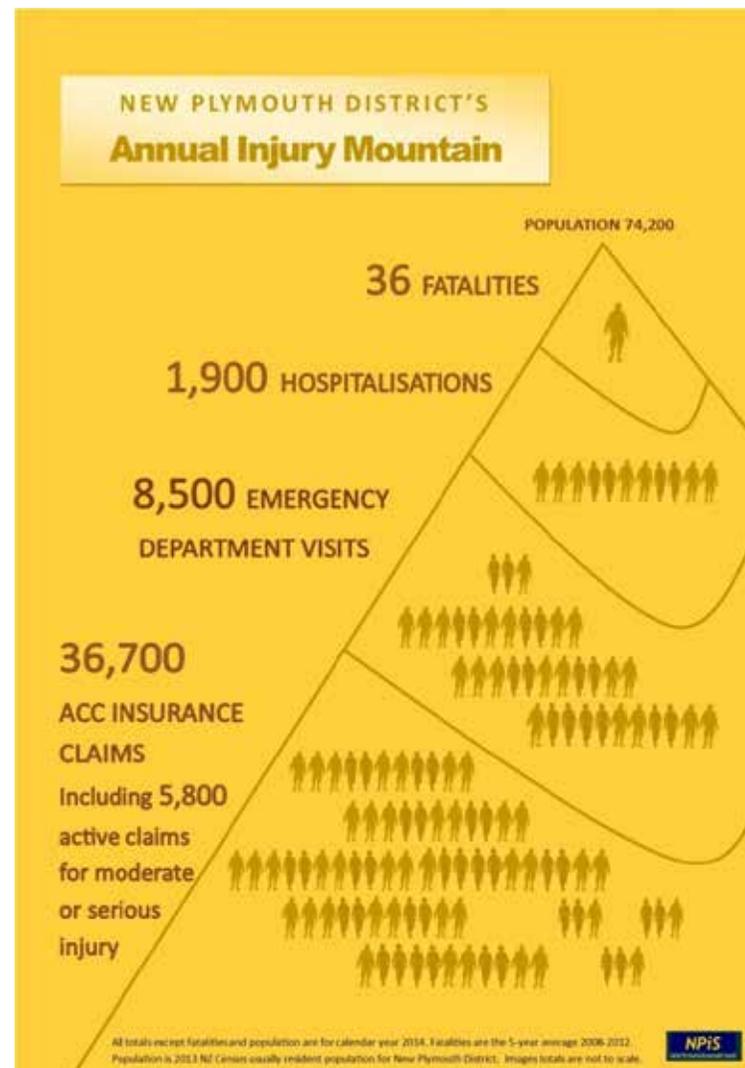
*Analysis of available safety (injury, violence, crime and perception) data for our community/region.*

New Plymouth Injury Safe has committed to carrying out a comprehensive community injury prevention needs assessment for New Plymouth District every five years. The District's first needs assessment was carried out in 2001 with funding support from ACC. The purpose of the needs assessment was to identify patterns of injury in New Plymouth District and to inform future injury prevention priorities and action.

We have repeated the needs assessment in 2006, 2011, and in 2015. Full copies of all needs assessments and data tables are available on our website [www.npis.org.nz](http://www.npis.org.nz). For the purposes of this application an overview of the main injury statistics for New Plymouth district are provided.

Data sources include: ACC claims, Ministry of Health, NZ Police, Coroner's office, and New Zealand Transport Agency.

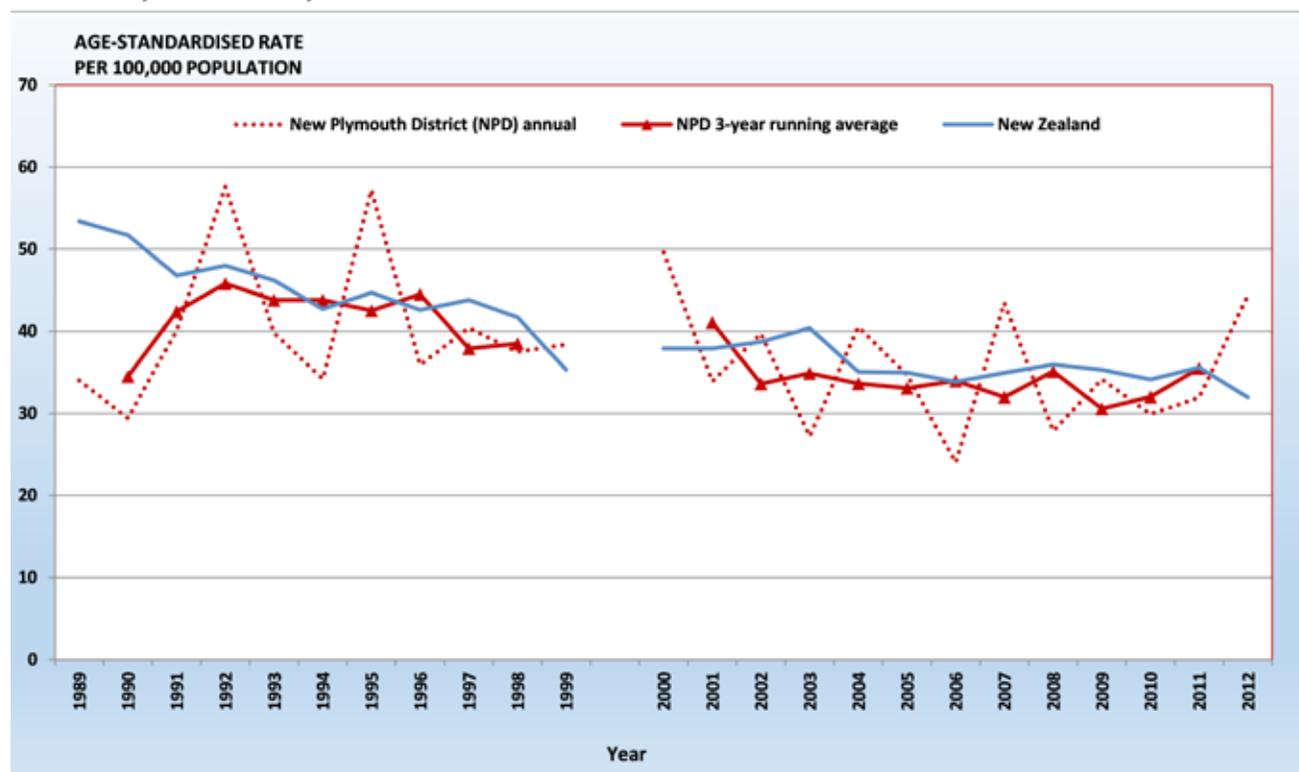
This needs assessment performs several very important parts of our safe community programme cycle. Firstly, it provides us with detailed information about who is being affected by injury and how so that we can target programmes to high risk populations. Secondly, it provides us with information to communicate to the public about what is happening so they can let us know their priorities based on evidence as well as lived experience. Thirdly, it provides us with a feedback loop in terms of the population level long-term outcomes of any interventions.



## INJURY DEATHS

In the five years from 2008 to 2012 (the most recent available for the last needs assessment), a total of 181 New Plymouth District people died as a result of injury. This was an average of 36 deaths per year. Looking back further both New Plymouth and New Zealand had generally declining injury death rates over the period from 1989 to 2012. During most of this period, New Plymouth District's rates (3-year running average) tracked slightly below New Zealand's rates.

### Age-standardised annual injury death rate, New Plymouth District and New Zealand, 1989–1999, 2000–2012



## INJURY DEATHS IN NEW PLYMOUTH DISTRICT 2008–2012

### Injury deaths

Year	Total
2008	28
2009	37
2010	33
2011	32
2012	51
5-year average	36

### Māori injury death rates

per 100,000 population  
(5 year average)

	All ages
Māori	56*
Non- Māori	32*

\*age-standardised

### Age-group injury death rates

per 100,000 population (5 year average)

Age	Male	Female
0–14	3	3
15–24	54	5
25–44	82	6
45–64	83	20
65–74	62	19
75+	300	174
All ages	57*	11*

\*age-standardised

The three leading causes of injury deaths in New Plymouth District were falls (29%), intentional self-harm (26%), and transport accidents (23%). Together these three causes accounted for 78% of all injury deaths.

Altogether, 69% of New Plymouth District injury deaths were from unintentional injury and 29% were from intentional injury (intentional self-harm plus assaults).

In the 25–44 age group, nearly half (49%) of all injury deaths were from intentional injury.

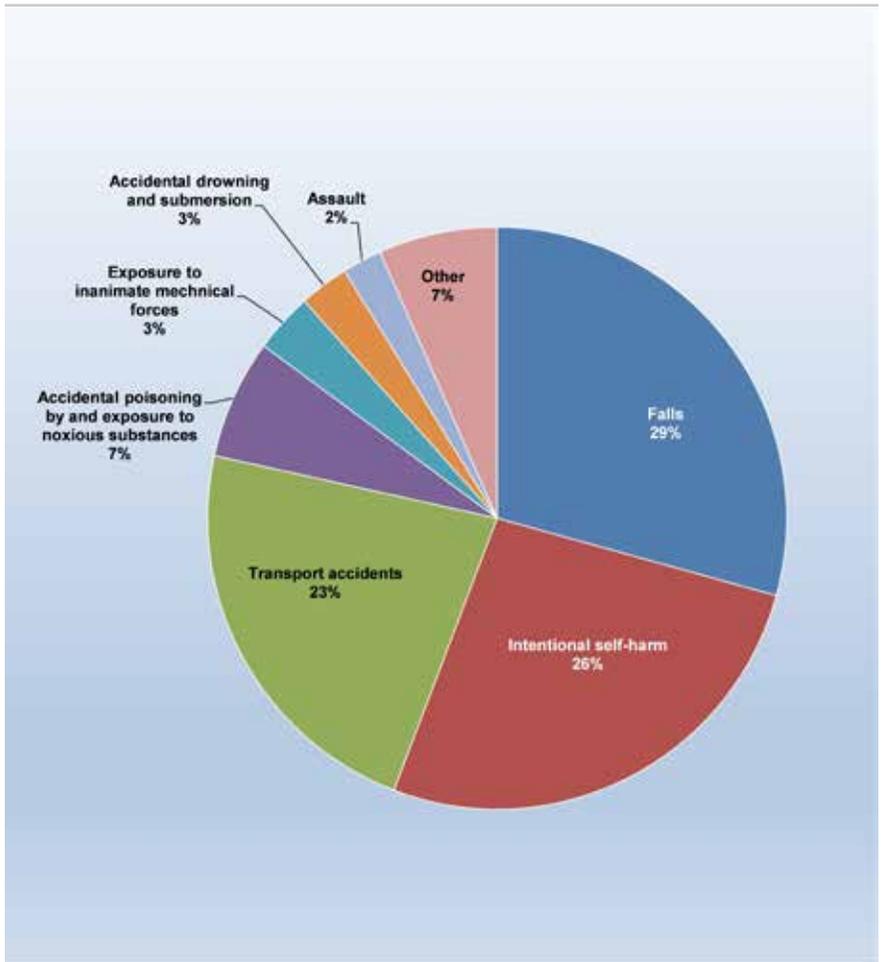
Overall, males were 5 times more likely than females to be fatally injured.

34% of all male injury deaths were from intentional causes, compared with only 15% of female deaths.

Injury death rates were by far the highest in the 75+ age group, for males as well as females. The majority of these deaths were from falls.

In the previous 2011 needs assessment, the leading cause of injury death was intentional self-harm, followed by transport accidents and falls.

**Causes of injury deaths, New Plymouth District, by injury groups, five years 2008–2012 combined**



## INJURY HOSPITALISATIONS

Hospitalisation means a day patient or inpatient admission to a public hospital. It excludes emergency department visits.

In the five years 2010–2014, people in New Plymouth District had a total of 9,571 injury hospitalisations, an average of 1,914 injury hospitalisations per year.

Most (87%) of the injury hospitalisations were for unintentional injury ('accidents').

Falls were by far the most common reason people were hospitalised for injury (45% of all injury hospitalisations). Next most common were transport accidents (13%) and exposure to inanimate mechanical forces (13%).

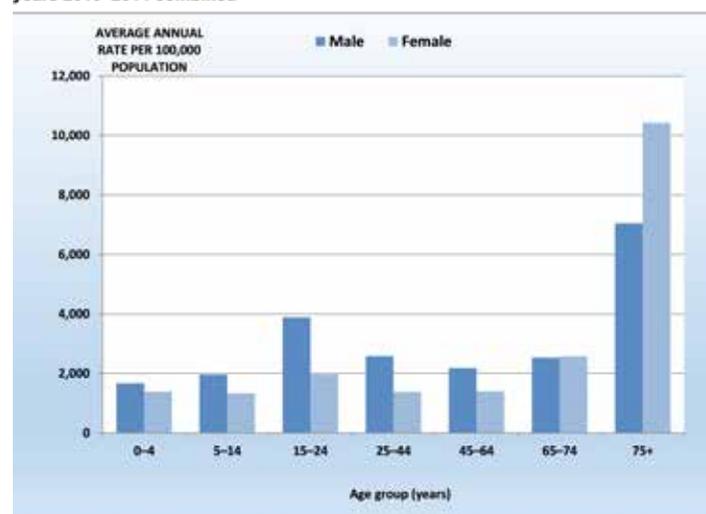
Intentional injuries (self-harm plus assault) made up 9% of all injury hospitalisations.

Falls on the same level, especially falls resulting from either slipping, tripping or stumbling, comprised the majority of fall hospitalisations (52%). Contact with a sharp glass, knife, sword, dagger or non-powered hand tool comprised 21% of injuries caused by inanimate mechanical forces.

Car occupants (31%), motorcycle riders (23%) and pedal cyclists (22%) featured prominently in the injury hospitalisations caused by transport-related accidents.

Women in the 75+ age group had the greatest risk of injury hospitalisation in 2010–2014, with about a one in 10 chance of being hospitalised in a year (10,426 injury hospitalisations per 100,000 women). The next highest-risk group was men in the 75+ age group, followed by men in the 15–24 age group.

Rate of injury hospitalisation, New Plymouth District, by age and gender, five years 2010–2014 combined



## HOSPITALISATIONS FOR INJURY IN NEW PLYMOUTH DISTRICT 2010–2014

### Injury hospitalisations – all ages

Year	Total admissions	Rate per 100,000 population
2010	1,916	2,222*
2011	1,811	2,061*
2012	1,932	2,127*
2013	1,904	2,158*
2014	2,008	2,222*

### Māori injury hospitalisation rates

per 100,000 population (5-year average)

	All ages
Māori	2,561*
Non- Māori	2,140*

### Main causes of injury hospitalisation

Falls	45 %
Transport accidents	13 %
Inanimate mechanical forces	13 %
Intentional self-harm	6 %
Animate mechanical forces	4 %
Over-exertion, travel, privation	4 %
Assault	3 %

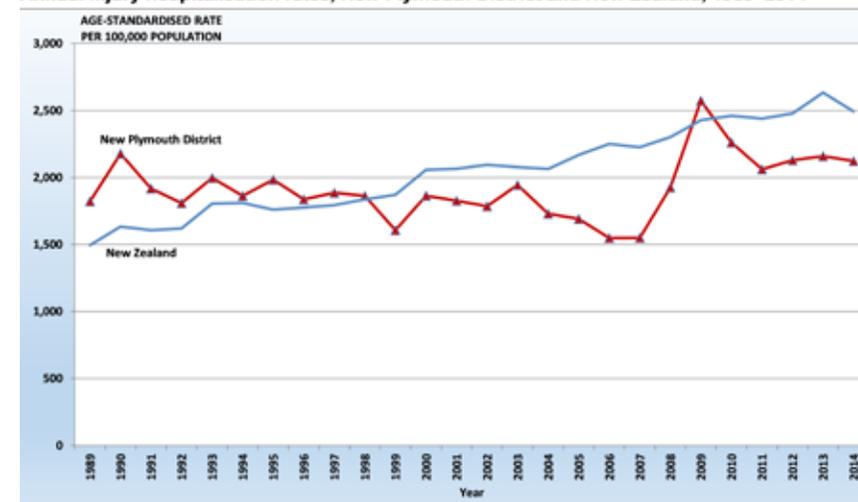
\*age-standardised

Intentional self-harm was the leading cause of injury hospitalisation for females aged 15–24 and 25–44.

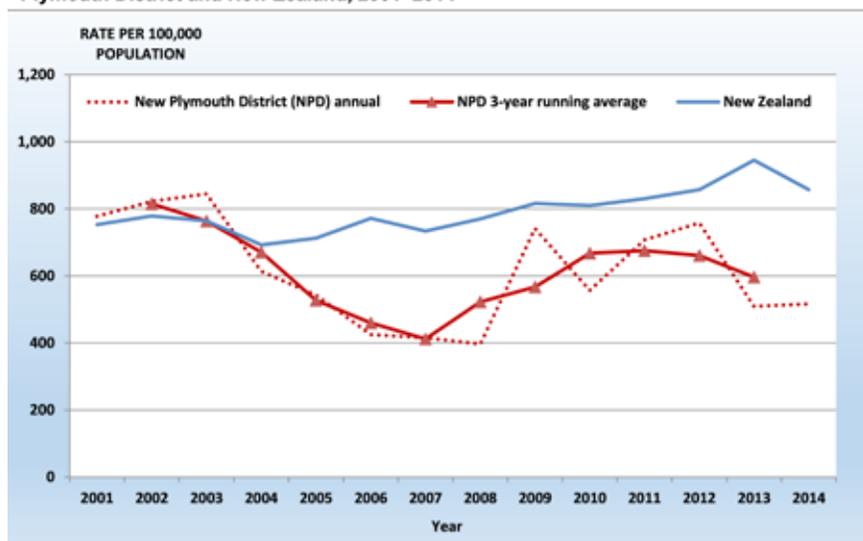
In all adult age groups except 75+, Māori had slightly higher injury hospitalisation rates than non-Māori.

*Injury hospitalisation rates over time:* Throughout the period from 1989 to 2007, the district’s all-age injury hospitalisation rates generally tracked downwards. By contrast, New Zealand’s rates slowly but steadily went up. New Plymouth’s rates spiked in 2009 (possibly due to a change in patient admission recording practices) but dropped again after that. They’ve been lower than the national average for the last five years.

Annual injury hospitalisation rates, New Plymouth District and New Zealand, 1989–2014



Annual injury hospitalisations caused by falls among children aged 0–4, New Plymouth District and New Zealand, 2001–2014



Hospitalisation rates for falls: Since 2001, New Plymouth’s all-age injury hospitalisation rates for falls have been notably lower than New Zealand’s in every year but 2009. Two areas of focus for NPIS in the past have been falls in the young and elderly.

*Hospitalisation rates for falls among pre-school children aged 0–4:* Since 2004, New Plymouth’s hospitalisation rates (3-year running average) for falls among pre-school children aged 0–4 have been considerably lower than New Zealand’s. National rates have steadily increased, whereas New Plymouth’s rates decreased from 2003–2007, rose a bit after that, flattening out and then dropped again.

*Hospitalisation rates for falls among older adults:* For nearly the whole 14-year period 2001–2014, hospitalisation rates for falls among New Plymouth District people aged 70–79 and 80+ have been lower than the national average.

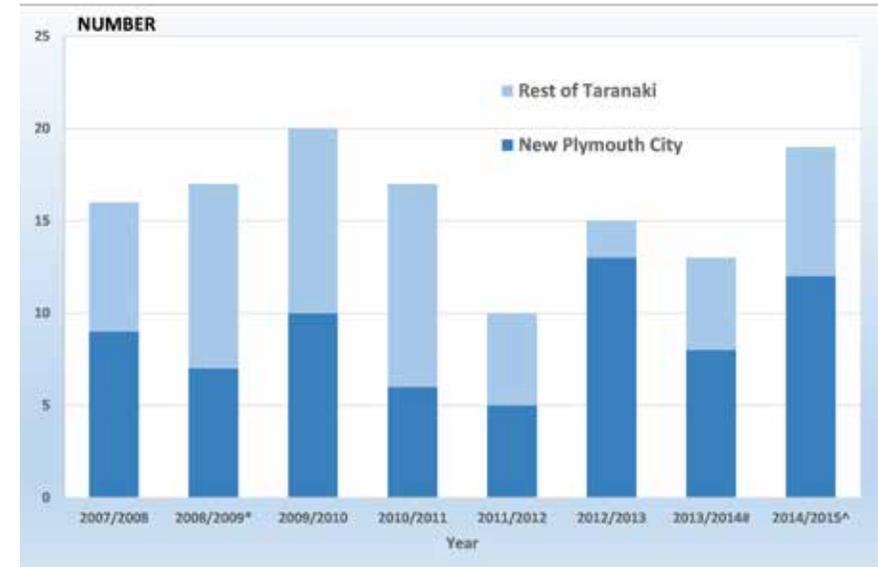
## SUICIDE AND SELF-HARM

Over the five years from 1 July 2009 to 30 June 2014, there were 75 suicides in the Taranaki region.

Over two-thirds (53) of these deaths occurred in New Plymouth District, including 42 in New Plymouth City.

The remaining 22 suicides were in other parts of Taranaki, including 17 in South Taranaki District and five in Stratford District.

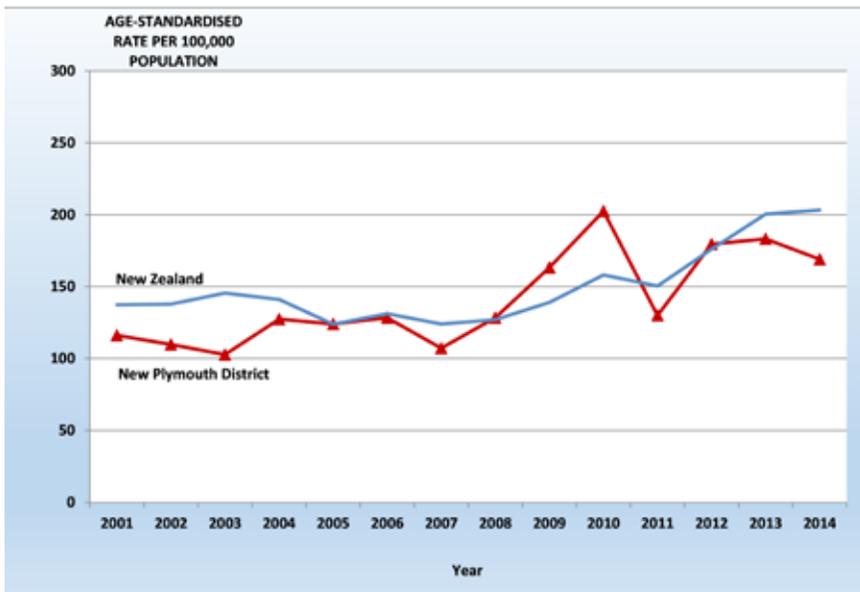
Annual number of suicide deaths, New Plymouth City and the rest of Taranaki, 1 July 2007 – 31 May 2015



The highest number of suicide deaths was in the 25–44 year age group. This group accounted for one-third of the cases in New Plymouth City, and for nearly half (45%) of cases in the rest of Taranaki.

*Hospitalisation for intentional self-harm:* Between 2010 and 2014, New Plymouth residents recorded a total of 588 hospitalisations for intentional self-harm. The most common form of self-harm was poisoning by, and exposure to, drugs, medicines and biological substances. Both New Plymouth's and New Zealand's hospitalisation rates for self-harm have been tracking upwards since 2001.

Injury hospitalisations caused by intentional self-harm, New Plymouth District and New Zealand, 2001–2014



## EMERGENCY DEPARTMENT VISITS FOR INJURY

Taranaki District Health Board has emergency departments at Taranaki Base Hospital and Hawera Hospital. In 2014, New Plymouth District residents made a total of 8,489 visits to these EDs for injury treatment.

Close to a half (43%) of all ED visits for injury were by children and young people aged 0–24 years. Another 41% were by working-age adults aged 25–64 years.

### ED VISITS FOR INJURY, NEW PLYMOUTH DISTRICT RESIDENTS, ALL AGES, 2010–2014

Year	Total <i>ED visits for injury</i>	Rate <i>per 100,000 population</i>
2010	7,666	10,474*
2011	7,597	10,076*
2012	8,072	10,593*
2013	8,642	11,649*
2014	8,489	10,854*

### MĀORI AND INJURY ED VISITS – 2014

	Total <i>ED visits</i>	Rate <i>per 100,000 population</i>
Māori	1,448	13,066*
Non- Māori	7,041	11,158*

\*not age-standardised

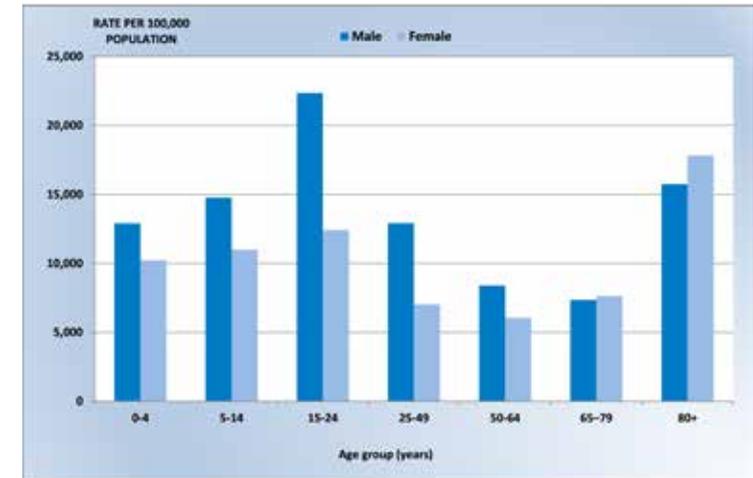
In terms of age-specific risk, men aged 15–24 were the most likely to go to an ED for injury, a more than 1 in 5 chance in the year. Women and men aged 80+, and boys aged 5–14, had about a 1 in 6 chance of going.

The most common scene or place where ED patients got injured was at home (54% of all visits). Next most common was public areas (11%), sports fields (7%) and roads (7%).

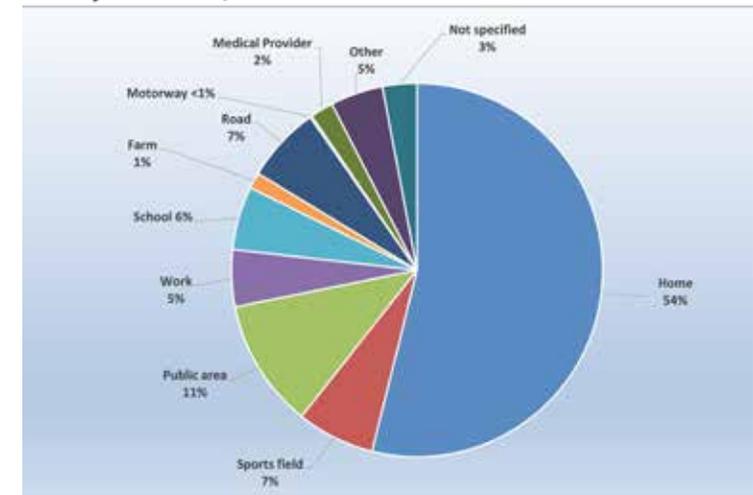
Similarly, home accidents were the most frequent cause of ED visits (51%), followed by recreational (26%), sporting (8%) and workplace (5%) injuries.

Māori aged 50–64 were almost twice as likely as non-Māori of the same age to be injured in a home accident.

Rates of emergency department attendance for injury, New Plymouth District, by age and gender, 2014



Location/scene where injury sustained prior to emergency department visit, New Plymouth District, 2014



## ACC INJURY NEW ENTITLEMENT CLAIMS

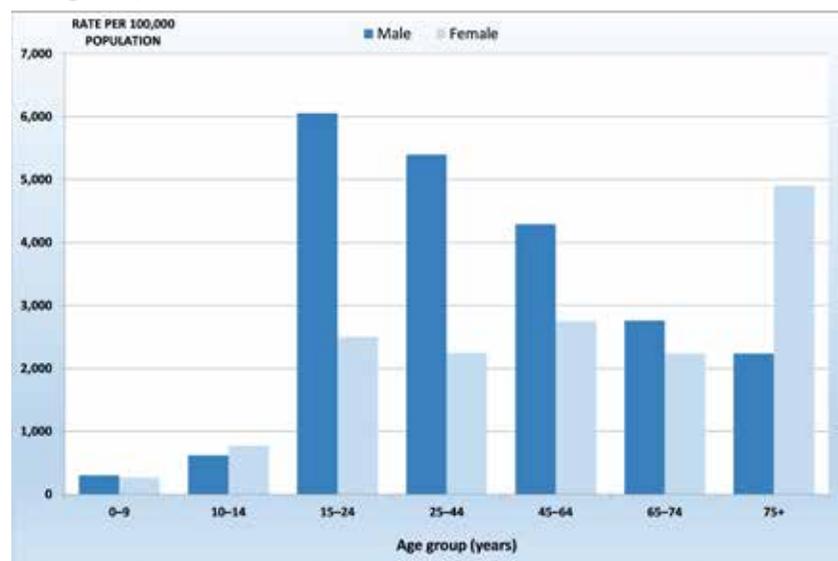
Entitlement claims are insurance claims to ACC for medical expenses, rehabilitation costs and compensation for lost income due to moderate or serious injury. Claims for primary health care only (which make up more than 90% of all new claims registered nationally), rejected claims, dental-only claims and 'ongoing' claims are not included in this analysis.

Of the District's 2,295 newly registered entitlement claims in 2014, 60% were for males and 40% for females. Males aged 15–24 had the highest rate of new entitlement claims, followed by males aged 25–44. For females, the highest rate of accepted new claims was in the 75+ age group.

In 2014, home was the most common place where injuries occurred resulting in new entitlement claims (42% of claims). Next were sport and recreation places (19%), commercial or service locations (12%), then the road or street (9%).

More than half (53%) of all females' new entitlement claims were for injuries sustained in the home. Males, by contrast, had a higher proportion of claim injuries sustained at recreation or sports places, commercial or service locations, industrial places, and farms.

ACC new entitlement claims, New Plymouth District, rates by age and gender, 2014



## ACC INJURY INSURANCE CLAIMS FOR NEW PLYMOUTH DISTRICT

### Scene of accident, new entitlement claims, 2014

Home	42 %
Recreation or sports	19 %
Commercial / service location	12 %
Road or street	9 %
Industrial place	4 %
Farm	3 %
Place of medical treatment	2 %
Other	8 %

### Sports and recreation with highest ACC new entitlement claims, 2014

Rugby union	17 %
Cycling	9 %
Netball	7 %
Soccer	7 %
Rugby League	5 %
Horse riding	4 %
Trail biking, motocross	4 %
Basketball	4 %
Skateboarding	4 %
Mountain biking	3 %

### Māori and Non-Māori new entitlement claims, 2014

Rate per 100,000 population, all ages

Māori	2,360*
Non-Māori	2,995*

\*age-standardised

In 2014, a total of 569 or 25% of the District's new entitlement claims were work-related. The largest proportion of these work-related claims came from the agriculture, forestry and fishing industry (18%) and manufacturing industry (18%). Together with construction (14%), these industries accounted for half (50%) of all work-related new entitlement claims in 2014.

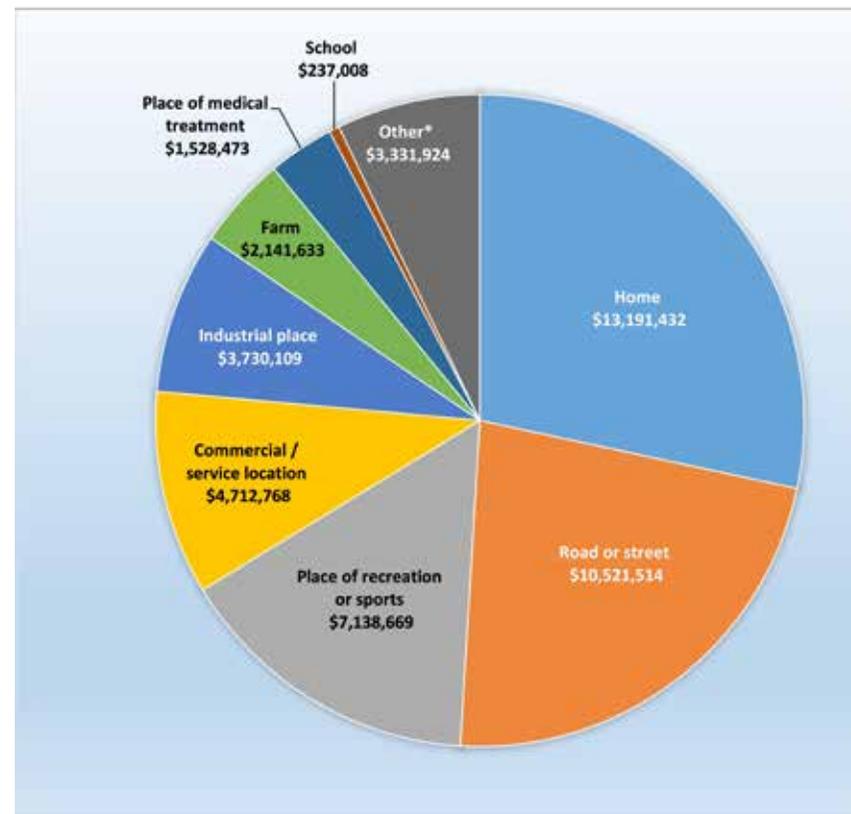
In 2014, a total of 544 or 24% of the District's new entitlement claims were for sports and recreation injuries. Rugby union was the sport or recreation with the highest number of new entitlement claims, followed by cycling, netball, soccer, rugby league, and horse riding.

The most frequent causes of injury that led to new entitlement claims were injuries related to falling, lifting or twisting. More specifically, the three most common causes were: loss of balance or personal control (29%), lifting / carrying / strain (10%) and slipping or skidding on foot (9%).

Altogether, half (50%) of all New Plymouth District's new entitlement claims in 2014 were for falls. Per capita claim rates for falls were highest for men and women aged 85+, women aged 75-84, and young men aged 15-24.

The most common type of injuries were soft tissue injuries (contusions, internal organ injuries or strains) (45% of all claims) and fractures or dislocations (31%). These two types of injuries accounted for just over three-quarters of all new entitlement claims.

**ACC expenditure for active entitlement claims, New Plymouth District, by scene of accident, 2014**



## ROAD SAFETY

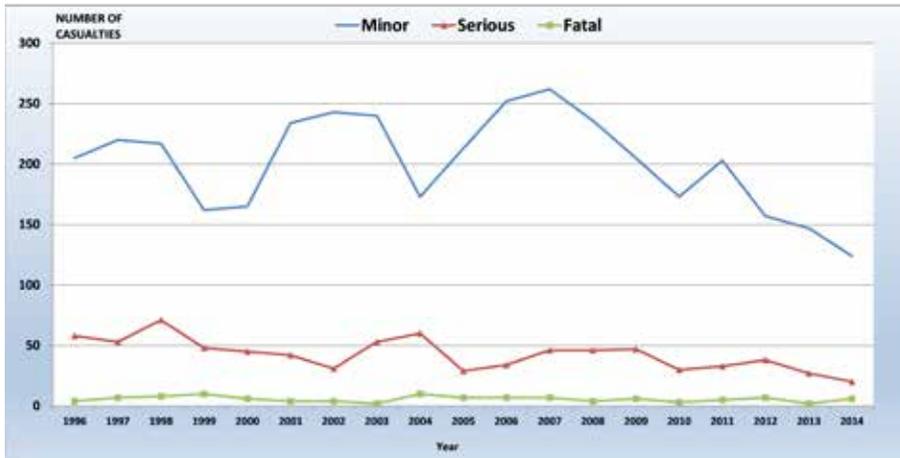
Reported minor injury road casualty totals have been dropping steadily in the District since 2007. Serious casualties have also been trending downwards.

Of the 171 people killed or seriously injured in road crashes in New Plymouth District from 2010–2014, 71% were male. This included 103 males between the ages of 15 and 64.

More than half (56%) of the people killed or seriously injured were car or van drivers and passengers. One in every 5 was a motorcyclist and about 1 in every 10 was a cyclist.

The total social cost of the 108 injury crashes in New Plymouth District in 2014 is estimated to be just over \$50 million. This includes nearly \$43 million for the 24 fatal and serious crashes.

Minor, serious and fatal road crash casualties, New Plymouth District, 1996–2014



## ROAD CRASHES AND CASUALTIES IN NEW PLYMOUTH DISTRICT 2010–2014

### Fatal Or Serious Crashes And Casualties, 2010–2014

Year	Total <i>fatal or serious crashes</i>	Total <i>fatal or serious casualties</i>
2010	30	33
2011	28	38
2012	41	45
2013	25	29
2014	24	26

### Injury Crashes And Casualties, 2010–2014 Combined

	Crashes	Casualties
Fatal	21	23
Serious	127	148
Minor	605	804
Total (5 years)	753	975

### Casualties, 2010–2014 Combined

	Male	Female
Fatal	17	6
Serious	105	43
Minor	444	359
Total (5 years)*	566	408

\*total excludes 1 of unknown gender

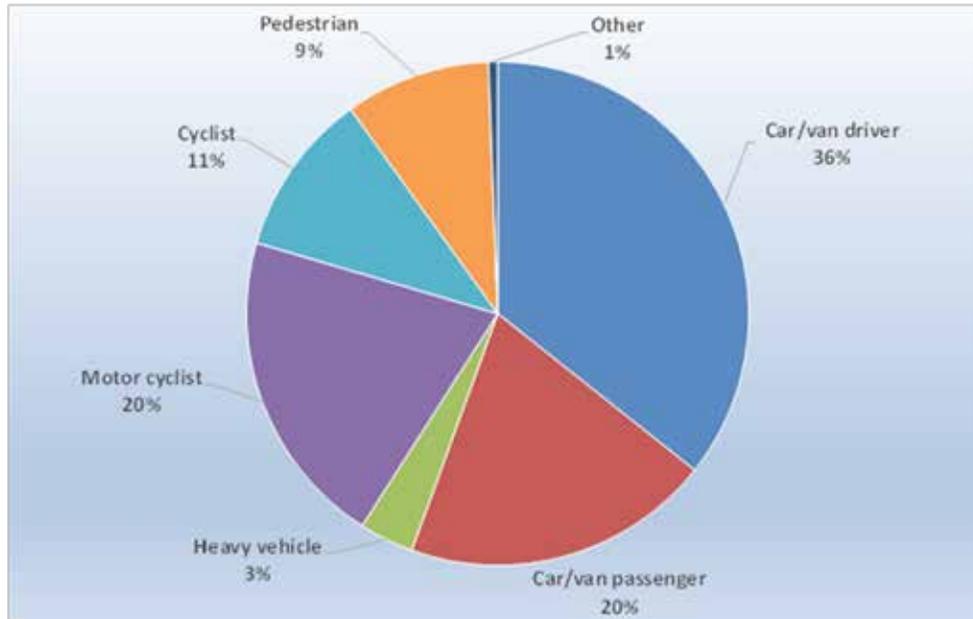
### Injury crashes on rural and urban roads, 2010–2014 combined

	Total	Percent
Rural	310	41 %
Urban	443	59 %

### Age-group of fatal or serious casualties, 2010–2014 combined

	Total	Percent
0–4	0	0 %
5–14	1	1 %
15–24	42	25 %
25–44	41	24 %
45–64	54	32 %
65–74	10	6 %
75+	17	10 %
Unknown	6	4 %
Total (5 years)	171	100 %

**Types of road users seriously or fatally injured, New Plymouth District, five years 2010–2014 combined)**



## ROAD SAFETY BEHAVIOUR – TARANAKI REGION

### Year

2014	Adults (15+) wearing front seat belts	97 %
2014	Adults (15+) wearing rear seat belts	94 %
2014	Children (0-4) using child restraint	94 %
2015	School children & adult cyclists wearing helmets	98 %
2014	Average unimpeded road speed on open road (100km/h limit)	93.3 km/h
2014	Average unimpeded road speed on urban road (50km/h limit)	48.4 km/h



## 1.6 Safe Community Strategic Plan

This is a summary of our most recent Strategic Plan which was developed in early 2016 in response to the 2015 Community Injury Prevention Needs Assessment as described in Criteria 4. NPiS undertook consultation over the strategic direction of its work in late 2015 and early 2016. Staff of member organisations and collaborative partners were given the opportunity for the programme coordinator to present the needs assessment to their group and following the presentation to have a discussion about the data and the future strategic direction of both their organisation and NPiS. This information was collated and presented to the trust board in order for them to develop this strategic plan.

To be clear this strategic plan focuses on the work of the New Plymouth Injury Safe Programme Coordinator and the immediate trust board. It looks at areas of deficit in terms of community effort in relation to the injury data analysis. For example road safety, family violence, and workplace safety are high risk areas that show up in our needs assessment but are being adequately addressed by other community coalitions (and are reported on as programmes of work in criteria 2) so are therefore not listed as strategic priority work areas by the trust's strategic plan.

### **Our Vision**

*Safe communities without the burden of injury*

### **Our Mission**

*To achieve a positive safety culture and create safer environments for all people within our communities*

### **Objectives/Key Work Areas**

1. To gather and share information on injury trends, priorities and programmes.
2. To establish and strengthen effective partnerships with others working towards improving safety.
3. To raise awareness, commitment and motivation to promote safety within organisations and throughout the community.
4. Advocating for policy and legislative change that supports improved community safety.
5. To guide and support organisations to develop effective injury prevention interventions that target high risk and vulnerable groups.
6. Work to enhance engagement with the Māori community in order to better understand Māori injury prevention priorities and ways in which the safe community can support an effective response to these priorities.
7. To enable New Plymouth District and neighbouring districts to meet the International Safe Community (ISC) criteria for Safe Communities.





**Priority Issues for 2016-2018**

- Falls (the leading cause of injury death and the most common reason for injury hospitalisations)
- Self-harm and Suicide prevention (remains statistically high)
- Alcohol and its contribution to all injury fields (research shows there is a clear relationship between acute alcohol consumption and injury)
- Leadership, Partnerships & Stakeholder relationships (Required for long-term sustainable change)

See the attached full version of our Strategic Plan for more detail including how our strategy links with national and international priorities. (Appendix B).

# CRITERIA 2: Summary of Programmes happening in the New Plymouth District Safe Community

*Note: Each programme focus area is preceded with a description of any community collaborative groups that play a major part in delivering the programmes described in that section.*

## CHILD SAFETY

### **Kidsafe Taranaki Trust (Kidsafe)**

Kidsafe Taranaki is a charitable trust formed in 1995 by a group of people concerned about preventable unintentional injuries experienced by children in Taranaki. Membership is open to groups or individuals who share this concern and currently includes organisations such as the Taranaki District Health Board's Health Promotion Unit Paediatrics Department, Child and Adolescent Mortality Review Committee and Public Health Nursing, ACC, Plunket and Maori health provider Tui Ora.s. Kidsafe Taranaki is also one of the original partners of New Plymouth injurySafe.

Kidsafe has an elected Board of Trustees, who meet bi-monthly to discuss governance matters and are open to anyone who may be interested. Issue based sub-group meetings are held throughout the year on an as needed basis.

Kidsafe continues to develop a range of projects and resources, often shared with and adapted by other communities in New Zealand. Recognised with numerous national awards, Kidsafe has gained credibility as a leading coalition in the field of child injury prevention. In 2015 Kidsafe celebrated 20 years of consistent local child injury prevention activities; the longest running regional child safety group nationally. As well as delivering their own projects, Kidsafe provides general advice and advocacy on child injury prevention issues, resources and support for local projects, access to current injury data and assistance with contacting other



# CHILD SAFETY

Programme Name	Lead and partner organisations	Issue being addressed and target population	What the programme involves	Timeframe for the intervention/programme and numbers reached	Results achieved (outcomes)
<b>Kidsafe Taranaki Trust Child Falls Prevention Project</b>	Kidsafe Taranaki Trust (lead)  Plunket	Falls hospitalisations  Under 5s	Free workshops for parents and caregivers of children under 5 years. The workshops aim to increase awareness of the key causes of falls, and ways to prevent these, focusing on a combination of advice around active supervision, child development knowledge and safe physical environments.	During the five year period between 2011 and 2016, 74 workshops were held in New Plymouth District reaching over 625 families. (note: this programme is now being promoted nationally as an exemplar by Safekids Aotearoa).	Evaluation showed 87% of participants found the session useful and 83% increased their understanding of ways to prevent falls. Follow up showed 57% of participants made changes to supervision and 47% made changes to their home environment following the session.
<b>Kidsafe Taranaki Trust Tamariki Maori Falls Prevention Project</b>	Kidsafe Taranaki Trust (lead)  Tui Ora Ltd  Plunket	Falls hospitalisations  Māori Under 5s	A Maori specific project that aims to prevent falls in the home environment to children under five years, through one-on-one sessions to parents and caregivers during Tamariki Ora home visits.	136 sessions were held in 2014 reaching 170 whanau members in North Taranaki.	Evaluation showed 100% of participants found the session useful and 71% of participants shared the information with friends or family. 98% of participants lived in suburbs with NZ Deprivation Index ratings 6-10 (mid to high deprivation). Follow up showed 50% made changes to supervision and 64% made changes to their home environment following the session.
<b>Safety Gate Loan Scheme</b>	Kidsafe Taranaki Trust (lead)  Plunket	Falls hospitalisations  Under 5s living in low income families	In 2011 Kidsafe established a new safety gate loan scheme for low income families. Safety gates are available for loan to Community Service Card holders at no cost in Waitara and New Plymouth.	Currently 54 gates are being loaned in the New Plymouth District. (up from 8 last year).	Follow up evaluation shows all families said the safety gate had made a positive difference to the safety of children in their home and they would recommend the scheme. No falls injuries have occurred in the homes of families using a Kidsafe safety gate.

# FALLS

Programme Name	Lead and partner organisations	Issue being addressed and target population	What the programme involves	Timeframe for the intervention/programme and numbers reached	Results achieved (outcomes)
<b>Working Age Falls Research Project</b>	NPiS (lead) ACC	Falls injury  Working Age population (20-64 years)	In response to ACC falls claim data, a research project was developed and carried out in 2013 based on the PRECEDE public health model to research falls at home in the working age population.	9 focus group research sessions were carried out that enabled researchers to gain an insight into why people in the working age population fall. The focus groups were segregated by age and gender to enable a better understanding of life stages and gender differentiation in attitudes and actions.	This project enabled identification of clear age and gender specific factors that contribute to falls risk. Based on this research, a range of interventions were designed and funding applications are underway to enable the work to be carried out.
<b>Community Education – Safer Footwear campaign</b>	NPiS (lead) ACC, TDHB	Falls injury  15-64 year olds	In response to the 2013’s research on falls in the working age population that suggested inappropriate footwear contributed to falls, a community campaign was delivered highlighting the importance of making good choices about footwear. Two local newspaper stories and a supervised display in the local shopping mall and DHB foyer showed a range of poor vs good shoe choices. A shoe amnesty operated whereby people handing in unsafe shoes were given a discount voucher for new shoes at Overland Footwear.	Run over two week period.  More than 100 people were engaged with verbally at the shopping mall display over two days. 100 pens were handed out as part of the DHB intranet safe footwear quiz.	Difficult to evaluate the effectiveness of this intervention so has not been repeated.  The “safe or not-so-safe” footwear display concept has now been borrowed by other DHBs around the country.

# FALLS

Programme Name	Lead and partner organisations	Issue being addressed and target population	What the programme involves	Timeframe for the intervention/programme and numbers reached	Results achieved (outcomes)
<b>Vitamin D prescribing initiative</b>	Taranaki District Health Board  Aged Residential Care Facilities	Falls deaths and hospitalisations  Older adults living in aged residential care	Aimed at increasing prescribing rates across Taranaki rest homes to regional average of 90% by 30 June 2014. The initiative comprises of 2 elements: 1. Sample prescriptions prepared by TDHB Endocrinologist circulated to all aged care facilities, ready for sign off by facility GPs 2. All patients discharged from Taranaki Base Hospital or Hawera Hospital to aged residential care are prescribed Vitamin D	9 focus group research sessions were carried out that enabled researchers to gain an insight into why people in the working age population fall. The focus groups were segregated by age and gender to enable a better understanding of life stages and gender differentiation in attitudes and actions.	This project enabled identification of clear age and gender specific factors that contribute to falls risk. Based on this research, a range of interventions were designed and funding applications are underway to enable the work to be carried out.
<b>Older Persons Integrated Falls Prevention Service</b>	Midlands Health Network PHO (lead), ACC, TDHB, NPIS	Falls in older adults	The partners are finally progressing protracted negotiations to establish a falls coordination service within the Primary Health Organisation. Despite the service not yet being in place, some key milestones have been achieved.	<ul style="list-style-type: none"> <li>• Implementation phase to begin in July 2016</li> <li>• Service to be Taranaki wide</li> <li>• Go Live date: 1 October 2016 (1st patient through the door)</li> <li>• Contracts finalised by 1st July 2016, with ACC</li> <li>• Age approach to risk stratification and therefore year 1 focus will be on 75+years old. Phased implementation</li> </ul>	Fracture liaison service established in Taranaki DHB in 2015 in response to this recognised need.

## FIRE SAFETY

Programme Name	Lead and partner organisations	Issue being addressed and target population	What the programme involves	Timeframe for the intervention/programme and numbers reached	Results achieved (outcomes)
<b>Home Fire Safety Checks</b>	NZ Fire Service  Tui Ora Ltd	Fire injury/death  Over 65 years old and those with disabilities	Carry out home fire safety checks and install smoke alarms.	Ongoing since July 2015.  Have reached 462 in total between Tui Ora and Plunket programme.	No evaluation of programme effectiveness as yet.
<b>Home Fire Safety Checks</b>	NZ Fire Service  Plunket	Fire injury/death  Children under five	Carry out home fire safety checks and install smoke alarms. Parent education.	Ongoing since July 2015  Have reached 462 in total between Tui Ora and Plunket programme.	No evaluation of programme effectiveness as yet.
<b>Firewise</b>	NZ Fire Service  Schools	Fire injury/death  Primary school age children	The New Zealand Fire Service offers a range of fire-safety education resources for early childhood, kōhanga reo, primary and year 7 and 8 students.  The education resources are designed to be delivered by teachers and kaiako. They can be supported by firefighters with a school visit and fire-safety presentation.	Ongoing.  Have visited 112 Taranaki schools since January 2015.	2008 evaluation of the national Firewise programme by Martin Jenkins showed that children who have been taught Firewise demonstrate a more sophisticated understanding of fire safety (than those who haven't), including knowing that fire produces smoke and that to escape a room filling with smoke they need to Get Down, Get Low, Get Out.

# FAMILY VIOLENCE

## Taranaki Safe Families Collaborative

The Taranaki Safe Families Collaborative (TSFC) was formed in 2008 following the merger of three groups (Family Violence Focus Group, Taranaki Te Rito Group and South Taranaki Family Violence Network). These groups had worked together extensively throughout the Taranaki region for many years undertaking a range of activities including conferences, training seminars, awareness raising events, local media campaigns and networking forums. The formation of the TSFC was prompted by a desire for a single collaborative group with more effective communication and that could be more inclusive, encouraging greater participation. The Taranaki Safe Families Collaborative vision is that all families in Taranaki will have safe, respectful and healthy relationships that are free from violence. The aims of the TSCF are to raise awareness of family violence issues in the Taranaki Region, undertake education and promotion initiatives, to improve collaboration between family violence services and to assist with the strategic development and planning of family violence initiatives.

The Collaborative is made up of over 30 members including representatives from Taranaki District Health Board, Department for Courts, Tu Tama Wahine O Taranaki, HRC Family Counselling, Taranaki Community Law, Barnados, DoVe, ACC, Plunket, Family Works, Tui Ora Ltd, and others. The Collaborative employs a full-time Family Violence Coordinator. The TSCF has developed an action plan to guide local action on family violence. The document is intended to be a 'living and accessible' document for everyone involved in the collaborative. The Plan is also used to monitor and review TSFC's ability to raise awareness of family violence issues, to improve services to victims and to ensure perpetrators are held accountable.

Programme Name	Lead and partner organisations	Issue being addressed and target population	What the programme involves	Timeframe for the intervention/programme and numbers reached	Results achieved (outcomes)
<b>Family Violence – Employer Programme</b>	Taranaki Safe Families Trust	Family violence  Employees of participating organisations and their families	TSF works with employers to increase understanding of family violence in their workplace. This involves providing staff with information and training and assisting the employer to review or develop workplace policies and procedures.  Participating employers are encouraged to get involved with community efforts to prevent family violence such as the White Ribbon campaign or other TSF events or projects.	Taranaki Safe Families Trust (TSFT) have delivered employer training to YMCA New Plymouth, New Plymouth District Council and Fonterra. The District Council has requested a refresher and training for new staff which has been scheduled and WISE Better Homes, a business involved in retrofitting insulation has recently agreed to implement the programme with TSF.	The employer programme is now well established. One of our major successes this year came directly out of the employer programme with a family violence prevention champion driving a high profile initiative.

# FAMILY VIOLENCE

Programme Name	Lead and partner organisations	Issue being addressed and target population	What the programme involves	Timeframe for the intervention/programme and numbers reached	Results achieved (outcomes)
<b>White Ribbon promotions</b>	Taranaki Safe Families Trust (lead)	Family violence  Whole of population	TSFT holds a White Ribbon Street Relay event in New Plymouth each November. Teams compete against each other in a series of fun activities, with a sausage sizzle and running commentary by the local radio station.	Yearly event  This is a highly visible event and attracts staff from a number of new businesses every year. It receives great media coverage, with the message getting across clearly.	Repeated high-exposure events like this have made TSFT the go-to for commentary about family violence by the media. Performance measures for the success of this, and other programmes are now in the process of being implemented.
<b>Sports Clubs</b>	Taranaki Safe Families Trust (lead)  Bell Block Junior Football Club, Eltham Football Club, Western Suburbs RLC, Taranaki Rugby League, Clifton RFU, Waitara Bears RLC	Family violence  Members of sports clubs, their families and the wider community	TSFT are currently working with Clifton Rugby Union Club, Taranaki Rugby League and the Waitara Bears RLC to promote family violence prevention messages within their clubs and the Waitara community.  These two clubs have agreed to lead a Champions Campaign which is gaining support from other local organisations and employers.	TSFT have implemented a number of initiatives with clubs since 2011 by working with them to deliver family violence prevention awareness. Work includes assisting clubs to create a code of conduct that outlines what they expect of their violence-free club. We also provide resources for the club to spread the It's Not Ok messages. The Waitara Champions Campaign is in final stages of planning and will be delivered throughout the 2016-17 year.	The clubs that have implemented family violence prevention projects have reviewed their policies and codes and established violence free values within their club culture. Family violence messages have been visibly promoted at games and around club premises.

# SUICIDE PREVENTION

## Suicide Prevention Taranaki

This group was established on the recommendation of a suicide prevention needs assessment carried out by New Plymouth injurySafe in 2008. The group includes representatives from Taranaki DHB Mental Health & Addiction services, Mental Health Matters in Taranaki, ACC and local contracted mental health service providers, including Maori health providers. Representatives from other NGOs and interested individual also attend the meetings.

The group meets monthly and membership is open to anyone with an interest in improving coordination of suicide prevention services across Taranaki. The group has developed an action plan which largely focuses on raising awareness of suicide prevention and increasing the availability of suicide prevention training in our region. Since the group was established in 2008, they have overseen a number of suicide prevention projects aimed at increasing the awareness and capacity of local communities to play a role in suicide prevention. These projects include targeted delivery of ASIST (Applied Suicide Intervention Skills Training) training workshops and an extensive high school roadshow raising awareness of stress, depression and suicide prevention.

Programme Name	Lead and partner organisations	Issue being addressed and target population	What the programme involves	Timeframe for the intervention/programme and numbers reached	Results achieved (outcomes)
<b>Suicide Prevention Taranaki – community and NGO networking group</b>	Suicide Prevention Taranaki (lead)  NPiS providing administrative support	Self-harm and suicide  Whole of population	An informal network of people and organisations working in the field of suicide prevention. Regular organisations in attendance are: Supporting Families in Mental Illness, Mental Health Matters in Taranaki, Progress to Health, TDHB Tuu Tama Wahine, Family Works, MSD (Kelvin Stephens?), Independents such as Paula Ingram and Linda White Mental Health NZ, Taranaki Rural Support trust.	This ongoing group has maintained its size with over 100 members on the mailing list and an average of 10 attending monthly meetings. It has held an “empowerment evaluation” group building exercise which has helped to heal some of the rifts within the group and refocus its energy.	The group has spent the last few years refocusing and regrouping. The empowerment evaluation revealed that the group did not have a strong belief in its own effectiveness so have spent time developing a new strategic direction with a broader membership. We have also lost the volunteer services of our chairperson who left to live in a different city.

# SUICIDE PREVENTION

Programme Name	Lead and partner organisations	Issue being addressed and target population	What the programme involves	Timeframe for the intervention/programme and numbers reached	Results achieved (outcomes)
<b>Assist Suicide Prevention First Aid Training delivered to interested health professionals working with youth, funded by Midlands Health Network</b>	Midlands Health Network, Lifeworks ltd	Youth	Two day internationally recognised suicide prevention training course.	About 25 people attended this two day training course.	All people participating in this course felt more confident in their abilities to manage suicide crisis situations.
<b>World Suicide Prevention Day Activities</b>	Suicide Prevention Taranaki	Intentional self-harm and suicide  Youth	Each year 10th of September is acknowledged in some way by an awareness raising activity. For example in 2013 Mike King and Tai Tupou (speaking about bullying, mental health and suicide prevention) were engaged to speak to students at four high schools and WITT Polytechnic, at their respective venues, and to the New Plymouth and Stratford communities at evening events. Each of these events lasted approximately two hours Mike King and Chief Coroner Judge Neil MacLean also spoke to health care professionals at the District Health Board for one hour.	Over 2200 people spoken with over the 2013 week of activities. Extensive radio and print media coverage given to the events	Key indicator question in evaluation for each of these events was: "In talking with someone about suicide would you now be... The Same, More open, or Less open?"  More than 70% of people filling out the evaluation indicated that they felt they would be more open in talking with someone about suicide.

# SUICIDE PREVENTION

Programme Name	Lead and partner organisations	Issue being addressed and target population	What the programme involves	Timeframe for the intervention/programme and numbers reached	Results achieved (outcomes)
<b>Feeling Down on the Farm – Rural Suicide Prevention Publication</b>	Taranaki Rural Support Trust (lead)  Like Minds Taranaki	Self-harm and suicide  Rural population	Feeling Down on the Farm - Mental Health in Rural Taranaki is a 16 page tabloid sized, newsprint edition published in 2013. It aimed to raise mental health awareness among farming communities, convey the importance of seeking help, reduce the stigma associated with mental illness and decrease the incidence of suicide in our rural community.	Delivered to every rural box holder in Taranaki, every GP clinic and a range of other places where they are likely to be picked up and read.	The results of this project have not been evaluated for a direct link. Rural suicide statistics will continue to be monitored as Chief Coroner is now providing details to us at a very local level. The project won The Australasian Mental Health Print Media Award for 2014. Rural suicides have decreased significantly in Taranaki, from an average of over 10 per annum pre 2011 to averaging about 3 per annum in the past three years.
<b>Suicide Prevention/ Postvention Action Plan</b>	TDHB (lead)  Tui Ora, NPiS, Ngati Ruanui, NZ Police, Min Edu, Min Justice, and others.	Self-harm and suicide  Whole population	A collaborative action plan targeted at increasing coordination within the sector, improving clinical practice, and improving community ability to deal with the issues.	Developed in 2015 in response to central government requirements.	Plan only in early stages of implementation. A coordinator was employed in May 2016 to assist with implementing the plan.

# WORKPLACE SAFETY

Programme Name	Lead and partner organisations	Issue being addressed and target population	What the programme involves	Timeframe for the intervention/programme and numbers reached	Results achieved (outcomes)
<b>Workplace Safety</b>	Be Safe Taranaki (lead), Worksafe NZ (and prior to that MBIE), NZISM	Workplace injuries  Working age population	Be Safe Taranaki Trust Coordination and Hosting of information sessions	ENGAGE workshops have attracted audiences of 150 – 250 individuals representing around 100 workplaces.  Regular information and discussion sessions were held to maintain local knowledge and interest in the Taskforce review of NZ Workplace H&S, the Reform Bill and the new Act. The initial Taskforce session attracted 80 people, the largest audience that the Taskforce experienced at a regional level. Subsequent sessions saw increased numbers.	Be Safe Taranaki is now collaborating with the local polytechnic to provide safety training. The support of local business leaders highlighted commitment at management level. The sharing of experience and expertise within the workplace community was greatly appreciated and has resulted in increased interest in subsequent presentations. Interest in changes to legislation has resulted in a number of information sessions run in collaboration with WorkSafe NZ and other partners to a variety of target audiences.
<b>Taranaki Construction Safety Group –including 2014 Trades Apprentice Challenge (Annual event)</b>	Taranaki Construction Safety Group (lead), Be Safe Taranaki.	Workplace injuries  Young working age population in high injury risk occupations.	Local construction and associated trades businesses have participated in shared information sessions and the Apprentice challenge contributing to both participants and activities.		Attendees able to submit information session attendance record for Licensed Building practitioner skill points.  Commitment from a range of companies to present and promote H&S through their apprenticed employees. Supported by the industry and individual workplaces and their staff.

# WORKPLACE SAFETY

Programme Name	Lead and partner organisations	Issue being addressed and target population	What the programme involves	Timeframe for the intervention/programme and numbers reached	Results achieved (outcomes)
<p><b>NZISM – professional networking and information sharing</b></p>	<p>New Zealand Institute of Safety Managers</p>	<p>Workplace injuries  Working age population</p>	<p>The local branch of NZISM has worked with other forums and professional groups to raise awareness of the H&amp;S profession and its contribution to safety in the area.  Site visits and information sessions have included specific site or activity risk and various community issues such as mental health, alcohol, road and family safety.</p>		<p>Local knowledge and collaboration is enhanced across a range of professional and informal groups. On-site visits and public forums well attended.</p>
<p><b>Taranaki Secondary Schools Agricultural Safety Challenge</b></p>	<p>Taratahi (lead)  NPiS, ACC, secondary schools, NZ Fire Service, NZ Police.</p>	<p>Workplace injuries  Secondary school students</p>	<p>A one-day module based competition between students from different high schools focusing on different aspects of farm safety such as stock handling, quad bike safety, tractors, chemicals, first aid firearms and fire safety.</p>	<p>Seven teams of four students competed in seven farm safety modules, a format first devised in 1998 and well supported by Taranaki schools ever since.</p>	<p>Evaluation feedback from 2012 participants showed 72% reported an increased awareness of farm safety; 94% demonstrated an increase in farm safety knowledge; 89% identified a safer behaviour they intended to adopt and 67% discussed farm safety issues within their families.</p>

# ROAD SAFETY

## **Roadsafe Taranaki**

Roadsafe Taranaki undertakes the Community Road Safety Programme in Taranaki on behalf of the New Zealand Transport Agency. Roadsafe Taranaki is based on a partnership agreement between the three Local Territorial Authorities (New Plymouth, Stratford and South Taranaki District Councils). Roadsafe Taranaki sets out to assist communities to identify and take ownership of their road safety issues, facilitate behaviour change and to increase participation of community groups in road safety projects.

Roadsafe Taranaki develops and supports delivery of road safety education that fits within the Safe System approach that is a focus area of the 2015–18 National Land Transport Programme. It supports a sector-wide focus on creating a transport system increasingly free from death and serious injury. To help facilitate this work a road safety co-ordinator is employed to work within the community (managed by the South Taranaki District Council). Collaboration is a key part of an effective road safety approach and Roadsafe Taranaki is committed to a Community Development approach to assist and stimulate communities to develop a road safety culture. Supporting the goal of improving safety across all four parts of the system – roads and roadsides, speeds, road use under a Safe System model ensures communities are able to take a lead in changing behaviour and engineers and enforcement can support these changes.

The Roadsafe Taranaki Management Group includes representatives from New Plymouth District Council, Stratford District Council and the South Taranaki District Council. The group meets quarterly to oversee the planning and delivery of the community road safety programme and to discuss possible partnership agreements. A copy of the Roadsafe Taranaki Strategic Plan 2015-2018 is available at the South Taranaki District Council.

## **Road Safety Action Planning (RSAP) Group**

Road safety action plans provide a sense of urgency, focus and commitment to mitigate road safety risks. The Taranaki RSAP plan records agreed local road safety risks, objectives and targets, actions, and monitoring and reviewing processes. The RSAP document is the result of collaboration by key road safety partners to give effect to local/regional coordinated inter-agency road safety strategies. The Taranaki RSAP plan is the primary mechanism for coordination of education, engineering and enforcement approaches to road safety problems at a sub-regional level. Regional and local road safety partners identify problems to be solved by assessing information and intelligence such as crash data, community identified needs, traffic counts and speeds, police enforcement and prosecution data, studies and surveys, media issues, and results from the community outcomes process.

Collaboration is key to successful implementation of the Taranaki RSAP both in the production of the RSAP and ongoing monitoring of its progress. Progress is measured through a report bank and a maintained reduction in crash figures. The Taranaki RSAP group meets quarterly and includes Representatives from the District and Regional Council, ACC, Police, New Plymouth Injury Safe, Taranaki District Health Board, NZ Transport Agency and NZ Transport contractors.

The group responds to identified areas that require action as they become aware of them. The current Road Safety Action Plan is available from the South Taranaki District Council.

# ROAD SAFETY

Programme Name	Lead and partner organisations	Issue being addressed and target population	What the programme involves	Timeframe for the intervention/programme and numbers reached	Results achieved (outcomes)
<b>Motorcycle safety</b>	NPiS (lead) Roadsafe Taranaki (funder), ACC, Energy Honda, Paul Neumann, Lanfear Driver Training	Injuries caused by road crashes  Motorcyclists	Delivered practical motorcycle skills training to riders. Two courses were run covering handling skills, essential maintenance and protective equipment and consisted of track riding, road riding and classroom sessions.	Run three to four courses per year – ongoing.  Average approx 15 participants each course. Sept, Nov, Apr & May	Evaluation forms from courses show positive reception to the quality of the course and demonstrate concrete knowledge gained. The number of motorcyclists dying in road crashes in a five year period has reduced from 7 to 3 over the last two needs assessments (covering the two periods of 2006-2010 and 2010-2014)) however the total number of crashes has increased slightly. This may reflect the growing population rather than an actual increase in crash rates per head of population
<b>Road safety expo: Ready2Drive -</b>	Roadsafe Taranaki (lead and funder)  NZ Police, NPiS, New Plymouth District Council, NZ Fire Service, Eagers Funeral Services, ACC.	Road safety  Year 10 students – preparing them for learning to drive.	Expo aims to improve road safety knowledge & road use behaviour.  Consisting of participatory modules focusing on ten safety topics relevant to novice drivers (plus a video all students view at end of day). Three new modules – Fire, AA (what you need to sit your license) and Funeral Director.	Approx 450 Year 10 students taken through the programme each year (NPGHS, NPBHS & Inglewood HS).	Students, teachers, police and road safety partners agree this type of event is helping to improve safe behaviours. Taranaki Secondary Schools Road Safety Survey - 3,834 students in New Plymouth district were surveyed from all eight high schools showed that:  <ul style="list-style-type: none"> <li>• not breaking license conditions (down from 57% in 2009 to 34% in 2013),</li> <li>• fewer students involved in crashes (down from 29% in 2005 to 16% in 2013),</li> <li>• not drinking and driving (those saying they never drink before driving up from 83% in 2005 to 88% in 2013)</li> </ul>

# ROAD SAFETY

Programme Name	Lead and partner organisations	Issue being addressed and target population	What the programme involves	Timeframe for the intervention/programme and numbers reached	Results achieved (outcomes)
<p><b>Presentations or Guest Speakers</b></p>	<p>Roadsafe Taranaki (lead)</p> <p>New Plymouth District High Schools and alternative education providers, Corrections, Workplaces</p>	<p>Road safety</p> <p>High school aged residents</p>	<p>Tamati Paul &amp; 4Carmen both encourage discussion in relation to making the right choice around alcohol.</p>	<p>Tamati has been delivered to every high school in New Plymouth plus students at Taranaki Young Peoples Trust, YMCA, Yellow Castle, Westown School, Manukorihi Intermediate, Bell Block School. 4 Carmen was shown at Inglewood, Sacred Heart and New Plymouth Boys High School. Both presentations have been shown to clients of Corrections.</p>	<p>Feedback has been positive with teachers &amp; tutors acknowledging change of attitude from some of their more “At Risk” students. Taranaki Secondary Schools Road safety survey shows that not drinking and driving (those saying they never drink before driving) is up from 83% in 2005 to 88% in 2013.</p> <p>4Carmen was developed late in 2014 which will mean the success cannot be measured at this time.</p>
<p><b>Students Against Dangerous Driving</b></p>	<p>Roadsafe Taranaki (lead)</p> <p>Taranaki High Schools</p>	<p>Road crash injuries</p> <p>High school aged residents and their families</p>	<p>11 of the 14 secondary schools in Taranaki (7 of 8 in the New Plymouth district) have active SADD groups. Each year between 20 and 30 Taranaki students attend a conference where they learn leadership, understanding and how to deliver road safety programmes to educate their peers.</p>	<p>29 Taranaki students attended this years conference (3 Frances Douglas Memorial College, 3 Sacred Heart, 4 NP Girls HS, 4 NP Boys HS &amp; 4 Inglewood HS) aimed at taking SDD into the next decade. Short term and long term ideas were developed over the 3</p>	<p>Students confirmed they enjoyed the conference, learnt new skills and have a far better idea on what they want to deliver within their own schools in 2015. Many of these students have also volunteered to help deliver at road safety events around Taranaki as part of their drive to change driver attitudes.</p> <p>3 New Plymouth SADD groups helped talk to parents about school gate safety at 3 schools (St John Bosco, Merrilands and Highlands Intermediate) SADD students volunteered as patients during National Fire Rescue competitions in Inglewood and presented at Corrections road safety education day for offenders.</p> <p>Taranaki Secondary Schools Road safety survey shows that not drinking and driving (those saying they never drink before driving) is up from 83% in 2005 to 88% in 2013.</p>

# ROAD SAFETY

Programme Name	Lead and partner organisations	Issue being addressed and target population	What the programme involves	Timeframe for the intervention/programme and numbers reached	Results achieved (outcomes)
<p><b>Department of Corrections Road Safety Days</b></p>	<p>Roadsafe Taranaki (lead)</p> <p>Department of Corrections, NZ Police, NZ Fire Service, ACC, SADD, NPiS, Eagers Funeral Services, New Plymouth District Council, ACC, Plunket, St John</p>	<p>Road crash injuries</p> <p>Department of Corrections community sentence servers</p>	<p>A one day programme aimed at driving offenders serving a community sentence. Similar programme to the Ready to Drive Expo's with key partners invited along to help educate and change behaviours.</p>	<p>Each year between 110-140 Corrections clients attend a road safety education day in New Plymouth delivered by a collaboration of road safety partners.</p>	<p>Feedback from the participants has been very positive with a large number acknowledging they have learnt something and stating what one thing they will take away and share with friends and family.</p> <p>Due to privacy laws reoffending rates have been difficult to come by, however, less than 10% of the clients during the last 2 programmes had attended previous programmes potentially indicating low recidivism.</p>
<p><b>Driver Speed Enforcement Campaigns</b></p>	<p>NZ Police</p>	<p>Crash injury reduction</p> <p>Drivers</p>	<p>Continued enforcement campaigns over Public Holiday periods with a reduced tolerance (4kmph over) - joint Highway Patrol Operations. Also a lower 4km tolerance throughout holiday periods has become the norm and is enforced by Police Staff and Speed Cameras Media campaigns used. Police focus on High Risk drivers, including speed during Holiday periods. Laser Use in the CBD, at schools and on St Aubyn St (identified high speed problem area).</p>	<p>Road Policing units enforcing the 4kmph tolerance over all holiday periods, with generally good compliance and public awareness of the lower level this year. Increased staffing during times that have been identified as busy travelling times during holiday periods. On-going media campaigns addressing risks of speeding and Police enforcement. Police working closely with Transit and local government to ensure posted speed limits are appropriate. Ongoing – scheduled tasks deploying staff on an as identified basis.</p>	<p>No deaths during patrol periods for New Plymouth Area.</p> <p>Lower average mean speed on highways and around schools continues.</p>

# ROAD SAFETY

Programme Name	Lead and partner organisations	Issue being addressed and target population	What the programme involves	Timeframe for the intervention/programme and numbers reached	Results achieved (outcomes)
<p><b>Back to School Speed Reduction Campaign</b></p>	<p>NZ Police (lead)</p> <p>Let's Go team at NPDC, Roadsafes Taranaki, NPIS</p>	<p>Road crash injury</p> <p>School communities</p>	<p>A "Back to School" campaign utilising Media, education and enforcement of lower speeds around schools.</p> <p>Radio and newspaper advertising was funded for the first two weeks of school and planned to be run each year by Roadsafes Taranaki.</p>	<p>Speed Campaigns are on-going with Schools being patrolled most days at start and finish of school day. Big focus on Schools with highly visible Police Patrols for the first week of each school term.</p>	<p>Lower average mean speed on highways and around schools continues</p> <p>40kph speed restrictions using a variable speed warning sign are now located around many district schools at are used at the beginning and the end of each school day.</p> <p>Marfell School in New Plymouth won prize in a Roadsafes Taranaki Back to School competition where all schools were invited to promote safety and speed reduction by placing adverts in their school newsletters for the first 6 weeks of the school year.</p>
<p><b>Intersection crash reduction</b></p>	<p>NZ Police (lead)</p>	<p>Road Crash Injury</p> <p>Whole population using intersections identified at risk</p>	<p>All Police staff being tasked to focus on intersections (red light runners, stop signs, give way signs). Part of the focus was to ensure Drivers were remaining within their designated lanes. In partnership with the council and NZTA the local police developed the Traffic Light indicator system. These are moved from time to time when problems are identified. Staff continue to police these intersections issuing red light infringement notices (IONs), yellow light IONs or written warnings. On-going use of stories in local free paper to highlight the dangers at intersections for all road users. Operations using hand held video cameras at problem intersections are continuing.</p>	<p>Ongoing - Police feel they get their best public education stopping offenders at the time of infringement and issuing IONs.</p>	<p>Reduction of crashes at problem/high crash rate intersections, increased following distances and reduction in nose to tail crashes have occurred in the last five years.</p> <p>We have gone from having two of the 20 most dangerous intersections in the country to having the intersections reclassified from high-risk to medium-high risk.</p>

# ROAD SAFETY

Programme Name	Lead and partner organisations	Issue being addressed and target population	What the programme involves	Timeframe for the intervention/programme and numbers reached	Results achieved (outcomes)
<b>Driveway Run-Over kit</b>	Roadsafe Taranaki and Kidsafe Taranaki	<p>Driveway run overs of small children</p> <p>Māori and Pacifica families where possible</p>	The Driveway runaway kit which was developed by Safekids Aotearoa teaches drivers and children about driver blind spots. It passes on key messages about how to keep safe in driveways.	Two kits are in circulation in New Plymouth District and are used approximately 10 times per year at various events including Ready2Drive, Corrections Road safety days, and family oriented public events.	The kit continues to generate positive feedback and media. Recent enquiries to Child Mortality Review committee have revealed just two driveway run over deaths in Taranaki in the last ten years. Neither of these were in New Plymouth District.
<b>Drink drive offending reduction</b>	NZ Police	<p>Road crash injury and death</p> <p>All drivers and passengers</p>	Recidivist Drink Driver Campaign aimed at engaging recidivist drink drivers, challenging their behaviour and reducing future offending. When recidivist drink drivers are identified they are visited at home by a Police Officer and support/information is provided to help them make better choices. Referrals are made to Alcohol and Drug counselling providers.	<p>On-going based on staff resources available.</p> <p>Initially supported by a four week media campaign in the Taranaki Daily News.</p>	<p>All of the recidivist drink drivers visited by Police responded positively to the initiative.</p> <p>The impact of the Taranaki Daily News Campaign on changing attitudes to drink driving appeared to be very minor (evaluated through telephone surveys) so has not been repeated.</p>

# ROAD SAFETY

Programme Name	Lead and partner organisations	Issue being addressed and target population	What the programme involves	Timeframe for the intervention/programme and numbers reached	Results achieved (outcomes)
<b>Drink Driving – Police enforcement</b>	NZ Police	Road crash injury and death  All drivers and passengers	National Drink Drive Campaigns (Operation Sabretooth; and Operation Unite). Every driver that is stopped by Police is Breath tested, checking driver licence status.  Also change in drink driving legislation to reduce Breath Alcohol Concentration levels  Operations with Traffic Alcohol Group targeting graduated driver’s licences and vehicle conditions and all drivers being breath tested.	Anywhere, anytime Police Check points have been used to good effect. A number of recidivist offenders such as alcoholics who are also drinking throughout the day have been apprehended. Infringement notices are often issued as unsafe vehicles are detected at these checkpoints.  A number of drivers are being apprehended in the lower 250 – 400 range; they include drivers who have been driving before alcohol levels in their bodies have reduced sufficiently.	Breath tested anytime, anywhere. Raised awareness of vehicle and licence checks being made at TAG checkpoints.  Drink Drive offending appears to be reducing over the last four years. Advertising of lowering the drinking levels seems to be having an impact.  The high compliance with the zero limit from under 20’s is particularly noticeable when doing checkpoints.
<b>Unsafe Driving Behaviours – Police enforcement</b>	NZ Police	Road crash injuries and death  All drivers and passengers	All road policing units have been focusing on cell phone use by drivers. Police are also making use of media reports to emphasise the danger of driver distraction.  Restraints were a big focus for all Police Staff	Education and tickets continue to be issued for these offences.	A huge number of people are still continuing to use cellphones to our dismay. New ways of educating about this are being investigated but really need to support of national media.

# ROAD SAFETY

Programme Name	Lead and partner organisations	Issue being addressed and target population	What the programme involves	Timeframe for the intervention/programme and numbers reached	Results achieved (outcomes)
<p><b>Recidivist unsafe driving offenders</b>  <b>Active follow up of service of driver licence suspension notices</b></p>	<p>NZ Police</p>	<p>Road crash injuries and death</p> <p>Persistent offenders</p>	<p>Recidivist drivers accumulating many demerit points and being visited personally and licences being taken away. Updated lists of those wanted for service being received regularly by Police from NZTA.</p> <p>Drivers needing to be suspended are assigned to an individual Police Officer who is responsible for actively seeking out and serving suspension notices.</p>	<p>Ongoing. a target list comes out weekly for staff follow up.</p>	<p>The number of people requiring service of suspension notices has reduced as well as the high number of demerit points held by individuals.</p> <p>Recidivist drivers being removed from the road with the ability to seize vehicles if they are found driving (due to them being unlicensed drivers).</p>
<p><b>Taranaki Workplace Road Safety Charter</b></p>	<p>Let's Go team at New Plymouth District Council, NZ Police, Roadsafes Taranaki, NPIS, Shell Todd Oil Services</p>	<p>Road crash injury and death</p> <p>Employers and Employees</p>	<p>A charter designed to help workplaces commit to better road safety practices with easy to follow guidelines and the ability for businesses to promote themselves as charter signatories.</p>	<p>Over 25 businesses attended the initial presentation. 8 workplaces signed up to date.</p>	<p>No evaluation results to date as launch less than 12 months ago.</p>

## PEDESTRIAN AND CYCLIST SAFETY

Since June 2010 New Plymouth District Council with support from the New Zealand Transport Agency has invested significantly in initiatives to increase the number of walking and cycling trips in New Plymouth. This is a large ongoing project and is reported in depth on the [www.letsgo.org.nz](http://www.letsgo.org.nz) website but a few of the major streams are reported on here.

Programme Name	Lead and partner organisations	Issue being addressed and target population	What the programme involves	Timeframe for the intervention/programme and numbers reached	Results achieved (outcomes)
<b>BDO Cyclist Skills Training</b>	New Plymouth District Council (lead)	Injuries from bicycle use Year 5-6 children	Based on NZTA guidelines for grade one within the school grounds and grade two in the road environment.	Since June 2010, 8288 years five and six children have participated in cyclist skills training.	Feedback from schools, parents and trainers indicate an increase in skills and ability.
<b>Scooter Skills Training</b>	New Plymouth District Council (lead)	Injuries from scooter use Years 0-4 primary aged children	Based on proper helmet use, how to behave on the footpath and sneaky driveways.	Since July 2012, 9752 children have participated in a scooter skills program. Delivery has been to year 0 to year 4 children.	Feedback from schools, parents and watching children behaviour shows an improvement in helmet use, and behaviour and safety when travelling actively to school.
<b>Let's Get Going</b>	New Plymouth District Council (lead)	Injuries from bicycle use Preschool children	Teaches young children some basic bike skills and safety awareness.	"Pre-school Cyclist Skills" has been delivered to over 4184 young children.	Evaluation shows that 90% of parents reported an increase in their child's cycling skill and confidence.
<b>School Travel Planning</b>	New Plymouth District Council (lead)	Road crash injuries School age children	Let's Go Team works with 26 schools across New Plymouth District, aiming to encourage active travel to school and identifying safety concerns. Reducing congestion at school gates and looking at minor on road safety improvements.	Children at 26 schools covered	In New Plymouth we now have 69% of children travelling actively to school, significantly above the national average of 33%. Having impact on health and safety at the school gate.

# PEDESTRIAN AND CYCLIST SAFETY

Programme Name	Lead and partner organisations	Issue being addressed and target population	What the programme involves	Timeframe for the intervention/programme and numbers reached	Results achieved (outcomes)
<b>Infrastructure projects</b>	New Plymouth District Council (lead)  NZTA	Road crash injuries, amenity improvements, perceptions of safety  Everyone	There have been a number of infrastructure projects completed over the past six years to improve access and safety for people to walk and ride. To name some recent upgrades:	Extension to the Coastal Walkway to Tiromoana Crescent. Upgrade to Mangati Walkway to improve access. On road improvements to South Road between Manadon and Belair avenue. Shifting of the pedestrian crossing on Carrington St. Minor safety improvements outside schools, including the building of crossing points, installation of signage and red resin to indicate that you are entering a school environment.	We are seeing a dramatic increase in numbers of people using our off road pathways both for commuting and recreation. With a 35% increase in cycling between 2006 and 2013.  Anecdotally seeing greater numbers of people riding and our on road counts are showing increase.  Bike racks at both New Plymouth Boys High and Highlands Intermediate are currently at capacity.
<b>What are you Missing – pedestrian and cyclist safety campaign</b>	New Plymouth District Council (lead)	Vulnerable road user crash statistics	Promotion of key messages about sharing the road safely through a variety of mechanisms. E.g. Be Seen, Rural campaign about to launch and a schools campaign being planned.	Ongoing online and paper advertising (hard to gauge numbers).	Increasing awareness of joint responsibility for safety of ourselves and others on New Plymouth roads.

# CRIME PREVENTION

Programme Name	Lead and partner organisations	Issue being addressed and target population	What the programme involves	Timeframe for the intervention/programme and numbers reached	Results achieved (outcomes)
<b>CBD CCTV Camera Operators</b>	NZ Police	Crime  General Public in and around the CBD	<p>CCTV cameras are in place in and around the CBD. Most cover the main street but a few are strategically placed to cover areas that tend to be problem areas for the city.</p> <p>Some cameras are hard wired (fixed) while others are moveable so if problems come up in an area that is not covered by a CCTV camera they can be re-located. Cameras also cover a large portion of the coastal walkway and Pukekura Park. The cameras are monitored by trained volunteers during the peak hours of 9pm – 4am on Fridays and Saturdays.</p>	<p>Ongoing.</p> <p>Quality control measures to ensure ongoing efficacy include: Preservation of experienced camera operators by supporting senior camera operators.</p> <p>Moving cameras to strategic locations/hotspots as they emerge. Ensuring Cameras are all functioning and upgrades take place as technology gets better.</p> <p>On going support from Licensees and Bar Staff in reporting incidents of concern to Police via Camera Operators.</p>	<p>Clear and concise communication, real time policing. Early intervention at incidents reducing the likelihood of violence or disorder taking place.</p> <p>Very good preventative tool. If people believe they are being watched they are less likely to commit offences.</p>
<b>Police Staff deployed to beat demand</b>	NZ Police	Crime  General Public in and around the CBD	<p>Identification of Police staff to work shifts when there are peak calls for service.</p>	<p>New Plymouth Police continuing to provide 40% more staff on Friday and Saturday nights to assist with demand. Police are deployed to problem areas within the CBD ahead of time.</p>	<p>A reduction in response times for calls for service. Continued reductions in CBD Disorder and public place assaults and serious assaults when compared to previous years.</p> <p>27.3% overall reduction in Public order assaults since 1996.</p>

# CRIME PREVENTION

Programme Name	Lead and partner organisations	Issue being addressed and target population	What the programme involves	Timeframe for the intervention/programme and numbers reached	Results achieved (outcomes)
<b>Community Patrols</b>	<p>NZ Police</p> <p>Community Patrols</p>	<p>Crime</p> <p>Businesses and residents located in crime hotspots</p>	<p>The development of local community patrols to work in conjunction with the police to reduce petty crime.</p> <p>Patrol areas dictated by Police to target 'hot spots' patrols to work in conjunction with the police to reduce petty crime.</p> <p>Weekly deployment documents produced to deploy patrollers from.</p> <p>Scheduled tasks entered for patrollers to be tasked to identified hot spots.</p>	<p>Currently have 25 volunteers</p> <p>Changed from Friday and Saturday evenings only to rostered patrols Tuesday to Saturday evenings covering New Plymouth city, incorporating Waiwhakaiho, Bell Block, Oakura.</p> <p>Commencement of recruitment for a new patrol in Waitara has been recently initiated.</p> <p>NPCP has been running since Nov 2011.</p> <p>Regular patrols of schools during school holidays acting as capable guardians to deter dishonesty crime.</p> <p>Crime prevention letters delivered by patrollers to identified high risk neighbourhoods to raise awareness and reduce victimisation for dishonesty crime.</p>	<p>Police very pleased with support to discourage illegal activity in industrial areas and schools etc.</p> <p>Noticeable reduction/ displacement of crime in hot areas when community patrols deployed to these areas.</p> <p>Community Patrols have evolved to carry out self directed patrols above and beyond the tasks set by Police.</p> <p>Dramatic measurable reduction in reported crime within educational facilities during school holidays.</p> <p>Increased working relationship/ partnership between local staff and community patrollers.</p>
<b>Neighbourhood Support and Police initiative to specifically target and support victims of crimes in residential areas.</b>	<p>Neighbourhood Support</p> <p>NZ Police</p>	<p>Crime</p> <p>Residents in areas affected by crime</p>	<p>Police share information with Neighbourhood Support (NHS) regarding victims of residential crimes such as Burglary, Theft and Intentional Damage.</p> <p>NHS contacts the victims within 7 days of reported offence. Arrange home visit. Engage neighbours of victim and set up NHS group, provide prevention advice and ensure victim supported by appropriate agencies and neighbours.</p>	<p>Since the initiative begun in August 2013 North Taranaki NS has attended 159 appointments that resulted in 750 households joining NTNS and many of those becoming members of E-Watch.</p> <p>There are now approximately 5000 residents and 1000 businesses currently signed up as members of E-watch.</p>	<p>The initiative was established in August 2013. The response from victims has been overwhelming. 53% of victims that are contacted want to either form or be apart of a Neighbourhood Support group. This has 'hardened' neighbourhoods to becoming revictimised.</p> <p>As part of the initiative those that join NHS become part of E-Watch. E-Watch is an e-mail based system that allows Police to share information with residents about criminal activity in their area and provide Prevention advice. Residents can respond to e-mails and help Police solve crime.</p>

# CRIME PREVENTION

Programme Name	Lead and partner organisations	Issue being addressed and target population	What the programme involves	Timeframe for the intervention/programme and numbers reached	Results achieved (outcomes)
<p><b>Loves Me Not</b></p>	<p>NZ Police</p> <p>Secondary School Teachers</p> <p>Dept for Corrections</p>	<p>Healthy Relationships</p> <p>Yr 12 and yr 13 students at High Schools.</p> <p>Corrections Dept clients</p>	<p>Identifying healthy and unhealthy behaviours in relationships, whether heterosexual, or same sex relationships, and/or relationships in families friends and communities.</p> <p>Topics covered include: Media influences and experiences, consent, active bystander, seeking help.</p> <p>Self awareness of acceptable relationship behaviour.</p> <p>Sessions are delivered in the classroom environment with a Police officer and teacher working together, including both genders of teachers and Police staff.</p> <p>Dept of Corrections sessions are delivered at Dept Corrections offices and training facilities.</p>	<p>Ongoing commitment to Taranaki Secondary Schools for 3 years, commencing 2015. It is hoped to extend beyond this timeframe.</p> <p>Dept for Corrections partnership to address a need for an identified key result area with rehabilitating offenders.</p> <p>Guesstimated numbers reached so far equal –</p> <p>1400 students. (schools)</p> <p>200 adults. (Corrections)</p>	<p>Positive feedback from the entire school communities about the positive influence and learnings from this program.</p> <p>One of the goals is that students are able to recognise healthy and unhealthy behaviours in a relationship.</p> <p>Students to date have succeeded in this goal, and understand the cumulative effect of minor unhealthy behaviours escalating to serious harm.</p> <p>Police Officers have operational expertise in regards to consent and the law, and the evaluations have shown that students have gained valuable knowledge in this area as a result of the program.</p> <p>The feedback has shown that parents of students and the school community are supportive of the value of the program and the content delivered, and that this was an area that previously was not covered.</p> <p>The program builds resilience in the students.</p>

# ALCOHOL HARM REDUCTION

## Taranaki Alcohol Harm Reduction group

Taranaki Alcohol Harm Reduction Group is an open community collaborative group facilitated by Health Promoters at the Taranaki District Health Board. Current members include representatives from Taranaki District Health Board, ACC, New Plymouth Injury Safe, Be Safe Taranaki, Social Sector Trials, Tui Ora and various individuals who help when they can. Its focus in the last two years had been on improving the collection of alcohol harm information, increasing the community's capability in taking part in local government decision making around alcohol and distributing resources and information about alcohol harm.

Programme Name	Lead and partner organisations	Issue being addressed and target population	What the programme involves	Timeframe for the intervention/programme and numbers reached	Results achieved (outcomes)
<b>Mellow Yellow</b>	New Plymouth District Council (Lead)  NZ Police, Taranaki District Health Board and Licensed taverns in the CBD	Alcohol harm and injury in the CBD  Perceptions of Safety  People using the CBD	A collaborative project that aims to improve communication between licensed premises and the Police to make the CBD a safer place at night. Trained door staff wear hi-viz yellow jackets and carry walkie-talkies so they can alert each other in the event of problems (e.g. if they have refused entry to someone) as well as keeping in contact with police. The project aims to promote a consistent and collaborative approach to the management of alcohol-related harm issues across all CBD licensed premises in a highly visible way.  Issues are also identified via the CCTV cameras operated by volunteers described elsewhere in this report.	All CBD premises operating as bars/night clubs are members of the Mellow Yellow campaign. There are currently 9 licensed premises involved. Each participating business is equipped with radios, Mellow Yellow uniforms and member notices outside of their premises.	Mellow Yellow is still effective in the CBD and there is good communication between door staff of different establishments, camera operators and Police.  Continued reduction in disorder and public place assaults. This can be attributed to early intervention by Police and Bar Staff. Prevention of intoxicated or disorderly patrons being given entry into other venues. "Kicked out of one, kicked out of all".

# ALCOHOL HARM REDUCTION

Programme Name	Lead and partner organisations	Issue being addressed and target population	What the programme involves	Timeframe for the intervention/programme and numbers reached	Results achieved (outcomes)
<b>Alcohol Accord</b>	New Plymouth District Council (lead),  NZ Police, District Licensing Authority, Hospitality NZ, licensees, Taranaki District Health Board	Alcohol related injury and crime  People using licensed premises and members of the public outside the premises.	Meetings between licensees and regulators semi-regularly, chance to air views, complaints and concerns from police and licensees.  Looking at future events as a group and how they will manage them – i.e. Fifa Under 20 world cup, and Rugby World Cup in England which = 3am games and how special licences will be managed in bars. Technical issues relating to Mellow Yellow project also discussed in this forum.	Accord meetings continue to be well attended. Actively encourage communication and reporting of incidents by bar staff. Door entry plaques developed covering zero tolerance to bad behaviour. Off-licence accord has also been established which meets on an as-needed basis.	This accord programme facilitates good communication between the three regulatory agencies and on-licensees. Issues are being dealt with before breaches to law are made.  It is a preventative forum and positive relationships have been developed.
<b>Controlled Purchase Operations</b>	NZ Police (lead)  Taranaki District Health Board		Target and /or identify high risk premises selling to youth.	Police undertook on average 3 controlled purchase operations per year visiting as many venues as possible per operation.  The New Plymouth District Council and the Taranaki District Health Board conducted 7 late night premises inspections visiting 53 premises since 2014.	A lot of enforcement action was required in the early stages.  We have now moved to a phase of good compliance with 100% compliance for the last three CPOs.  Late night compliance checks several warnings and 1 prosecution. Police and Licensing Inspector - resulting in DLC hearing and cancellation of on licence (2014.)

Programme Name	Lead and partner organisations	Issue being addressed and target population	What the programme involves	Timeframe for the intervention/programme and numbers reached	Results achieved (outcomes)
<p><b>Communication between Parents and Teenage Children</b></p> <p><b>Parent Pack</b></p>	<p>Action on Alcohol Taranaki (lead) – now renamed Taranaki Alcohol Harm Reduction Group (TAHRG)</p>	<p>Alcohol related injury and crime</p> <p>Teenagers and their parents</p>	<p>A support guide for parents dealing with alcohol issues with their teenage children aiming at improving communication and awareness. Developed by Action on Alcohol Taranaki.</p>	<p>Over 2000 packs were distributed around Taranaki to schools and a range of organisations followed up by a brief presentation to groups accessed through schools, workplaces and sports clubs.</p> <p>A further 900 parent packs were distributed in Taranaki in 2014. Organisations, sports clubs and workplaces reorder as their stocks diminish.</p>	<p>This project has not been evaluated post-distribution but pre-distribution evaluation with young parent and parents indicated good effectiveness..</p> <p>There has now been a national publication released which is very similar and will now be used locally to save on costs.</p>
<p><b>Toolkit for making submissions on alcohol license applications</b></p>	<p>Taranaki Alcohol Harm Reduction Group (lead)</p> <p>Health Promotion Agency (HPA), NPiS, ACC, TDHB, BeSafe Taranaki and other TAHRG member organisations</p>	<p>Alcohol related injury and crime</p> <p>Whole of population</p>	<p>The Taranaki Alcohol Harm Reduction Group collaborated on producing a set of guidelines for the general public on how to write submissions on alcohol licences/ and or local alcohol policies. Covers criteria for objection, time limes, what the legislation means. And tips on how to effectively present at a hearing.</p>	<p>The document has been peer reviewed by the Health Promotion Authority and 500 copies were distributed to the community in February 2016.</p>	<p>This was reproduced as a national resource in 2015 (published by HPA). Evaluation of the success or otherwise of this toolkit will be forthcoming.</p>
<p><b>Local Alcohol Policy</b></p>	<p>New Plymouth District Council (lead)</p> <p>TAHRG, TDHB, NPiS, NZ Police, general public</p>	<p>Alcohol related injury and crime</p> <p>Whole of population</p>	<p>NPiS and Taranaki Alcohol harm reduction Group submitted on the New Plymouth District policy in 2014 at all stages of the policy's development. We worked hard to empower the community to take part and have their voice heard.</p>	<p>Over 100 community submissions were made, with the vast majority supporting a reduction in opening hours for alcohol sales.</p>	<p>Off-licence hours were proposed to be reduced from national default hours of 7:30am-11pm to 10am-9pm in the Proposed Local Alcohol Policy(PLAP). These hours were the most conservative in the country at the time. The PLAP was appealed to ARLA. NPiS joined the appeals as a section 205 party. New Plymouth District Council opted to negotiate with appellants prior to court and reached agreement to adjust the opening hours for off-licences to 7:30am-9:30pm. The amended PLAP is now to be resubmitted back to ARLA for consideration.</p>

# CRITERIA 3: Priority Setting

## 3.1 How do our programmes address the needs for our high-risk groups and environments?

From the last two Community Injury Prevention Needs Assessments it became clear that there were several high risk population cohorts and locations within the district that required special attention. As the latest needs assessment was only completed in late 2015 we are still in the process of developing programmes to address newly identified high risk cohorts and areas.

Specifically these high risk cohorts and locations were:

### POPULATION COHORTS

- 15-64 year old Males (five times more likely to be fatally injured than women)
- Māori (1.8 times more likely to die than non Māori)
- 75 plus year old women (high risk of falls death and hospitalisation)

### LOCATIONS WITHIN THE DISTRICT

- People's homes
- Work places
- Low decile communities – Marfell, Okato, Waitara area units

Notwithstanding the recent completion of the needs assessment many of the issues facing these high risk groups are covered off in the programmes described in Criteria 2 and include, but are not limited to:

- 15-64 year old Males (five times more likely to be fatally injured than women)
  - Suicide prevention/postvention action plan
  - Corrections road safety days
  - White ribbon – family violence
  - Feeling Down on the Farm – Rural Suicide Prevention Publication
  - Working Age Falls Research Project
  - Drink drive offending reduction



#### Māori (1.8 times more likely to die than non Māori)

- Kidsafe Taranaki Trust Tamariki Maori Falls Prevention Project
- Suicide Prevention/ Postvention Action Plan
- Road safety expo: Ready2Drive
- Department of Corrections Road Safety Days
- Driveway Run-Over kit

#### 75 plus year old women (high risk of falls death and hospitalisation)

- Vitamin D prescribing initiative
- Older Persons Integrated Falls Prevention Service

#### Low decile communities – Marfell, Okato, Waitara area units

- Safety Gate Loan Scheme
- Tamati Paul presentations
- Students Against Dangerous Driving
- Neighbourhood Support and Police initiative to specifically target and support victims of crimes in residential areas.

#### Further improvement commentary:

- We are currently developing a Māori engagement plan to improve development and implementation of programmes
- Engagement with men regarding design and implementation of programmes needs to be improved. The Suicide Prevention/Postvention Action plan specifically identifies men as a target group for engagement.
- Programmes targeting area unit levels/specific suburbs in reality need to be developed through existing collaborations and community networks.
- Working age falls projects are in development, including scoping a Marfell home safety project
- Taranaki Safe Families are developing a community project in Waitara led by sports clubs.

#### Homes

- Safety Gate Loan Scheme
- Older Persons Integrated Falls Prevention Service
- Working Age Falls Research Project
- Smoke Alarms project

#### Work places

- Taranaki Construction Safety Group –including 2014 Trades Apprentice Challenge (Annual event)
- Community Education – Safer Footwear campaign
- Taranaki Secondary Schools Agricultural Safety Challenge
- Taranaki Workplace Road Safety Charter
- Be Safe Taranaki Trust Coordination and Hosting of information sessions
- Family Violence – Employer Programme



# CRITERIA 5: EVALUATION

## *Measuring our effectiveness*

New Plymouth Safe Community remains committed to monitoring and evaluating the effectiveness of our safety programmes and their impact on safety in our district. This is carried out in a number of ways including:

- Monitoring of injury data to measure impact of our programmes and projects on injury rates
- Evaluation of individual programmes and projects to monitor effectiveness and to improve quality where finances allow
- Monitoring of performance against individual action plans (such as Suicide Prevention/Postvention Action Plan, Road Safety Action Plan across a range of injury prevention and safety areas)

This section of the application presents a selection of case studies that demonstrate how we collect and analyse injury data and how we use various evaluation methods to inform our assessment of local safety programmes and their impacts.

Most of the case studies present injury data trends over the last five-ten years. The findings from a number of evaluations of individual safety programmes and projects are also outlined. The case studies generally link to programmes and projects featured in the case studies presented for Criteria 2 and 3 of this application. Where evaluation reports are available, and permission has been given for their release, the document has been loaded on to the NPiS website and the web link is provided.

The use of injury data to measure effectiveness of Safe Community programmes at a very localised level is not without its limitations, and this is discussed at the beginning of this section. For ease of reference, an overview of key findings of our most recent injury data analysis is also presented at the beginning of the section.

### **Limitations of Injury Data**

As we raised in our last reaccreditation application we believe that injury data forms only a small part of the picture when considering the effectiveness of safe communities programmes for small communities such as New Plymouth District. Figures for many of our injuries, particularly injury deaths, are relatively small and caution needs to be exercised when assuming a causal link between a particular safety programme and trends in injury data. Also, measuring the impacts of programmes such as suicide prevention due to the nature of the settings in which they operate (i.e. the community). For example in suicide prevention it can be quite difficult to measure the increase in community resilience to external pressures caused by local programmes versus national programmes. This is further complicated by a range of other variables that can impact on the effectiveness of safety programmes that are totally unrelated (e.g. the economy or the weather).

With this in mind we try to keep a line of sight between programmes and measures of effectiveness. For many programmes that involves measurement of risk taking behaviour for those taking part in programmes as well as population injury measures.

For some programmes our partner organisations must rely on national advice regarding the efficacy of interventions. This is particularly the case with alcohol harm reduction and road safety education. We do not always have the ability to carry out large scale randomised control studies to prove or disprove the efficacy of programmes. Having said that, it has been exciting for New Plymouth District to host a large scale trial of home safety interventions carried out by the Wellington School of Medicine in the last five years known as the HIPI (Home Injury Prevention Intervention). This case study is discussed further on in this chapter.

# CASE STUDY 1

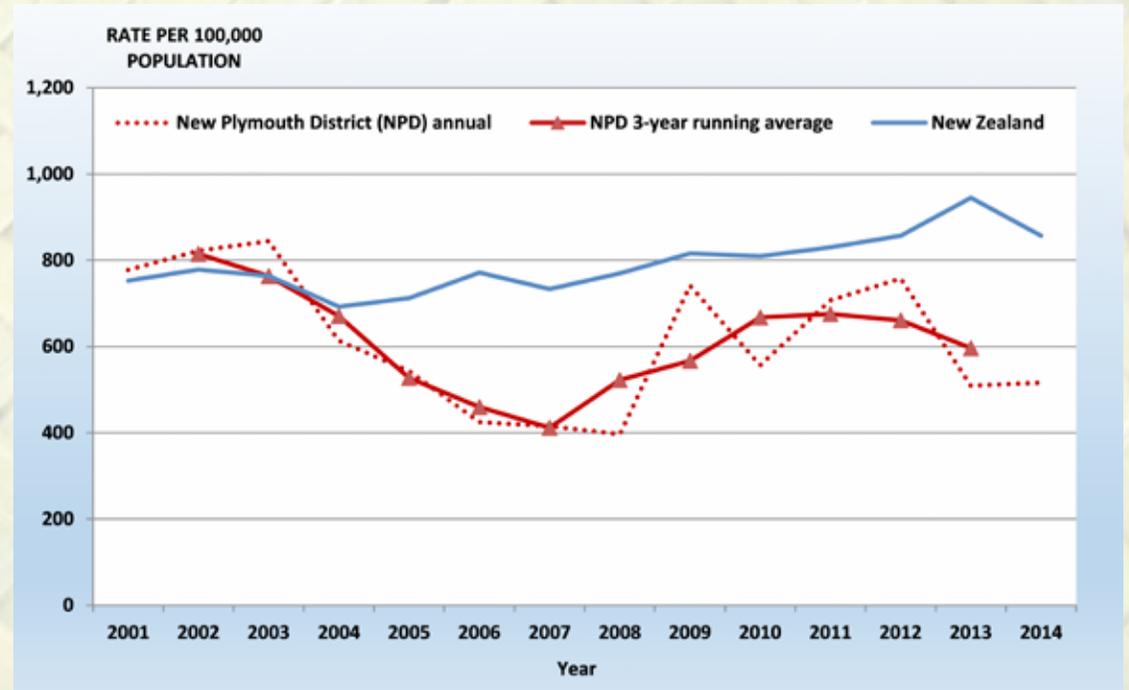
## Programmes to reduce falls among children aged 0-4 years

### INJURY DATA

Since 2000 New Plymouth District has averaged 30 hospitalisations per year for falls in children aged between 0-4 years. Looking in detail at trends in hospitalisations for falls among pre-school children aged 0-4, from 2002-2003 New Plymouth District had three-year running average rates that were similar, or slightly higher than New Zealand's. However, since 2004, the overall trend has been for New Plymouth's rates to be considerably lower than New Zealand's (average of 562 per 100,000 for NP district compared with 800 per 100,000 for NZ as a whole). There were no deaths for children from falls in the last needs assessment period of 2008-2012.

Whereas national hospitalisation rates for falls have steadily increased over the period, New Plymouth's rates decreased steadily from 2003-2007 and then rose to some degree after that. However, the data should be viewed with caution due to the relatively low numbers of hospital admissions in this group. Also, the number of hospitalisations does not necessarily reflect the actual number of falls and it is possible that a single child can have more than one registered hospital admission for the same fall injury.

Annual injury hospitalisations caused by falls among children aged 0-4, New Plymouth District and New Zealand, 2001-2014



Source: Data supplied by Ministry of Health. Data in appendix table 4.10 of full Needs Assessment

Notes: Years are calendar years 1 January to 31 December.  
All data classified using ICD-10.  
Data for 2014 is provisional.

### **Child Falls Prevention Project**

Evaluation of this programme involved gaining participant feedback from questionnaires which was then followed up by small sample participant telephone interviews. Measures included parents' and carers' understanding and awareness of falls and their behaviour in terms of making positive changes to home environment to reduce risk. The Child Falls Prevention Project approach (outlined in Criteria #) is based on safety literature and has now been delivered to over 2,600 families since it began in 2002.

Based on a typical annual evaluation report including over 300 participant questionnaires and 70 follow up phone surveys the following results have been achieved:

- 83% increased understanding of ways to prevent falls in under fives
- 47% made changes to home environment following the session
- 57% reported increasing or improving supervision

### **Tamariki Falls Prevention Project**

The Tamariki Falls Prevention Project began in 2003 and aims to reduce injuries due to falls in the home experienced by tamariki Māori aged under five years in Taranaki. The project aims to reach parents with children under five years, caregivers and extended whanau members, and Māori early childhood centres.

This approach involves the provision of information which is distributed to the key audiences by way of one-to-one visits by Tamariki Ora nurses, and also through attendance at group workshops. Tui Ora Ltd are contracted by the Kidsafe Taranaki Trust to deliver this project to their clients and wider Māori community. Evaluation of this project is carried out using questionnaires completed by participants following one-to-one and group sessions to find out changes in knowledge. A smaller sample of participants (who identified a willingness to be contacted at a later date on their questionnaire) were interviewed by telephone to ask questions about changes in behaviour.

Evaluation of the programme in 2014 showed 100% of participants found the session useful and 71% of participants shared the information with friends or family. 98% of participants lived in suburbs with NZ Deprivation Index ratings 6-10 (mid to high deprivation). Follow up showed 50% made changes to supervision and 64% made changes to their home environment following the session.

## TARANAKI: Under 5s safer thanks to free safety gates

While the numbers are decreasing for child fall injuries in Taranaki over the last decade, the injury issue is still the leading cause for hospitalisation for children under 5 in the area. This is why a safety gate rental scheme was launched with the goal of helping parents create a safe home environment for kids.

The rentals scheme by KidSafe Taranaki Trust started in 2011 with 40 child safety gates that are available to low income families with children under five years old.

After strong support and uptake, the Trust now anticipates a total of 130 safety gates

will be available throughout the region.

“Active supervision of children and providing a safe home environment using safety devices, such as safety gates, are important strategies for preventing child falls injuries,” Eloise Pollard, Health Promoter, Public Health Unit, Taranaki District Health Board

Funding for the scheme was provided by TSB Community Trust and The Sunshine Trust. Ten safety gates were allocated to the Waitara community, in recognition of Kidsafe Taranaki Trust founder, the late Dr Alan Parsons.

For more information about the safety gate rental scheme, email

✉ [Eloise.Pollard@tdhb.org.nz](mailto:Eloise.Pollard@tdhb.org.nz)



### Safety Gate Loan Scheme

In 2011 Kidsafe established a new safety gate loan scheme for low income families. Safety gates are available for loan to Community Service Card holders at no cost in Waitara and New Plymouth. A small refundable bond is required to ensure return of the gates and thereby the sustainability of the scheme.

Follow up evaluation in 2015 showed all families said the safety gate had made a positive difference to the safety of children in their home and they would recommend the scheme. Currently 54 gates are being loaned in the New Plymouth District. (up from 8 in 2014).

No falls injuries have occurred in the homes of families using a Kidsafe safety gate.

# CASE STUDY 2

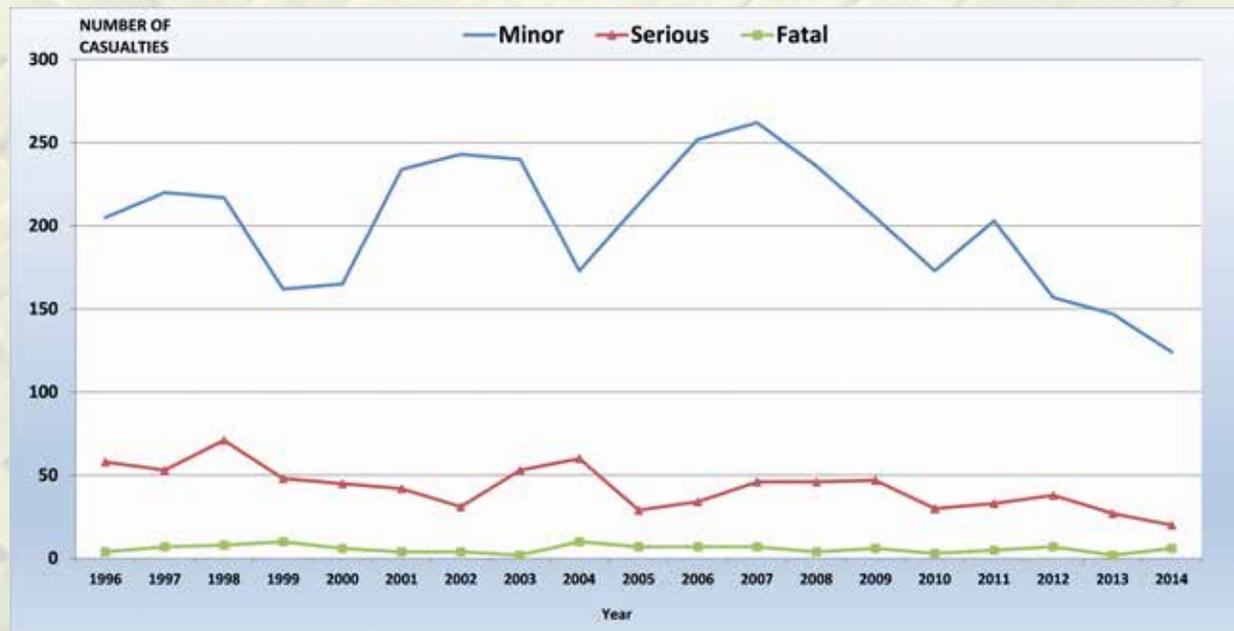
## Programmes to reduce road transport injuries

### INJURY DATA

In 2014, there were 150 reported road crash casualties in New Plymouth District (resulting from a total of 108 injury crashes). This was the lowest recorded crash casualty total in 20 years (figure 7.1). The total included 6 fatalities and 20 people with serious injuries.

Minor injury road casualty totals have been dropping steadily in the district since 2007. Serious casualties have also been trending downwards.

Minor, serious and fatal road crash casualties, New Plymouth District, 1996–2014



Source: New Zealand Transport Agency.

Notes: Years are calendar years 1 January to 31 December. Casualties = number of people injured in crashes (can be more than one per crash). Fatal = death within 30 days of the crash. Serious = fractures, concussion, internal injuries, crushing, severe cuts / lacerations, severe general shock needing medical treatment, injuries needing hospital treatment. Minor = non-serious injuries requiring first aid, or that cause discomfort or pain e.g. sprains or bruises. For crashes, severity rated according to the most severely injured casualty in the crash.



## Let's Go

In June 2010 New Plymouth District Council was one of two Councils (the other was Hastings) awarded a combined \$7 million over two years to develop walking and cycling initiatives. The Council branded their project "Let's Go". Let's Go is all about getting our community to choose walking, cycling or the bus for short trips instead of the car.

The team aims to encourage people out of their cars and onto our spectacular shared pathways and streetscapes by making walking and cycling the easiest transport options.

Through partnership via the Road Safety Action Plan group NPiS have been able to work with the Let's go team on a number of projects that have an injury prevention focus. These are reported on in the Programme Summary.

A process evaluation was carried out on the School Travel Planning aspect of the Let's Go programme in 2012 after the programme had been in progress for two years.

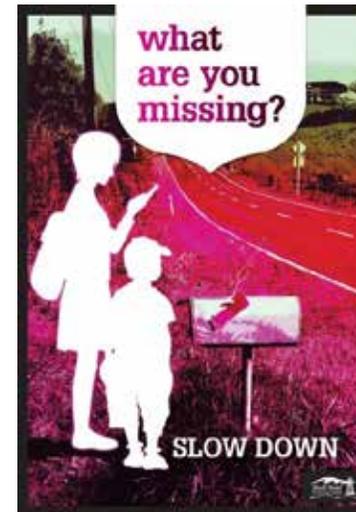
An excerpt of the report states:

"All 18 schools reported that the travel planning programme was a worthwhile use of time, people and resources for their school. Reasons provided for this worthwhileness by the respondents included the ability of the programme to positively impact on; health and wellbeing (8 of 18), road safety (8 of 18), and the actual results and impacts of the programme (5 of 18).

The worthwhileness of the use of time, people and resources of the New Plymouth District Council was also affirmed by all 18 respondents. The main reason provided by respondents, was the ability of the Council to also impact on infrastructure conducive to travel planning (6 of 18), along with a responsibility and capacity to promote health and wellbeing amongst its citizens (5 of 18).

In summary, all 18 respondents stated they supported the New Plymouth District Council to continue to provide the Let's Go travel plan programme to schools, and 17 (of the 18) schools intended to continue with travel planning within their respective schools."

A copy of the full report is available here. <http://www.lets-go.org.nz/Portals/0/Let's%20Go%20travel%20plan%20evaluation%20exec%20summary%202012.pdf>



## What are you Missing?

This regional media campaign aims to encourage people when driving to engage more with their road environment, what are they missing on the road. It takes into consideration issues of environmental factors such as sun strike and dusk encouraging people to look a bit harder, expect to see someone out jogging on the rural road, children waiting for the school bus, someone waiting to cross at a pedestrian crossing and be prepared to alter your driving behavior.

The second aim of this campaign is to encourage our walkers, riders, joggers to consider how they interact with the road environment. To consider what they are wearing how visible really are they, are they making good decisions. Would someone driving see them?

This campaign is not about laying blame, rather wanting people to acknowledge that people do make mistakes and sometimes these can have devastating consequences, don't miss anything on the road.

This ongoing campaign that started in 2014 is funded by an annual grant from Shell Todd Oil Services and is coordinated by New Plymouth District Council, Roadsafes Taranaki, NZ Police and New Plymouth Injury Safe. Over 4000 people saw the campaign online in the first year that it was run.

## Ready 2 Drive

A one-day training course for year 10 students which aims to improve road safety knowledge & road use behaviour before they begin to learn to drive.

It consists of participatory modules focusing on ten safety topics relevant to novice drivers (plus a video all students view at end of day). These include: driver distraction, safety belt simulator, AA – what you need to sit your license, a session with a funeral director, active transport options and sharing the road, police and road law, first aid, fatal vision goggles and others. Originally developed by New Plymouth Injury Safe, Roadsafes Taranaki is now the lead agency for this closely assisted by the Youth education sergeant for NZ Police, NPiS, New Plymouth District Council, NZ Fire Service, Eagers Funeral Services, and ACC.

This programme is run at any high school who indicates a willingness to participate and host with a minimum of two high schools in the district visited each year. The effectiveness of this course is evaluated using two different methods. Firstly all students who complete the programme are asked to fill out an evaluation sheet on the day which gives immediate feedback about the self-reported level of learning obtained from the course and which modules were most interesting, enjoyable etc. Students are asked what their 'take-away' message was from each module to check if that matches up with what the presenters were asked to deliver.

Consistently feedback is that students, teachers, police and road safety partners agree this type of event is helping to improve safe behaviours.

In terms of backing up this impression with outcomes, Roadsafes Taranaki conduct a survey of every high school student in Taranaki. This has occurred three times – in 2005, 2009 and 2013.

In 2013 3,834 students in New Plymouth District were surveyed from all eight high schools and the results showed the following improvements in self-reported outcomes.

- not breaking license conditions (down from 57% in 2009 to 34% in 2013),
- fewer students involved in crashes (down from 29% in 2005 to 16% in 2013),
- not drinking and driving (those saying they never drink before driving up from 83% in 2005 to 88% in 2013)

A full copy of this report is available on request from the NPiS Programme Coordinator.



# CASE STUDY 3

## Programmes to reduce suicide and self-harm

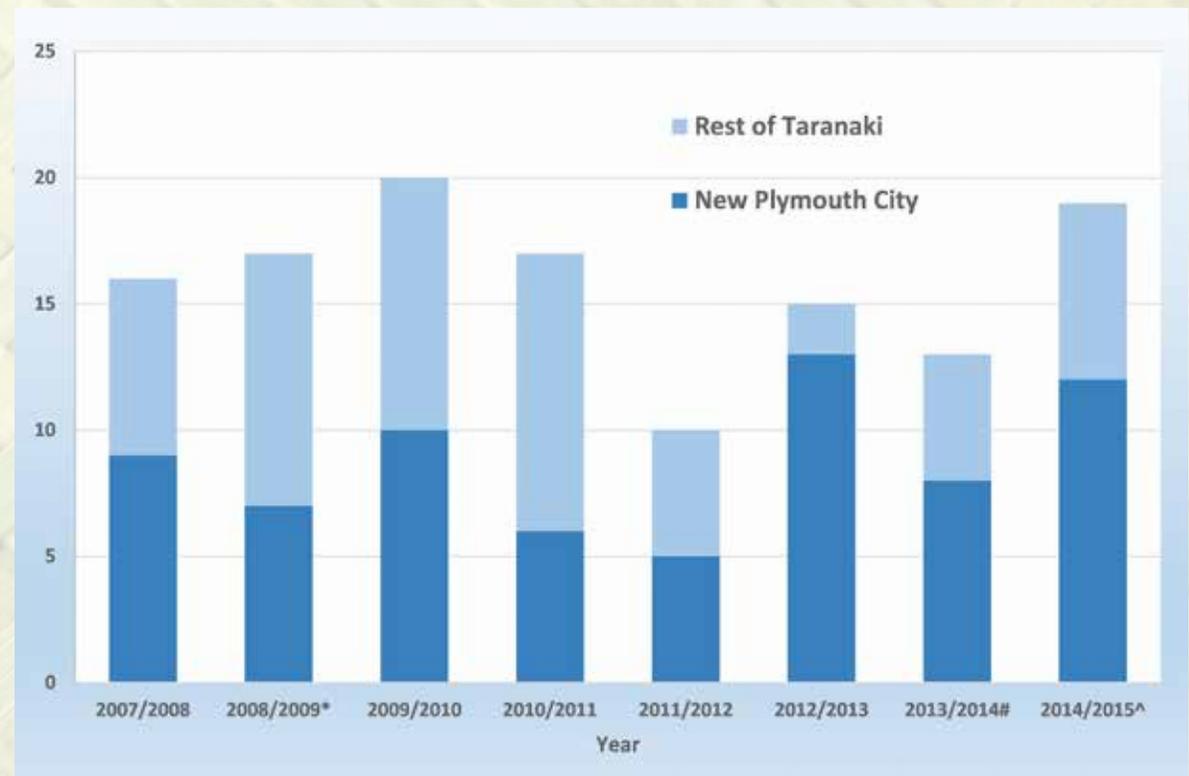
### INJURY DATA

Annual number of suicide deaths, New Plymouth City and the rest of Taranaki, 1 July 2007 – 31 May 2015

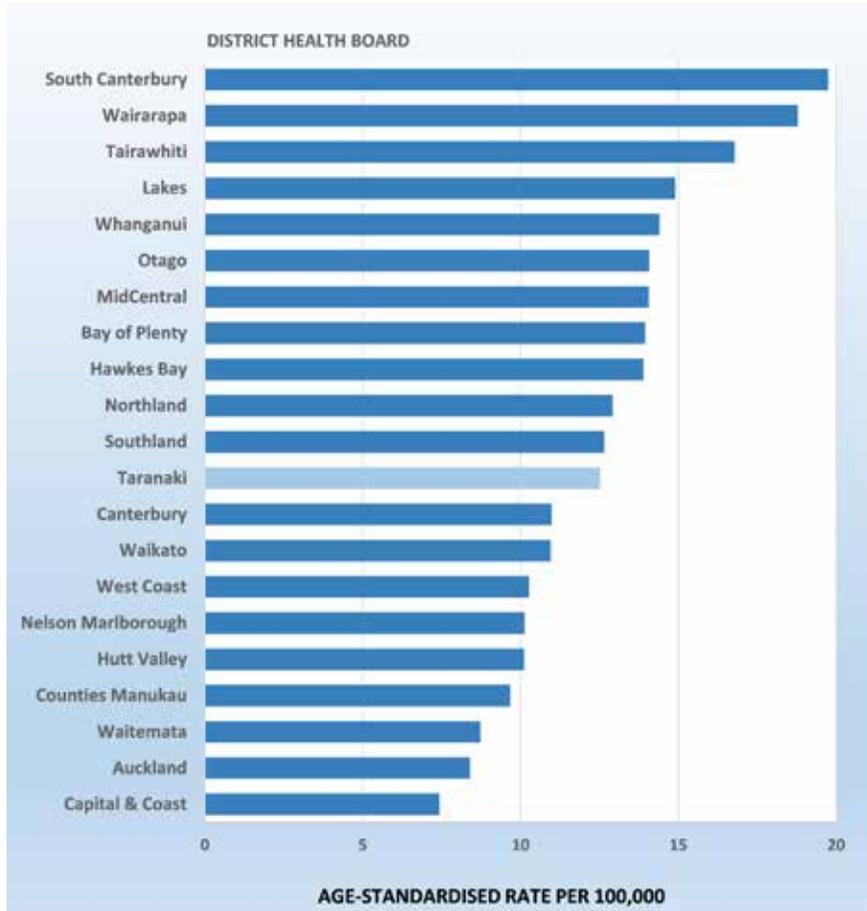
For the nearly eight years from 1 July 2007 to 31 May 2015, a total of 127 suicides, or possible suicides, were recorded for the Taranaki region by the coroner. Twenty-one of these cases are currently 'active' or provisional, meaning they are still being investigated. Looking more closely at the five-year period 1 July 2009 to 30 June 2014, there were 75 suicides in the Taranaki region. Over two-thirds (53) deaths occurred in New Plymouth District, including 42 in New Plymouth City. The remaining 22 suicides were in other parts of Taranaki, including 17 in South Taranaki District and five in Stratford District (appendix table 8.2).

The largest number of suicide deaths was in the 25–44 year age group. This age group accounted for one-third of the cases in New Plymouth City, and for nearly half (45%) of cases in the rest of Taranaki (figure 8.2).

Completed suicides in Taranaki Region - 2007-2015



## Completed suicide rate by District Health Board



Source: Data supplied by Ministry of Justice. Data in appendix table 8.1.  
 Notes: \* includes 1 active (provisional) case. # includes 2 active cases. ^ includes 18 active cases.

In the five-year period 2008–2012, Taranaki was ranked 12th out of 21 District Health Boards (DHBs) for its suicide rates. Taranaki DHB had an age-standardised rate of 12.5 suicides per 100,000 population. This compared with the highest rate of 19.7 per 100,000 in South Canterbury DHB and the lowest rate of 7.4 per 100,000 in Capital and Coast DHB

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### Suicide Prevention Awareness Week

Over the last five years two major pieces of work have been undertaken to address the suicide rates in our district. The first was in 2013 and was an attempt to bring the conversations about suicide out into the open by holding a range of high profile events over a week including a speaking tour of educational institutions by Mr Mike King and Mr Tai Tupou. This was followed by a speaking tour by the then Chief Coroner Judge Neil MacLean (Judge Maclean and Mike King combined for one presentation to DHB staff members). The week ended with a motorcycle rally called Riders Against Teen Suicide (RATS) through the region followed up with a concert at the Inglewood Railway station. Over 2200 people were spoken to during the course of the week.

A Key indicator question in evaluation for each of these events was: “In talking with someone about suicide would you now be... The Same, More open, or Less open?”

More than 70% of people filling out the evaluation indicated that they felt they would be more open in talking with someone about suicide.

In the year immediately following the week of events there were no youth suicides in Taranaki.

Upon debriefing of the weeks activities the key volunteers working on this felt the week had been effective but that it was not sustainable to repeat the project due to the high time demands upon key people to undertake most of the work. As a result of this there has been a change in focus of Suicide Prevention Taranaki towards more formal training opportunities around suicide prevention that are fully funded through sponsorship and volunteer time can be focused on recruiting people to attend the workshops. Keynote inspirational speakers on this topic still regularly come to Taranaki although they are organised and funded by businesses, such as Westpac bringing John Kirwan to speak to the rural sector and Symons Transport bringing Mike King to Rugby Clubs (both in 2015).

### **Taranaki Suicide Prevention/Postvention Action Plan 2015-18**

Some of the most important injury prevention interventions that New Plymouth Injury Safe have focused on in the last five years have been about achieving structural/funding or policy change within its partner organisations to improve collaborative focus on preventing injury. One important example was the development of the Taranaki Suicide Prevention/Postvention Action Plan in 2015. This is a collaborative action plan targeted at increasing coordination within the mental health sector, improving clinical practice, and improving community ability to deal with mental health and acute suicidal distress issues.

Whilst the Taranaki District Health Board was the lead agency in developing this plan they were significantly assisted by New Plymouth Injury Safe, Suicide Prevention Taranaki and its partner agencies. This is the first comprehensive multi-agency plan focusing on suicide in Taranaki. New Plymouth Injury Safe focused upon ensuring that the plan was developed using a good quality evidence base and utilised the knowledge of the community as well as government representatives.

A suicide prevention/postvention coordinator position was funded as a result of this piece of work and began in their role in May 2016. A governance entity to guide her role and oversee the implementation of the plan was also established in May 2016. A set of Result Based Accountability style indicators for this plan is due to be developed in the next twelve months. The simplest indicator – the number of completed suicides – is being reported to the group monthly.

# CASE STUDY 4

## Programmes to reduce falls injuries at home

### INJURY DATA

The graph below compares New Plymouth District and New Zealand all-age rates of injury hospitalisation caused by falls, for the 14 years 2001–2014. New Plymouth's fall injury hospitalisation rates were notably lower than New Zealand's in this period, especially between 2004 and 2008. New Plymouth's rate rose to be more in line with the national rate in 2009, but decreased again to become lower than the national rate for the rest of the period.

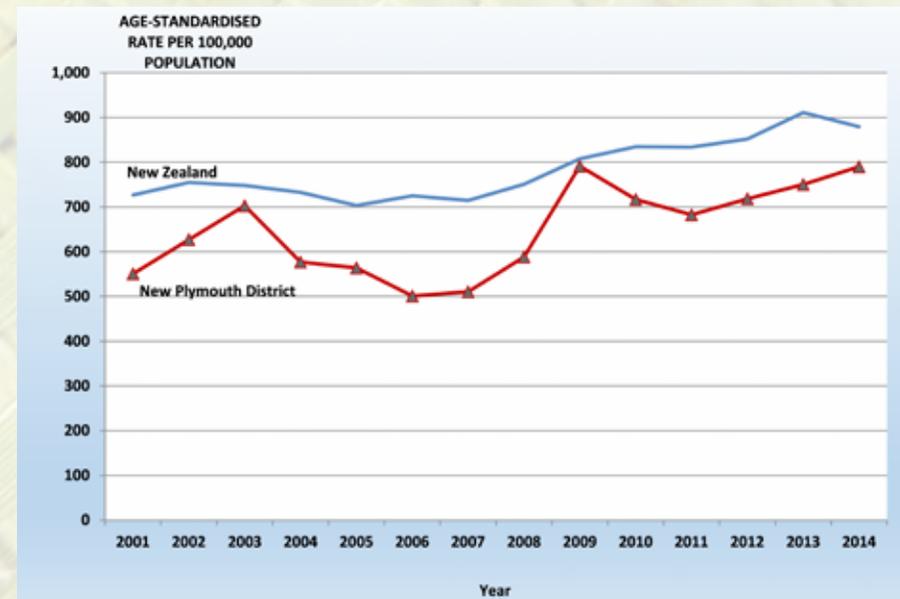
As a proportion of New Plymouth District injuries falls account for the largest percentage of injury deaths and hospitalisations See criteria 4 for more detail.

### The Home Injury Prevention Intervention Study

This programme was essentially a study funded by the Health Research Council of New Zealand for the Wellington School of Medicine He Kainga Oranga programme to assess the cost effectiveness of making safety modifications to people's homes. Fortunately New Plymouth District residents were a significant beneficiary of this study which is properly referenced and report upon below.

Keall, M. D., N. Pierse, P. Howden-Chapman, C. Cunningham, M. Cunningham, J. Guria and M. G. Baker (2015). "Home modifications to reduce injuries from falls in the Home Injury Prevention Intervention (HIPI) study: a cluster-randomised controlled trial." *The Lancet* 385: 231–238

**Annual injury hospitalisations caused by falls, New Plymouth District and New Zealand, 2001–2014**



Source: Data supplied by Ministry of Health. Data in appendix table 4.9.  
Notes: Years are calendar years 1 January to 31 December. All data classified using ICD-10. Data for 2014 is provisional.

## Excerpt from the paper

### Summary

Background Despite the considerable injury burden attributable to falls at home among the general population, few effective safety interventions have been identified. We tested the safety benefits of home modifications, including handrails for outside steps and internal stairs, grab rails for bathrooms, outside lighting, edging for outside steps, and slip-resistant surfacing for outside areas such as decks and porches.

### Methods

We did a single-blind, cluster-randomised controlled trial of households from the Taranaki region of New Zealand. To be eligible, participants had to live in an owner-occupied dwelling constructed before 1980 and at least one member of every household had to be in receipt of state benefits or subsidies. We randomly assigned households by electronic coin toss to either immediate home modifications (treatment group) or a 3-year wait before modifications (control group). Household members in the treatment group could not be masked to their assigned status because modifications were made to their homes. The primary outcome was the rate of falls at home per person per year that needed medical treatment, which we derived from administrative data for insurance claims. Coders who were unaware of the random allocation analysed text descriptions of injuries and coded injuries as all falls and injuries most likely to be affected by the home modifications tested. To account for clustering at the household level, we analysed all injuries from falls at home per person-year with a negative binomial generalised linear model with generalised estimating equations. Analysis was by intention to treat. This trial is registered with the Australian New Zealand Clinical Trials Registry, number ACTRN12609000779279.

### Findings

Of 842 households recruited, 436 (n=950 individual occupants) were randomly assigned to the treatment group and 406 (n=898 occupants) were allocated to the control group. After a median observation period of 1148 days (IQR 1085–1263), the crude rate of fall injuries per person per year was 0.061 in the treatment group and 0.072 in the control group (relative rate 0.86, 95% CI 0.66– 1.12). The crude rate of injuries specific to the intervention per person per year was 0.018 in the treatment group and 0.028 in the control group (0.66, 0.43–1.00). A 26% reduction in the rate of injuries caused by falls at home per year exposed to the intervention was estimated in people allocated to the treatment group compared with those assigned to the control group, after adjustment for age, previous falls, sex, and ethnic origin (relative rate 0.74, 95% CI 0.58–0.94). Injuries specific to the home-modification intervention were cut by 39% per year exposed (0.61, 0.41–0.91).

### Interpretation

Our findings suggest that low-cost home modifications and repairs can be a means to reduce injury in the general population. Further research is needed to identify the effectiveness of particular modifications from the package tested.”

As an ethical research group the He Kainga Oranga programme ensured that the control group households also received home modifications at the conclusion of the trial. This meant that a significant number of low-medium income owner occupied houses in the region received this work. The results provide us with confidence that it is worth pursuing minor home modification programmes in the future. This research group are also pursuing other research work in the region regarding the effectiveness of modifications to outdoor steps and stairs whereby randomly selected homes with more than 15 steps or stairs to reach their front door will be researched.

# CRITERIA 6: Communication & Networking

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## Sharing our messages within our Safe Community

1. We send out a monthly newsletter to over 400 email addresses using MailChimp which allows us to track readership, whether the email is forwarded on, and allows us to comply with privacy requirements.
2. We have hosted a website since 2010 which was redeveloped one year ago to reduce the size to a more manageable level. [www.npis.org.nz](http://www.npis.org.nz)
3. We endeavour to write a monthly column canvassing topical safety issues in the free North Taranaki weekly newspaper – the North Taranaki Midweek.
4. We endeavour to host or co-host at least three seminars per year on relevant safety topics. Notable seminars in the last five years include:
  - Dr Paul Quigley from Wellington Hospital talking about alcohol harm and ED management approaches
  - Mrs Jill Manaia from Worksafe NZ spoke at a series of events training NGOs in the new health and safety legislation
  - Ms Katie Brown, ACC social media manager talking about using online tools for engagement
  - Mike King and Tai Tupou talking about depression and the importance of seeking help
  - 4 Carmen – the premiere of a film talking about a local drink-driving death
  - Presentations of the Community Injury Prevention Needs Assessment to various audiences
  - Tamati Paul talking about making decisions around alcohol and driving to youth
  - Professor Doug Sellman – talking about alcohol harm
  - Judge Neil Maclean – then chief coroner – talking about suicide and the media
5. The programme coordinator and board members speak regularly to community groups and on radio stations when asked.
6. The programme coordinator and board chairperson report to council and district health board subcommittees updating them with progress when required.

See attached Communications Plan for full details.

**Sharing our messages and showing leadership that supports the development of Safe Communities regionally, nationally and internationally.**

1. Safe Community Foundation National Forum – members have attended and presented every year
2. Pan Pacific Safe Community Webinars – the coordinator and other trust board members have presented projects in three seminars since their inception
3. SCFNZ regional meetings – coordinator and board chairperson attended when held
4. AIPN conference attendance – attended one in Sydney in 2015
5. World Safety Conference Attendance – attended and presented at the Wellington conference in 2012
6. Monthly NPiS Community Update our monthly update newsletters are also sent out to SCFNZ coordinators email network.
7. Most of our board members operate at a Taranaki regional level within their day-to-day jobs. This means that they are already well placed to support the development of safe communities regionally. We have been actively supporting the accreditation of the Central Taranaki Safe Community in the last twelve months through:
  - Strategic planning advice
  - Advice about needs assessments
  - Assisting with writing the accreditation documents
  - Providing extensive networking opportunities for the programme coordinator when she was taken on in a paid capacity
8. We also acknowledge the work of Ms Jo-Ann Pugh (a founding trustee of NPiS and now Deputy General Manager - Assessments at WorkSafe New Zealand in Wellington) to promote safe communities throughout her organisation. She spoke at the 2015 SCFNZ conference to encourage other safe communities to link up with Worksafe NZ.



**NEW PLYMOUTH INJURYSAFE – SAFE COMMUNITY PROGRAMME MANAGER**

**1. POSITION**

<b>JOB TITLE:</b> Safe Community Programme Manager	<b>FUNCTION:</b> Public Health – Injury Prevention
<b>DAY TO DAY MANAGEMENT</b> Manager Health Promotion Unit	<b>DATE:</b> Feb 2016
<b>REPORTS TO:</b> New Plymouth injurySafe Trust	

**2. PURPOSE OF POSITION**

Injuries are a substantial cause of hardship across the lifespan. They are due to a wide range of different risk factors at different ages, for different genders and for different socio-economic groups. It is estimated that, nationally, the social and economic cost of injuries is in excess of \$6 billion per year, yet most injuries are preventable.

New Plymouth injurySafe (NPiS) is a charitable trust, involving Taranaki District Health Board, New Plymouth District Council, Kidsafe Taranaki, New Plymouth Police, Tui Ora Ltd., Department of Labour, Fire Service and the Accident Compensation Corporation. The trust was established in 2006 to work towards reducing injuries in the New Plymouth District by supporting the implementation of the New Zealand Injury Prevention Strategy (NZIPS), using International Safe Community (ISC) criteria based on the initial International Safe Community Model supported by the World Health Organisation as an important means of delivering evidence-based violence and injury prevention strategies at the local level.

A wide range of community projects are currently being implemented by the organizations involved with NPiS and other groups. The New Plymouth District was re-designated an International Safe Community in September 2010. In order to continue and build on these achievements and ensure re-accreditation it is essential to maintain the programme management position.

The main function of this role is to develop and manage the International Safe Community programme in New Plymouth District.

**3. DIMENSIONS**

	<b>Current Year</b>
Number of people reporting to you	-
Financial limits authority (delegated authority)	\$200
Operating Budget	\$20,000

**4. ACCOUNTABILITIES**

<b>Key Accountabilities</b>	<b>Associated Measures / KPI's</b>
<b>Leadership and Advocacy</b> Ensure NPiS takes a leadership role in community injury prevention	
<b>Means</b> (how you will achieve it)	
<ol style="list-style-type: none"> <li>Use the <b>New Zealand Injury Prevention Strategy, current implementation plan and International Safe Communities</b> criteria as a framework for action</li> <li>Be familiar with current research, particularly the New Plymouth District Injury Needs Assessment</li> <li>Promote models of best practice in injury prevention</li> <li>Participate in the Injury Prevention Network of Aotearoa New Zealand</li> <li>Participate in the Safe Communities Network</li> <li>Contribute regular injury prevention information to partners' websites and the e-newsletter, IP News</li> <li>Prepare submissions as required on topics relevant to public safety</li> <li>Foster an intersectoral, holistic understanding of community safety within local government, industry and the wider community</li> <li>Seek opportunities to promote and present on the work of NPiS, both locally and nationally</li> </ol>	<ul style="list-style-type: none"> <li>The Strategy is used as a framework for injury prevention action</li> <li>Maintenance of ISC criteria can be demonstrated</li> <li>The Needs Assessment is used by a range of stakeholders to inform their planning</li> <li>Evidence of national and international networking</li> <li>The NPiS Safe Community Programme is recognized as a reference for other communities</li> <li>Submissions prepared</li> <li>Evidence of new partnerships and collaborations fostered to promote community safety</li> <li>Presentations delivered</li> </ul>
<b>Planning and Evaluation</b> Co-ordinate the development of NPiS strategic plans and annual plans, with a focus on measurable outcomes and provide planning support to community groups and providers as requested	
<b>Means</b> (how you will achieve it)	
<ol style="list-style-type: none"> <li>Ensure data, research and relevant community information is available to develop NPiS plans, with particular reference to the New Plymouth District Injury Needs Assessment</li> <li>Identify existing projects, activity and capacity as well as duplication or gaps in local delivery of services</li> <li>Facilitate planning process with NPiS and community stakeholders</li> <li>Develop SMART outcome focused objectives</li> <li>Ensure appropriate research and evaluation is planned and budgeted</li> <li>Use research and evaluation findings to inform development of future plans</li> </ol>	<ul style="list-style-type: none"> <li>Quality information researched and provided</li> <li>Processes implemented to involve community in NPiS planning</li> <li>Plans are reviewed and implementation is evaluated</li> <li>Evaluation reports are used to guide future plans</li> </ul>
<b>Relationship Development and Management</b> Ensure that injury prevention networks are strengthened, extended and inclusive of all stakeholders	
<b>Means</b> (how you will achieve it)	
<ol style="list-style-type: none"> <li>Develop, manage and maintain strong working relationships with NPiS partners</li> <li>Strengthen and maintain relationships with government and non-government agencies in relation to community safety</li> <li>Manage a process to identify and engage a broad range of stakeholders in community safety</li> </ol>	<ul style="list-style-type: none"> <li>Positive feedback from partners</li> <li>Evidence of new partnerships and collaborations fostered to promote community safety</li> </ul>

<p>4. Support the development of community providers or coalitions able to undertake injury prevention initiatives</p> <p>5. Collaborate with stakeholders to ensure that current programmes address identified priorities</p> <p>6. Actively disseminate best practice injury prevention information to ensure that partner organisations and other providers have access to the best available information on which to base their intervention approaches</p>	<ul style="list-style-type: none"> <li>Evidence of workforce capacity building</li> <li>Well planned projects are implemented to address priority injury issues</li> </ul>
<p><b>Marketing and Communications</b></p> <p>Actively promote community safety and raise awareness of NZIPS and NPiS initiatives</p>	
<p>1. Implement the media plan with NPiS partners</p> <p>2. Produce the monthly NPiS Update and seek to increase circulation</p> <p>3. Use local and electronic media to promote and increase access to a range of community safety programmes</p> <p>4. Respond to safety issues in the media as appropriate in consultation with NPiS</p> <p>5. Support national events and awards that help to highlight community safety and injury prevention achievement in the wider community</p> <p>6. Facilitate an annual seminar to highlight injury issues and profile interventions</p> <p>7. Work with NPiS partners to maintain the injury prevention community website</p>	<ul style="list-style-type: none"> <li>Media plan implemented</li> <li>NPiS Update distribution record</li> <li>Media records</li> <li>Local injury prevention achievements are recognised and celebrated</li> <li>Local, national and international information and evidence is shared</li> <li>Evidence of usage</li> </ul>
<p><b>Programme and Financial Administration</b></p> <p>Ensure sustainable implementation of the NPiS strategies as scheduled and within budget</p>	
<p><b>Means</b> (how you will achieve it)</p> <p>1. Prepare monthly implementation report for NPiS meetings</p> <p>2. Complete interim (6 monthly) and annual reports on implementation of the annual plan</p> <p>3. Manage the operational budget and maintain cashflow practices that meet audit requirements</p> <p>4. Identify potential funding sources for injury prevention and prepare funding applications as required</p>	
<p><b>Professional Development</b></p> <p>Demonstrate a commitment to ongoing development to ensure excellent service can be delivered to NPiS and the community.</p>	
<p><b>Means</b> (how you will achieve it)</p> <p>1. Identify areas for professional development and participate in appropriate training or development opportunities</p> <p>2. Undertake regular supervision with NPiS supervisory team</p>	<ul style="list-style-type: none"> <li>Record of learning</li> <li>Supervision records and annual performance review</li> </ul>

## 5. CAPABILITY REQUIREMENTS

Capabilities are the behaviours demonstrated by a person performing the job. Capabilities identify what makes a person most effective in a role. Those listed below are expected for the NPiS Safe Community Programme Manager role.

<p><b>Capabilities</b></p>
<p><b>Effective Communication</b></p> <p>Shares well thought out, concise and timely information with others using appropriate media. Ensures information gets to the appropriate people within the organisation to facilitate effective decision-making.</p>
<p><b>Decision Making / Problem Solving</b></p> <p>Demonstrates effective and timely decision-making / problem solving techniques. Aware of the impact of decisions on key stakeholders and consults as appropriate utilizing available resources. Is proactive and effective when problem solving is required. Ensures decision-making complies with organisational strategies and processes.</p>
<p><b>Commitment to Excellence</b></p> <p>Sets challenging goals for personal achievement and continually strives to reach or exceed them in the pursuit of excellence. Seeks opportunities to improve their performance and seeks feedback to measure and improve how they are doing. Focuses on results rather than on efforts.</p>
<p><b>Life-long / Ongoing Learning</b></p> <p>Demonstrates a commitment to and takes responsibility for ongoing professional development. Is constantly striving to acquire and maintain knowledge, skills or experience related to the position.</p>
<p><b>Innovation / Initiative</b></p> <p>Continually strives for new and improved work processes that will result in greater effectiveness and efficiencies. Questions traditional ways of doing things when choosing a course of action or finds new combinations of old elements to form an innovative solution.</p>
<p><b>Resilience / Flexibility</b></p> <p>Articulates differing perspectives on a problem and will see the merit of alternative points of view. Will change or modify own opinions and will switch to other strategies when necessary. Adjusts behaviour to the demands of the work environment in order to remain productive through periods of transition, ambiguity, uncertainty and stress.</p>
<p><b>Cultural Safety</b></p> <p>Demonstrates a commitment to cultural safety by respecting and meeting the cultural expectations of partners / providers / colleagues and the community.</p>
<p><b>Teamwork</b></p> <p>Works to build team spirit, facilitates resolution of conflict within the team, promotes/protects team reputation, shows commitment to contributing to the team's success.</p>
<p><b>Builds Trust / Displays Integrity</b></p> <p>Maintains and promotes high standards of social, ethical and organisational norms. Maintains a professional attitude, shows caring and sensitivity to all people and maintains confidentiality.</p>

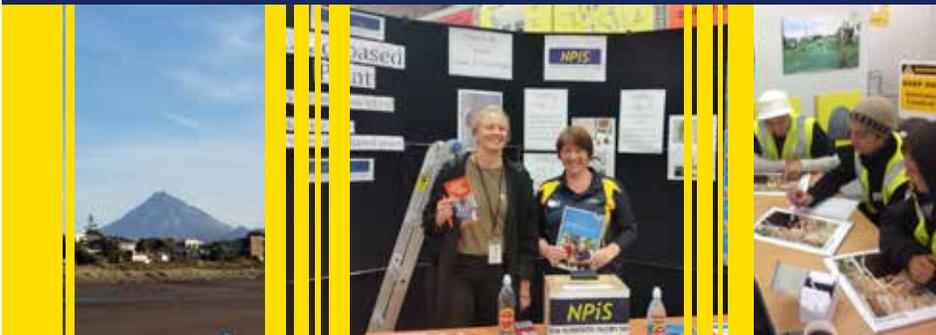
6. **KNOWLEDGE AND EXPERIENCE**

<b>Education, Skill and Experience</b>	<b>What aspect of the job requires this?</b>
<ul style="list-style-type: none"> <li>• Qualifications in Health, Education or Social Science.</li> </ul>	<ul style="list-style-type: none"> <li>• All aspects of the role</li> </ul>
<ul style="list-style-type: none"> <li>• Knowledge of Iwi networks and ability to access the Maori community and to develop ways of working with Tangata Whenua.</li> </ul>	<ul style="list-style-type: none"> <li>• Working with the Maori community</li> </ul>
<ul style="list-style-type: none"> <li>• Work experience in public health, injury prevention or community development with an interest in community safety and a personal commitment to well being</li> </ul>	<ul style="list-style-type: none"> <li>• All aspects of the role</li> <li>• Addressing determinants of injury</li> </ul>
<ul style="list-style-type: none"> <li>• Programme planning and evaluation and project management</li> </ul>	<ul style="list-style-type: none"> <li>• Strategic planning</li> <li>• Support for community projects</li> </ul>
<ul style="list-style-type: none"> <li>• High level communication skills and leadership qualities</li> </ul>	<ul style="list-style-type: none"> <li>• Advocacy</li> <li>• Energising and mobilising others</li> <li>• Delivering information to diverse groups</li> <li>• Managing media</li> </ul>
<ul style="list-style-type: none"> <li>• Experience in working with a cross section of individuals and groups in the community</li> </ul>	<ul style="list-style-type: none"> <li>• Collaboration and partnership building</li> <li>• Facilitating networks and relationships</li> </ul>
<ul style="list-style-type: none"> <li>• Experienced in information technology and multi media applications</li> </ul>	<ul style="list-style-type: none"> <li>• Website management</li> <li>• Development of newsletter, presentations and reports</li> </ul>
<ul style="list-style-type: none"> <li>• Proven experience in managing and prioritising own workloads, including administrative and financial management functions</li> </ul>	<ul style="list-style-type: none"> <li>• All aspects of the role</li> <li>• Financial management and administration</li> </ul>
<ul style="list-style-type: none"> <li>• Current clean drivers licence</li> </ul>	<ul style="list-style-type: none"> <li>• Community based activity</li> </ul>
<ul style="list-style-type: none"> <li>• Ability to work flexible hours</li> </ul>	<ul style="list-style-type: none"> <li>• Community based activity</li> </ul>

**NPiS**

NEW PLYMOUTH INJURY SAFE

# STRATEGIC PLAN 2016 - 2019



*Tūpato! Me kaha te tiaki i a koe rānō  
Kia kore e taka Kia kore e paheke ki te raruraru  
Me matua arai whara anō hoki*

*Caution! You are responsible for your wellbeing  
To prevent falling, to prevent being hurt  
and to also prevent major injury*

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## FOREWORD

It is my pleasure to present the New Plymouth Injury Safe's (NPiS) strategic plan for the 2016-2019 period. During the last three years NPiS has faced a number of challenges as well as monitoring some encouraging injury prevention trends. There have also been positive outcomes eventuating from the lobbying and support provided for policy change impacting on injury prevention across the region.

With the support of two key stakeholders, the Taranaki District Health Board and the New Plymouth District Council our part time manager has successfully fulfilled our strategic goals as well as supporting the endeavours of other injury prevention groups.

Support from the TSB Community Trust has also meant we have again completed a comprehensive Community Injury Needs Assessment in 2015. This is the fourth to be completed over a 20 year period and provides invaluable data on injury trends and issues across the district. The Community Injury Needs Assessment again highlighted some positive trends however as always identified some key areas where work is required. For the first time we have included socio economic status information which is helping us better understand the injury environment and how we might respond.

For NPiS to successfully deliver on its vision and strategic plan it relies on key stakeholders and the support of many groups and collaborations who are making a real difference in the community. I thank you for your past efforts and in advance thank you for your ongoing support and endeavours over the next three years.

Andrew Brock  
Chairman – New Plymouth Injury Safe Trust

## INTRODUCTION

This strategic plan outlines the vision and work intentions of NPiS for the next three years based upon evidence from the 2015 Community Injury Needs Assessment and consultation with key stakeholders during early 2016. It will form the basis of an annual implementation plan which will be completed in each of the three financial years covered by the strategic plan. Annual plans will include targets and indicators which will be monitored and reviewed by NPiS.

NPiS intends that this strategic plan will be evaluated in mid-2019 and another three year strategic plan will be developed in consultation with key stakeholders at that point.



## OUR VISION

Safe communities without the burden of injury.

## OUR MISSION

To achieve a positive safety culture and create safer environments for all people within our communities.

## OBJECTIVES/KEY WORK AREAS

1. To gather and share information on injury trends, priorities and programmes.
2. To establish and strengthen effective partnerships with others working towards improving safety.
3. To raise awareness, commitment and motivation to promote safety within organisations and throughout the community.
4. Advocating for policy and legislative change that supports improved community safety.
5. To guide and support organisations to develop effective injury prevention interventions that target high risk and vulnerable groups.
6. Work to enhance engagement with the Maori community in order to better understand Maori injury prevention priorities and ways in which the safe community can support an effective response to these priorities.
7. To enable New Plymouth District and neighbouring districts to meet the International Safe Community (ISC) criteria for Safe Communities.

## PRIORITY ISSUES FOR 2016-2019

- Falls (the leading cause of injury death and the most common reason for injury hospitalisations).
- Self-harm and Suicide prevention (remains statistically high).
- Alcohol and its contribution to all injury fields (research shows there is a clear relationship between acute alcohol consumption and injury).
- Leadership, Partnerships & Stakeholder relationships (Required for long-term sustainable change).

Work areas not considered a priority for our strategic plan at this time.

- Drugs use, specifically concern around methamphetamine (P).
- Impact of ageing population on all types of injury, not just falls.
- Workplace Health and Safety - new legislation now implemented and Worksafe NZ now revamped to be more prevention focused.
- Domestic Violence – raised by many groups as a priority work area but we consider it well covered by Taranaki Safe Families Trust.
- Sun safety – we have the worst melanoma rates in the world but is it really an injury?
- Road safety – well covered by Road safe Taranaki and Let's Go.

## HOW OUR WORK LINKS TO INTERNATIONAL SAFE COMMUNITY CRITERIA

NPIS OBJECTIVE/ KEY WORK AREAS	LINK TO INTERNATIONAL SAFE COMMUNITY CRITERIA
1. To gather and share information on injury trends, priorities and programmes.	4. Data Analysis and Strategic Alignment: Analysis of available safety (injury, violence, crime and safety perception) data for your community/region and how they align with established national/state/regional priorities and action plans.
2. To establish and strengthen effective partnerships with others working towards improving safety.	6. Demonstration of Communication and Networking: Community engagement with relevant sectors of your community/region and ongoing participation in local, national and Pan Pacific Safe Communities networks is required.
3. To raise awareness, commitment and motivation to promote safety within organisations and throughout the community.	
4. Advocating for policy and legislative change that supports improved community safety.	1. Leadership and Collaboration: Demonstration of leadership by a coalition or group focused on improving community safety.
5. To guide and support organisations to develop effective injury prevention interventions that target high risk and vulnerable groups.	2. Program Reach: The range and reach of community safety programs operating throughout your community/region, including an indication of the extent to which they are based on proven or promising intervention strategies.  3. Priority Setting: Demonstration of programs that target and promote safety for high risk/vulnerable groups and environments.  5. Evaluation: Outline of expected impacts and how they are being measured or evaluated.
6. Work to enhance engagement with the Maori community in order to better understand Maori injury prevention priorities and ways in which the safe community can support an effective response to these priorities.	3. Priority Setting: Demonstration of programs that target and promote safety for high risk/vulnerable groups and environments.
7. To enable New Plymouth District and neighbouring districts to meet the International Safe Community (ISC) criteria for Safe Communities.	6. Demonstration of Communication and Networking: Community engagement with relevant sectors of your community/region and ongoing participation in local, national and Pan Pacific Safe Communities networks is required.

## HOW WE WILL ACHIEVE OUR OBJECTIVES - KEY WORK AREAS

### OBJECTIVE 1

To gather and share information on injury trends, priorities and programmes.

METHODS	PERFORMANCE MEASURE
1. Disseminate the 2015 New Plymouth District community needs assessment information.	Number of groups information is disseminated to.
2. Distribute a monthly community e-newsletter (NPiS Update).	Produced and emailed monthly.
3. Manage New Plymouth injury Safe website as a virtual resource for the District to enhance access to good quality injury prevention data, evidence and research.	Updated at least monthly with new information.
4. Establish and advocate for systems to collect, extract and disseminate injury data annually.	Number of agencies data collected.



### OBJECTIVE 2

To establish and strengthen effective partnerships with others working towards improving safety.

METHODS	PERFORMANCE MEASURE
5. Deliver presentations to community stakeholder groups to engage them in safety promotion.	Number of presentations delivered. Increased awareness.
6. Increase the network of injury prevention partners and collaborators and strengthen existing linkages.	Number of additions to contacts database. Number of invites to participate in projects etc.
7. Advocate strongly for key strategic partners and funders to continue taking a lead role in community safety through expressed commitment in their strategic planning and involvement with NPiS Trust group membership.	Submissions made to key planning documents and representation on NPiS trust board. Reporting requirements met.
8. Ongoing consultation with our partners and the wider community to inform our strategic planning and the development of our annual implementation plans.	NPiS active attendance at relevant cross-sectoral meetings. Evidence of partner/ community input to needs assessment and strategic plan.



### OBJECTIVE 3

To raise awareness, commitment and motivation to promote safety within organisations and throughout the community.

METHODS	PERFORMANCE MEASURE
9. Support community groups to be able to undertake intervention projects.	Number of community groups supported with their intervention projects.
10. Facilitate training opportunities for providers through partner organisations and encourage attendance at national training.	Number of training sessions provided.
11. Use local media to promote and raise awareness of community safety programmes as outlined in our Media and Communications Strategy.	Number of media articles published. Campaign awareness surveys.
12. Use local media to publicise injury incidence and issues.	Number of articles published.
13. Facilitate at least one seminar per year to highlight injury issues and profile interventions. This event may also be used to review and plan for New Plymouth District's contribution to NZIPS and our own local strategic planning processes.	Number of seminars held.
14. Seek sustainable funding for community safety programmes.	Dollar amount secured, new funding opportunities.
15. Trustees increase their commitment to injury prevention and community safety within their own partner organisations.	Update newsletter distributed within organisations. Presentations to trustees organisations.



### OBJECTIVE 4

Advocating for policy and legislative change that supports improved community safety.

METHODS	PERFORMANCE MEASURE
16. Develop networks that ensure that NPIS remains informed of current policy issues and possible legislative change.	Number of organisations providing information.
17. Form relationships with key decision makers in the region and nationally as required.	Number of relationships.
18. Develop relationships with other organisations and people who can support the advocacy process.	As required.
19. All submissions are injury prevention and solution focused with supporting documentation and data.	

### OBJECTIVE 5

To guide and support organisations to develop effective injury prevention interventions that target high risk and vulnerable groups.

METHODS	PERFORMANCE MEASURE
20. Use community needs assessment approach to ensure that vulnerable or high risk groups and environments are identified.	Groups and environments identified through needs assessment and other available data.
21. Develop and monitor annual implementation plans based on the current strategic plan.	Annual Implementation Plan.
22. Ensure that partner organisations and other providers have access to the best available evidence on which to base their intervention approaches.	Questionnaire to agencies who have used us.
23. Ensure priorities based on data and the community needs assessment are being addressed by a range of evidence based/best practice projects.	Annual report detailing projects that are taking place.
24. Guide and support other injury prevention collaborations (such as family violence and workplace) working within New Plymouth District.	Have a collegial relationship in place??

*E mua āta haere - E muri tata kino  
The early ones go leisurely - The late ones rush dangerously*

## OBJECTIVE 6

Work to enhance engagement with the Māori community in order to better understand Māori injury prevention priorities and ways in which NPiS and other safe community organisations can support an effective response to these priorities.

METHODS	PERFORMANCE MEASURE
25. Ensure that organisations have access to Māori injury data.	Needs assessment broken down for Māori ethnicity and distributed to at least 4 organisations.
26. Guide and support the development of a 'safer for Māori' reference group.	Reference group developed and meets 4 times per year.
27. Support the training of the Māori injury prevention workforce.	Performance measure to be determined by Māori reference group.
28. Support more kaupapa Māori injury prevention interventions developed and delivered by Māori.	Performance measure to be determined by Māori reference group.
29. Encourage individuals in positions of influence within Māori communities to demonstrate leadership in injury prevention.	Performance measure to be determined by Māori reference group.

## OBJECTIVE 7

To enable New Plymouth District and neighbouring districts to meet the International Safe Community (ISC) criteria for Safe Communities.

METHODS	PERFORMANCE MEASURE
30. Develop an application proposal for accreditation by Pan Pacific Safe Community Network as an International Safe Community that incorporates evaluation results of current programmes.	Application completed ready for submission by end 2016.
31. Report and disseminate information on the achievements of project teams to stakeholders, locally, nationally and internationally.	Distribution of Update Newsletter and Needs Assessment.
32. Maintain links with PPSCN and SCFNZ.	Emails, attendance at meetings and training sessions.
33. Encourage and support presentation of local projects at national conferences.	Number of projects presented.
34. Support and encourage other communities, especially within Taranaki, who are working towards injury prevention and community safety and/or are working towards becoming accredited as an International Safe Community.	Meetings attended and presentations delivered.

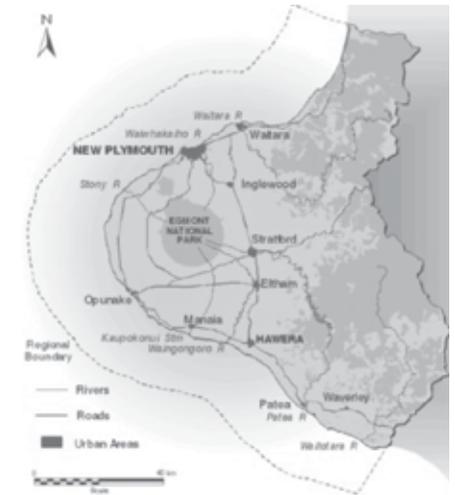
## BACKGROUND INFORMATION INFORMING THE WORK OF NEW PLYMOUTH INJURY SAFE

### NEW PLYMOUTH DISTRICT GEOGRAPHY

New Plymouth District is situated on the west coast of the North Island of New Zealand. It is the northernmost of three Territorial Local Authorities (TLAs) in the Taranaki region; the others being Stratford and South Taranaki Districts. The population of New Plymouth District at the 2013 census was around 74,100 which is approximately two-thirds of the Taranaki regional population.

The District covers land from Mokau to Okato and includes the city of New Plymouth, the towns of Waitara, Inglewood, Urenui, Okato, Bell Block and Oakura, and many other smaller rural communities.

Significant geographic features of the District include the coastline along its north-western boundary and Mount Taranaki and Egmont National Park on the southern boundary.



### POPULATION

The median age (half are younger, and half older, than this age) is 40.6 years for people in New Plymouth District. For New Zealand as a whole, the median age is 38.0 years. 16.8 percent of people in New Plymouth District are aged 65 years and over, compared with 14.3 percent of the total New Zealand population. 20.4 percent of people are aged under 15 years in New Plymouth District, compared with 20.4 percent for all of New Zealand.

The median age of Māori (half are younger, and half older, than this age) is 23.3 years in New Plymouth District, compared with a median of 23.9 years for all Māori in New Zealand. 5.1 percent of Māori in New Plymouth District are aged 65 years and over, compared with 5.4 percent of New Zealand's Māori population. 35.7 percent of Māori are aged under 15 years in New Plymouth District, compared with 33.8 percent for all Māori in New Zealand.

The tangata whenua (people of the land) whose rohe (area) is situated in New Plymouth District have a long and rich history. Ngati Maniapoto, Ngati Tama, Ngati Mutunga, Te Atiawa, Ngati Maru and Taranaki all identify as iwi (tribes) of this district.

The ancestors of the iwi arrived in great waka (canoes) over many decades with the last migrations arriving in the Tainui, Tokomaru and Kurahaupo waka. Maori culture is an integral part of the community in New Plymouth District.

## HISTORY OF NEW PLYMOUTH INJURY SAFE

In September 2000, recognising the increasing evidence that a community based approaches can be effective in reducing injury rates, ACC invited communities throughout New Zealand to conduct feasibility studies to examine injury occurrence and injury prevention in their communities.

A small group of New Plymouth based health and community professionals joined in a successful bid for ACC funding to conduct an injury prevention needs assessment in the New Plymouth District. The original Community Injury Prevention Advisory Group, now known as New Plymouth Injury Safe, (NPiS) consisted of Tui Ora Ltd., Health Promotion (Taranaki Healthcare Ltd., later Taranaki District Health Board), Kidsafe Taranaki Trust, New Plymouth District Council and Plunket representatives.

## ROLES AND RESPONSIBILITIES

NPiS represents a coalition of local organisations and groups with an interest in injury prevention and community safety. The group was established as an informal coalition in 2001 and formalised their structure by registering as a Charitable Trust in 2006.

The current core partners of New Plymouth Injury Safe are:

- Accident Compensation Corporation (ACC)
- The Bishop's Action Foundation
- Kidsafe Taranaki
- New Plymouth District Council
- New Zealand Fire Service
- Taranaki District Health Board
- Taranaki Police
- Taranaki Rural Support Trust
- Tui Ora Ltd.
- WorkSafe NZ

NPiS exercises a collegial approach to decision making and decisions are based on consensus among the group. The group meets monthly.

Along with the ten core partners of NPiS there are a range of other local organisations who contribute either directly, or indirectly, to reducing injury, both intentional and unintentional, in the district. NPiS's intersectoral network includes many other organisations whose interest areas cover children, young people and older people's wellbeing, sport and recreation, industry (including farming) and road safety.

Most of the organisations represented in NPiS are also involved in service delivery activities or in networks of service providers. By this means, NPiS links directly with working groups and project teams and is able to ensure that priorities are being addressed; duplication avoided and gaps in service delivery identified.



## ABOUT NPIS CORE MEMBER ORGANISATIONS

### ACC

The Accident Compensation Corporation (ACC) provides comprehensive, no-fault personal injury cover for all New Zealand residents and visitors to New Zealand. As a Crown organisation, ACC's role has been set out by the Government to prevent injury; ensure people can get treatment for injury, if it happens and to assist people to get back to everyday life as soon as possible. ACC's role in injury prevention is to work with businesses and in the community, to help them become safer, injury-free places.

### BE SAFE TARANAKI

Be Safe Taranaki has grown from a drive for health and safety excellence in Taranaki. The leaders of a group of Oil & Gas companies and contractors collaborating with a keen interest to raise health and safety standards not only in their operations but in the wider work environment and the community beyond.

Initially the group sponsored and supported the HSE Training centre. The centre was a concrete example of the focus for the group: raising the standard of health and safety in the Taranaki region through common training and procedures. Although the physical centre has been closed training now continues in collaboration with NZIHT (New Zealand Institute of Highway Technology –head office in New Plymouth).

Today Be Safe Taranaki has the same focus; but in addition to facilitating training and presentations there are some specific areas of focus to assist companies with managing risk, promote safer behaviour and decision making.

### THE BISHOP'S ACTION FOUNDATION

The Bishop's Action Foundation exists to contribute to the spiritual, social, cultural, economic, and environmental well-being of the Taranaki region and can best be described as a catalyst working for the common good by supporting communities and organisations to develop projects and partnerships that address as yet unmet needs.

### KIDSAFE TARANAKI TRUST

Established in 1994, Kidsafe Taranaki has a primary objective of reducing the incidence and severity of unintentional injuries to children. Membership is open to all individuals or organisations who share that goal. Kidsafe Taranaki has developed a range of projects and resources over the years and has gained experience and credibility in the field of child injury prevention.

### NEW PLYMOUTH DISTRICT COUNCIL

The Territorial Local Authority responsible for local governance of the New Plymouth district. The Council is responsible for a wide range of activities supporting the wellbeing, health and safety of people. Activities range from physical infrastructure to community services, and includes maintenance of footpaths, roads and walkways, water to households and businesses, provision of parks, reserves, cultural and event venues, public health protection through food safety and liquor licensing, and protection through civil defence and rural fire activities.

### NEW ZEALAND FIRE SERVICE

The statutory role of the New Zealand Fire Service is to provide an emergency response to any incident for the preservation of life and property and provide Fire Risk and Educational advice for a safer New Zealand. The NZ Fire Service is committed to working in partnership with other central and local government organisations to ensure a whole of government approach is taken to community issues.

### TARANAKI DISTRICT HEALTH BOARD, PUBLIC HEALTH UNIT

The Public Health Unit is a provider of public health services with the Taranaki region. There are three goals for the Unit:

<i>Ko tahi</i>	Improve health and wellbeing of Taranaki population
<i>E rua</i>	Improve Māori Health
<i>E toru</i>	Reduce health inequalities

The Ministry of Health made funding available through the Public Health Unit for the second needs assessment in 2006.

### NEW ZEALAND POLICE

The New Zealand Police are a key partner in road safety programmes, programmes to prevent intentional injury, programmes relating to violence and programmes to prevent alcohol-related injury. Crime prevention continues to be a core activity in the community.

### TARANAKI RURAL SUPPORT TRUST

The Charitable Trust was established in 2007 to help rural people who experience an adverse event – climatic, financial or personal – to more effectively meet and overcome these challenges. Services are free and confidential with a focus on supporting isolated rural families receiving improved access and support to services based on their unique need.

### TUI ORA LTD

Tui Ora Ltd was established in 1998 as a Maori Development Organisation and is now the largest Māori health and social service provider in Taranaki. Tui Ora is governed and owned by iwi of Taranaki through Te Whare Pūnanga Kōrero (iwi relationship body with representation from the eight iwi of Taranaki). Tui Ora delivers services in the community with clinics and offices in New Plymouth, Waitara, Hāwera, Opunake, and Patea. Many of its services are mobile and are provided in the following areas – primary health, child and youth health, health of older people, general community support, mental health and addictions, public health and social services.

### WORKSAFE NEW ZEALAND

WorkSafe New Zealand (WorkSafe) is New Zealand's work health and safety regulator. They work collaboratively with businesses, undertakings, workers and their representatives to embed and promote good work health and safety practices.



## NPiS

NEW PLYMOUTH INJURY SAFE

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