

# Nelson Tasman

*Our community,  
leading the way to  
safety*

Application for accreditation  
as an  
International Safe Community  
June 2011



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## Foreword by the Mayors



Safe at the Top is the Nelson Tasman Safe Communities initiative. This creates a framework for local communities to address injury and accidents through the building of local partnerships.

Recent media coverage of assaults in the Nelson and Richmond CBDs has graphically highlighted the safety risks faced by residents and visitors to the district.

The number of road injuries and fatalities attributed to alcohol use also continues to impose tragically high costs on our communities. Safe at the Top contends that despite the responses being made by the Police, the local hospitality industry, and Council itself, better connectivity is required between agencies, other safety related sectors and the whole community.

Safe at the Top is a collaborative project between a number of government and non government agencies, identifying both synergies and gaps to support the outcomes of the Safe Communities initiative.

Safe at the Top does not duplicate or replace the activities that Council and other organisations are already undertaking. The objective is to make the best possible use of the resources that are available – ensuring that duplication is actually minimised, and that community resources are being applied to real priorities.

Safe at the Top is consistent with the vision of the Tasman District Council that is "*an interactive community living safely in the garden that is Tasman*".

**Mayor Richard Kempthorne TDC**



I am pleased to support Safe at the Top, a collaborative community effort to reduce injury and accidents across all walks of life in our city.

The safety of our residents and visitors is paramount, and I applaud any initiative which addresses this and seeks to find ways to reduce harm. Nelson City Council takes this issue seriously and takes an active role.

It is no accident we were the first in the country to adopt a system for migrants to report racial incidents (SONT Speak out Nelson Tasman).

Our efforts in working with Police and the Hospitality industry to find solutions to alcohol fuelled issues will continue as long as it takes. Our annual use of Street Ambassadors and Maori Wardens on our city streets throughout the summer is a tangible way we don't just show our concern, we act upon it.

Council is also heavily involved in road safety projects and works with all ages from youth to seniors to ensure the education and information needed to remain safe on our roads is available and accessible.

The recent launch of Nurturing Resilient Youth is yet another way Nelson cares about all its residents, not just those at either end of the age spectrum.

Safe at the Top will be the umbrella that takes all such initiatives and in turn makes the best possible use of the available resources for the good of all.

Safe at the Top is consistent with one of Council's community goals "We are part of a welcoming, safe, inclusive and healthy community."



**Mayor Aldo Miccio NCC**

## Introduction

Nelson City and Tasman District are two neighbouring Territorial Local Authorities, situated at the top of the South Island, New Zealand. An area known for its lifestyle, climate, produce, and culture, the Nelson Tasman region is a popular tourist destination for New Zealanders as well as visitors from overseas. Nelson City combined with the neighbouring community of Richmond, represents the tenth most populous city in New Zealand.

Nelson, which was settled in 1842, is New Zealand's second oldest city. Since then, the population has grown to 42,888. With a further 44,652 people living in Tasman District, the region has a total population of 87,540.

The Nelson region had continuous occupation by early Māori for over 700 years. More than 6600 Māori live in the region, with the majority originating from other parts of the country. The Nelson Māori population has nearly doubled in the last 10 years, and has been described as the fastest growing Māori community in the country. Tangata whenua iwi in the Top of the South/Te Tau Ihu are Ngati Kuia, Ngati Rarua, Ngati Tama, Te Atiawa, Ngati Koata, Ngati Toa Rangatira, Ngati Apa and Rangitane.

There are three marae in the Nelson Tasman region:

- Whakatu Marae in Nelson City
- Te Awhina Marae in Motueka
- Onetahua Kokiri Marae in Pohara, Golden Bay.

Nelson is the geographical centre of New Zealand, and the Nelson Tasman region covers an area of 10,878 square kilometres. Within the regional boundaries are three National Parks - Kahurangi (454,000 hectares), Nelson Lakes (101,753 hectares) and Abel Tasman (22,541 hectares) as well as other forests and reserves in the region, including the Mount Richmond State Forest Park and Rabbit Island (Moturoa).

As our region is coastal, bordering Tasman Bay and Golden Bay to the East, with the Tasman Sea on the West Coast, there are many opportunities for marine based recreation and employment opportunities.



The region is well known as the sunshine capital of New Zealand, with approximately 2,500hrs of sunshine a year. The region boasts great beaches, fine wines and a strong arts and cultural focus. Many people are attracted to Nelson Tasman for the lifestyle.

The main industries of the region are horticulture (30% of New Zealand's pip fruit exports), viticulture, seafood and forestry. Tourism is also a major source of employment, underpinned by the international reputation of its national parks. Nelson is also home to the busiest fishing port in Australasia and the fourth busiest airport in New Zealand.

In recent years the region enjoyed lower unemployment levels than other parts of New Zealand, however the global recession had a significant impact on the local economy, with its heavy reliance on export markets. Young people have been especially affected by the economic downturn. There are signs that the next twelve months will yield more opportunities, but the impact of almost three years of higher unemployment, reduced incomes, and deferred investment in skills and training is likely to take several years to fully pass.

## Demographic features

The population of the region has a number of features that have implications for safety. Three in particular are the high median age; the relatively high proportion of new residents, including residents for whom English is a second language, and the low population density.

The estimated median age in Tasman at 2011 was 42.4 years, in Nelson 41. This is projected to continue to rise over the next twenty years as the wave of people born between 1945 and 1964 ages. The local median age is considerably higher than the national average – New Zealand’s median age is not expected to reach 40 until 2031.

It is also notable that over 10% of people aged 65 and over had moved to the region from elsewhere in New Zealand. This is consistent with another feature of the local population, which includes a relatively high number of people who have moved here from other parts of New Zealand, or from overseas (Nelson is also one of only two South Island refugee resettlement areas). New arrivals tend to have weaker social connections, including access to social support in times of stress or trauma, may be less aware of local support opportunities, and may face language or cultural barriers in accessing information and assistance.

Over half of the population is concentrated in the Nelson-Richmond urban area. Outside of this, the regional population is distributed widely, in a large number of small and sometimes isolated communities. Many of these people face long travelling times to access primary health services, with limited public transport available. Emergency services can likewise often be some hours away. There is also an association between the large network of rural roads and increased incidence of traffic related injuries.

Additional demographic and statistical data related to safety and injury can be found under criteria 4 of this application (see page 103)



## Criteria 1:

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

## Background

The Nelson Tasman process to gain accreditation as an International Safe Community began in 2008, with a group invited by health promotion staff from the NMDHB's Public Health Unit. Along with representatives from ACC, NZ Police, NZ Fire Service, Fulton Hogan and Nelson City Council (NCC) and Tasman District Council (TDC), it was agreed to invite Carolyn Coggan from SCFNZ to talk with the Mayors of both local Councils to outline the Safer Communities model and how adopting this approach this concept would benefit the region. The stakeholders involved at this stage were extremely supportive of the process and sought wider community buy-in.

Following on from this, early in 2009, a wider community meeting was held, to gauge community support for pursuing the goal of accreditation as a framework for improving community safety. This meeting was well attended and there was strong backing to get the process underway.

## Working Group

A working group was set up to drive the process with representatives from ACC, NCC, TDC, Fulton Hogan, NZ Police, Ministry of Social Development, NMDHB Public Health Unit, Nelson Bays Community Law and local iwi. This commitment from a range of organisations from NGOs and business to local government and including the Top of the South iwi, provided a strong, supportive foundation for the process.

The group contracted a part time coordinator to ensure the process was kept on track and to provide administrative support.

The name **Safe at the Top** was adopted in 2009 along with the logo (on front cover) and vision: **"Our community leading the way to safety"**.

## Governance

The local leaders' group 'Talking Heads' was invited to take on the governance role for the initiative. Safe at the Top was a natural fit with this existing group and the direction they were heading.

Talking Heads is a cross sector group led by the Mayors of Nelson City, Tasman District and Marlborough Councils. It includes the local heads of government agencies active in the Nelson Tasman Region as well as representatives from the health and education sector. Talking Heads was established according to the principles of the Ottawa Charter and under

the World Health Organisation's 'Healthy Cities' programme. Talking Heads is committed to a community centred model of health and wellbeing and at present, this group meets twice per year.

Nelson Bays Healthy Communities was launched in June 1991. The aim was "to put health on the agenda of community politics so as to improve the quality of life for people living in the Nelson region" (later amended to be Nelson Tasman).

Talking Heads was established as high level, inter-agency policy forum, working to the principles of Healthy Communities, with membership made up of the heads of local government agencies. The members of the group signed the Healthy Communities Charter, which acknowledged the signatories' role in promoting the health and wellbeing of the community. Talking Heads is essentially a forum for discussion and networking, forming partnerships and links between agencies, finding common aims, sharing different perspectives and information on issues affecting the community.

Current member organisations of Talking Heads can be found in Appendix 1.

#### Governance Services to Safe at the Top

The main community focus of Talking Heads at present is to act as the Governance group for the International Safer Communities 'Safe at the Top' project. In November 2009, a Memorandum of Understanding (MOU) (Appendix 2) was signed by the group, confirming the programmes and initiatives outlined through Safe at the Top and agreeing to act as the formal point of contact for the local International Safer Communities accreditation process.

The actions to be taken by signatories and affiliates in support of the seven task group areas are detailed in the official MOU which is to be revised annually. Actions reflect the judgment and priorities of those agencies active in the area of concern, the availability of resources, and the opportunities for collaboration. Over time the overall programme is to:

- Improve community safety
- Target high-risk groups and environments;
- Promote safety for vulnerable groups; and
- Document the frequency and causes of injuries.

Signatories to the MOU are responsible for monitoring and reporting on their performance against their respective actions, including reporting any new information relating to community safety. The schedule of actions will be evaluated in the context of this information and revised accordingly. A summary report will be provided to Talking Heads on achievements and new developments and Talking Heads will assess and confirm the revised Safe at the Top schedule of work. To date, regular progress reports have been submitted to Talking Heads.

## Community Priorities

A community workshop was held to identify the key community safety issues across the Top of the South. This was attended by representatives from over 40 groups working in the Nelson Tasman Region.

Seven priority areas were highlighted:

- Home Safety
- Road Safety
- Workplace Safety
- Outdoor Safety
- Family Violence
- Alcohol Related Harm
- Racism and Emerging Communities

## **Task Groups**

It was agreed that each of these seven areas should be the focus of a task group with a leader appointed to direct the focus of that group. Several of the priority areas already had well established groups and strong networks working on initiatives targeted at improving community safety. In these situations, the task group leader's role was one of conduit between the work already going on and the wider Safe at the Top context. This deliberate policy, to work with existing groups, was intended to avoid duplication of effort and build on the strengths of work already happening in our community.

Other task group leaders have brought together a wide range of people working in the sector, but who had not previously worked together (such as Home Safety), expanded an existing network (such as Workplace Safety) or been working towards setting up a group or network to address some of the issues (Outdoor Safety). Safe at the Top has found that the experience of agencies that have been working to improve safety in their respective sectors has often proved highly transferable, so that lessons learned and techniques applied in different sectors are able to be learned and applied by others.

There was no prescribed format for the task groups as each of the areas were organised in different ways.

## **Home Safety**

In Nelson Tasman, ACC has reported that there are over twice as many injuries happening in the home as any other location.

Local action to date has been focussed on working to prevent falls with older adults, working with pre-schoolers and reducing the risk of fires in the home.

Some recent work has involved devising a home safety Warrant of Fitness check list for people to use to identify and mitigate against hazards in their own homes.

No existing forum with a dedicated focus on home safety was in place and so meetings were held bringing together a range of organisations working in homes to look at the evidence, explore common themes and look for solutions.

The following case study highlights how one of the groups has been formed to address a locally identified issue.

## Case study: Older Persons Physical Activity and Nutrition Working Group

### Background

The Older Persons Physical Activity and Nutrition Working Group has developed over the years since 2007 when two organisations – ACC Nelson and the Tasman Regional Sports Trust (TRST) - identified a common interest in improving activity levels for Older Adults in the Nelson/Tasman region. A forum was arranged and 32 organisations – all with an interest in supporting physical activity for older adults were represented. While different organisations/agencies had different reasons for their focus on improving physical activity for older adults there was a consensus that a shared focus would be useful. The Older Person's Physical Activity and Nutrition Working Group was formed as a result of this forum.

The Group initially consisted of representation from ACC, TRST, Presbyterian Support – Upper South Island, Positive Ageing, Nelson Nursing Service and Stoke Seniors. It reformed in August 2008 with further community representation, including Nelson Bays Primary Health, DHB (Planning and Funding and the Nutrition and Physical Activity programme), Nelson City Council and Tasman District Council. Membership is open to all organisations and representatives of the Older Persons' community and representatives from interested stakeholder organisations including Iwi, community representatives, NGO's with a focus on older persons, and social services. The group is now referred to as the Older Adults Working Group (OAWG).

The Older Adults Working Group now has membership from across the 'Top of the South' (including Marlborough) however for this case study the focus is on the Nelson-Tasman perspective.

The Group does not have a defined timeframe or the identification of key milestones to measure its duration. However its documentation requires six monthly reviews of the Terms of Reference and a six monthly review of its Chairperson. These timeframes give the group the opportunity to continually review its role and effectiveness.

Member stakeholder organisations support the Older Adults Working Group and its work through the provision of staff time to attend meetings and undertake any follow up work. ACC Injury Prevention Nelson has played a key role in coordinating and hosting meetings. Through the Nelson Marlborough DHB funding has been made available to the group to engage consultants to undertake a project to provide local information on the 'gaps and opportunities' to improving older persons' access to engage in their communities and to be physically active and to enjoy healthy nutrition.

### Tasks and Activities undertaken

Terms of Reference were developed in September of 2008 and were further updated in July of 2009. These identify the primary objective 'to develop and implement a Plan of Action for improving physical activity levels among older persons, incorporating the various initiatives and strategies in place and being developed across various contributing sectors.'

Further, the Terms of Reference list associated functions around improved communication and collaboration between those interested in the lives of older persons; the fostering of closer consultation and working relationships between stakeholders as well as the identification of new opportunities and areas of need. A collaborative approach to recommending ways of addressing opportunities and needs is also cited as a function of the group.

The OAWG aims for consensus decision making whenever possible. When this cannot be achieved members can pursue activities as individual organisations but without endorsement of the group.

In May of 2009, the group hosted a community consultation meeting to further identify the barriers and opportunities to increasing older person's participation in physical activity. The impetus from this meeting identified the need for research and the development of an action plan specific to the needs of older adults in the region.

The group successfully gained funding from the DHB which enabled an in-depth review of the physical activity and nutrition needs and opportunities for older persons in the region. A draft plan of action aimed at improving opportunities for participation was also drafted. This project was completed at the end of January 2010.

A key finding of this project was the importance of linking and supporting older adults during times of significant life changing events when physical activity, good nutrition and community participation could be jeopardized. Opportunities to increase community awareness and capacity to provide support at times of increased vulnerability are now a key focus for OAWG. This involves identifying processes for supporting/upskilling and developing networks that interface with older persons and the ways in which these can support continued or renewed participation in all aspects of community activity.

At this stage of the group's development it appears too early to determine the direct impact on health outcomes for older persons in the region. New funding resources are limited and careful consideration is required to determine the most efficient and effective ways in which the group can facilitate or implement changes for the greatest possible positive impact on the health and safety of a progressively aging population.

The group does have an important role to play in advocating and pursuing action on behalf of older adults. Some of these actions will be generated by the group as a whole; others will be generated by member organisations as a result of their participation in the sharing of ideas and information within the group. For example, local bodies have a role in ensuring the social wellbeing of their residents. Key aspects of social wellbeing for older persons include opportunities to be confident to participate in and remain connected to their wider community without fear of physical injury or harm. An example of the group's work can be seen in the incorporation of its principles in local body documents.

An example of the work being carried out by this group can be found under Criteria 2 on page 19.

## **Road Safety**

The Nelson Tasman region has a wide range of road networks, from State Highways to unsealed rural roads and urban streetscapes to winding rural routes. The region's roads are utilised by a wide range of vehicles including trucks used for logging and agriculture which access the port, or travel further afield. The region has limited public transport, provided only by bus. There are fairly high levels of commuter traffic at peak times as people move to the urban centres from suburbs and rural areas. The region also has higher than average numbers of cyclists than the rest of the country.

Nelson Tasman has a well organised and established Road Safety Action Planning Group which involves all of those working in the field (representatives from NCC, TDC, ACC, NMDHB, New Zealand Transport Authority and the Police), is based on current evidence and delivering monitored and evaluated programmes. The task group leader's role is as a conduit between this structured process and Safe at the Top.

## **Workplace Safety**

The region covers a wide range of workplaces, from city centre offices and retail outlets, to rural farms. In addition there are industrial plants, an active construction sector, seafood processing and agricultural settings. The high tourist numbers are supported by a range of service industries and tourism operators.

Again there was an existing group, the Civil Construction Safety Networking Group, who were meeting to discuss safety issues. Once the group was introduced to the Safe at the Top concept, the group has expanded from mainly representatives from the construction industry, to include representatives from a broad range of workplaces whose roles include Health and Safety. Again, the task leader is a conduit to this group.

## **Outdoor Safety**

Nelson Tasman is a natural adventure playground with a wide range of opportunities for recreation in the outdoors. The initial community meeting identified several areas where safety could be improved, notably through better preparation for tramping (for New Zealanders, but particularly for visitors from overseas) and mountain bike safety. Despite the large numbers of people who take advantage of the outdoor opportunities in the region, there is no single group who has a responsibility for safety in the region. The Department of Conservation has a keen interest in promoting this and has been working with a number of agencies and organisations to look at ways of promoting safety while encouraging people to make the most of the wide ranging opportunities available. Work is continuing in this area and the recently formed Outdoor Recreation Forum has expressed a strong interest in adopting Outdoor Safety as one of its priority areas and developing links with Safe at the Top. Working Group representatives are attending the forum with the intention of developing some cross sector initiatives.

Discussions are also underway with the local mountain bike groups as recent statistics from ACC have shown high injury levels in this activity and an increase in the number of tracks being developed and promoted.

## **Family Violence**

As with many regions of New Zealand, Nelson Tasman has experienced a rise in the number of reported Family Violence incidents across the region. The responses to this, as shown below are many and varied, from providing opportunities for reporting violence, to working with the victims and perpetrators of the violence. Several innovative approaches have been taken, including the painting of murals in the Police cells, aimed at challenging violent behaviour.

Nelson has a strong network of organisations working to address family violence. Te Rito has 60 signatories to the process, including two collaborations of about 15 signatories each, in Motueka and Golden Bay. The signatories include local councils, Government, Non Government and iwi as well as School Associations, NMIT and student body SANITI so quite a diverse range across the community. The network coordinator is a conduit between this extensive network and Safe at the Top. In addition, some work on Family Violence is occurring in areas not directly linked to the Te Rito Network and Safe at the Top has worked to connect these to the process.

## **Alcohol related harm**

Like most regions in New Zealand, Nelson Tasman is working to reduce alcohol related harm, an issue which links to all the others. The responses include working with on and off licenses, young people, parents and the wider community to try and raise awareness and change behaviours in relation to alcohol related harm.

A strong existing network, the Nelson Tasman Liquor Liaison Group (LLG) has been linked in to Safe at the Top. The LLG comprises key stakeholders who are working to address the wider issues involving alcohol in the community. Through the LLG the Nelson Tasman Alcohol Accord has been developed with various agencies and licensees. The Accord is focused on the development of strategies and projects with the aim of reducing alcohol related harm.

## **Racism and emerging communities**

Nelson is one of the six areas of New Zealand where refugees are resettled in New Zealand. In addition to this, Nelson has a diverse population with one in five residents having been born overseas. In addition to this, over 1,000 overseas students come to Nelson Tasman each year to study at secondary and tertiary level. The region is also an internationally renowned tourist destination, attracting visitors from all over the world.

Nelson Multicultural Council is a non-government organisation which supports migrants, former refugees and people from minority ethnicities in the Nelson/Tasman region with their settlement process. It also promotes positive race relations through community education, ensuring people of all ethnicities feel empowered so that they can actively contribute to the community.

The coordinator of the Nelson Multicultural Council is the Safe at the Top task leader. The Nelson Multicultural Council works collaboratively with other local agencies to ensure that there are no "gaps" in services and that the best possible outcomes are achieved in terms of migrant and refugee settlement. These partner agencies include: Refugee Services, English Language Partners, Nelson Tasman Settlement Support (Dept. of Labour), NZ Police, Nelson Marlborough District Health Board, Community Law Service, Settling In (Ministry of Social Development), Victory Community Centre and the Nelson Marlborough Institute of Technology.

### **Other community safety work**

Several other groups have expressed an interest in being linked to Safe at the Top whose work focus lies outside or across the seven identified task groups. These have been included under Criteria 3 as they mostly relate to work being carried out for specific targeted groups in specific locations.

## **Structure**

The structure of Safe at the Top is described in the diagram below. The largest section is the community and the wide range of activities that the residents of the region are involved with at an individual, group or community level.

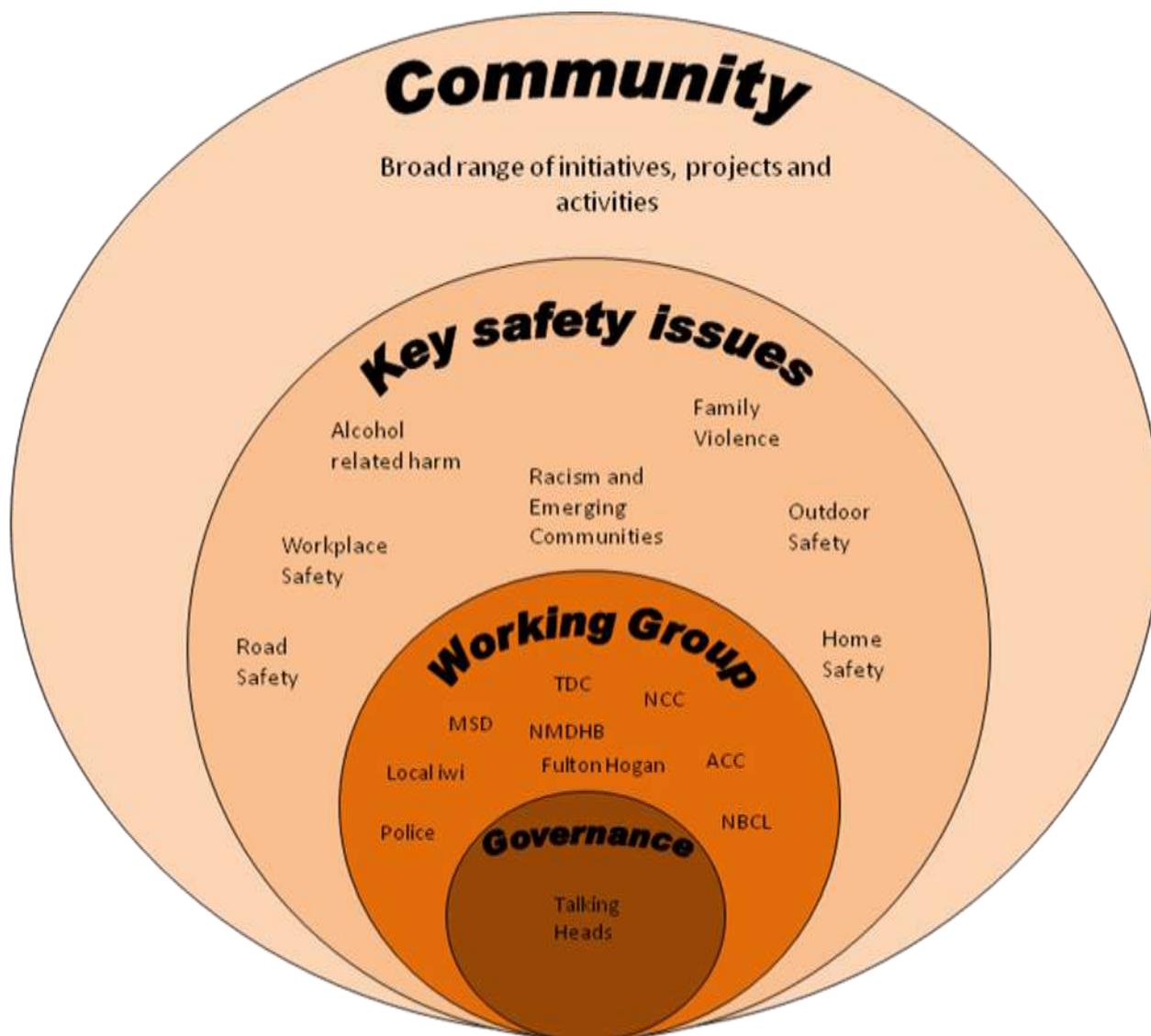
Within the wider community activities sits those areas, identified by the community, as key community safety issues which Safe at the Top is currently working to address.

Supporting these initiatives is the working group, whose role is to link the groups to the wider process and deal with on-going issues such as communication, funding, accreditation and other opportunities.

The governance level sits behind this, providing direction and high level support for the whole Safe at the Top process.

Lists of those who are currently, or have been connected to the process can be found in Appendix 1.

Safe at the Top brings together two Territorial Local Authorities - Nelson City Council and Tasman District Council. Both Councils are involved in the process at each of the governance, working group and task group levels and have contributed funds.



## Activities

In addition to the work of the individual task groups, Safe at the Top has produced a series of newsletters, informing the community of the details of the process and how they can connect to the current initiatives. These newsletters are distributed through the Safe at the Top email list (70 agencies), through the local Community Support Services network (360 groups/organisations and individuals) and the Nelson Bays Primary Health website. In addition, representatives from the working group have made presentations to both Councils, the Te Rito network, Nelson Safer Community Council, Nelson Community and Whanau meeting, the Nelson Safety Officers Liaison Group and Nelson Bays Primary Health. The coordinator has also carried out an interview on local Radio station, 'Fresh FM'. In addition, the group provides regular updates for Talking Heads.

A community forum was held late in 2010, where the task groups updated on progress and ideas were shared over a lunch time meeting. This provided an excellent opportunity for

'cross pollination' of ideas from one sector to the other and opportunities to link with others to address challenges which present across task groups.

## **Sustainability**

At a community level, the Safe at the Top initiative is linked to a wide range of community groups and organisations that are looking to the process to support their work and to help with the identification of gaps in service provision to inform their ongoing planning and delivery. By intentionally working with existing groups and networks which have been working well over time, Safe at the Top has acted as a catalyst, bringing the different sectors together to look at ways of addressing community safety issues and seeking to find solutions. Some groups, like the Construction group have expanded their membership to cover a broader range of workplace safety issues.

Safe at the Top provides regular updates to Talking Heads at governance level and receives feedback and direction from this group as appropriate. Talking Heads has been in existence for 20 years and holds a position of high regard, locally and nationally.

Both Councils are supporting the process with staff time and some funding and have included the process in their Annual Plans. The neighbouring Council Marlborough District Council is also looking at how the process could be extended or developed to include the work in that region. This is strongly supported by local iwi and other agencies whose geographical work area includes Marlborough (e.g. Nelson Marlborough District Health Board, Ministry of Social Development, and Community Probation Service).

There is also strong local support from ACC and NMDHB, who signed a Memorandum of Understanding about working collaboratively to improve safety. The local Police are also committed to the process, with the Area Commander being part of the working group since the project's inception.

Sustainable and ongoing funding for the International Safe Communities process is also being sought at a national level with high level discussions between ACC, The Ministry of Health, and Safer Communities Foundation of New Zealand. Local funding from NMDHB, ACC and the councils is also supporting this work.

## **Criteria 2:**

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

There is a wide range of work being carried out across Nelson Tasman under the seven priority areas (Home Safety, Road Safety, Workplace Safety, Outdoor Safety, Family Violence, Alcohol Related Harm and Racism and Emerging Communities). These cover both genders and all ages, in a wide range of environments and situations, as described in the community outline, found at <http://www.safecommunities.org.nz/sc/neltas> .

Each of the task groups has identified their priority groups and issues and this is reflected in the work being carried out as detailed in this section.

The information is presented under each of the seven priority areas, with a brief overview, a case study or case studies, followed by tables demonstrating the range of programmes and activities being carried out.

In addition, it is noted that there are community safety initiatives happening which do not fall under one of the seven headings but are in place in response to an identified need in the community. Some of these are involved in work which goes across one or more of the headings. These are listed at the end of this section.

## **Home Safety**

This work has been led by ACC.

As shown in the demographic profile, the Nelson Tasman region has an older population than the New Zealand average.

Part of the work in Home Safety has been improving the safety and wellbeing of older adults. The development of the Adults Working Group, has been outlined in Criteria 1 (see case study, p.13). The following case study illustrates some of the work that is currently being carried out by this group.

### **Case Study: Current and Ongoing Tasks and Activities of the Older Adults Working Group (OAWG)**

Having reviewed research completed in January 2010 the OAWG is now using this as the basis to focus on an 'Opportunities Plan'. Having identified the risks for older adults at key transition points (and possible reduced physical activity and/or good nutrition as a result) the Group aims to focus on people who are likely to be in contact with Older Adults at these times. Five groups have been identified as follows:

- Health Professionals (e.g. Practice Nurses)
- Community Workers – healthcare related fields
- Commercial Service Providers (e.g. monitored alarm companies)
- Community Groups (e.g. churches, bowling clubs etc)
- Government Agencies (e.g. MDS)

The OAWG will work to promote practical tools and information for these existing supports. These will aid the identification of older adults at transition/crisis points and provide information as to how to connect older adults with community nutrition and activity services able to provide further assistance.

Different tools will be used by the five different carer sectors. These will include a 'Frequently Asked Questions' resource, the PHO's health directory and further development of the existing 'Found Directory.'

Key to the success of these initiatives will be the development of a communications plan and strategies to engage each of the five key sectors identified. This work is currently underway.

The OAWG will work to support both Councils in enhancing Older Adults Expos which have run successfully for several years and are now well established as an opportunity to find information relevant to older persons.

As well as developing an ongoing collaborative plan for the shared work of the Older Adults Working Group, the member agencies are also individually reviewing the research findings. They have agreed to consider the implications and opportunities identified and how their respective organisations can respond to assist in addressing these gaps and opportunities.

## **Benefits of Membership and Evaluation of the Group**

The impact of the Older Adults Working Group can be defined in three areas:

### **1. Impacts on organisations**

Because the Group's focus is specifically on older persons this allows for a greater understanding of the roles and perspectives of different organisations and agencies that have an interest in the health, safety and wellbeing of older persons. There is strength in having a group with wide representation allowing a shared strategic view to emerge. This process happens through the sharing of different perspectives on issues such as health, nutrition, physical activity and social connectedness. These components all have an impact on the safety needs of older persons. The combined focus, leading to increased understanding and relationship building now offers opportunities for increased efficiencies through shared initiatives and an understanding that improvements in one area will bring about change in all the other areas.

### **2. Impacts on Individuals**

If strategies can be co-ordinated that support older adults to remain re-engaged in their communities they will be more socially connected, physically fitter, nutritionally healthier, experience less health and injury problems (caused through lack of physical activity/exercise/ poor diet) and feel safe and valued in their community.

### **3. Impacts on the wider community**

The group's recent project, researching the physical activity and nutrition needs and opportunities for older persons in the region and the development of an action plan provide the Nelson Tasman district with detailed information about local issues, needs and opportunities for older adults. These tools can be used to guide strategy, policy and action at a community level with the goal of improving health and safety outcomes for individuals and their communities.

Two specific programmes have been developed to improve the safety and wellbeing of older adults 'Upright and Able' - a falls prevention initiative and 'Walking the Talk' - a programme to help older people access to health and community services. The following pages illustrate these programmes.

# Walking the talk

Agencies working together to connect older adults to community services

## 1) Overview

To help improve the activity levels and nutrition of older people living in the Nelson/Tasman/Marlborough areas, ACC was part of an inter-agency initiative aimed at improving access to existing health and community services.

## 2) Background

In 1997, it was identified that there were members of the older population in the Nelson/Tasman/Marlborough areas suffering poor health as a result of inactivity and poor nutrition.

An Older Adults Working Group was formed to devise ways to address this.

Chaired by ACC, the working group comprised:

- government agencies (ACC, Nelson Marlborough DHB, Nelson Bays PHO)
- local councils (Nelson, Tasman and Marlborough)
- non-government organisations (Sport Tasman, Nelson Nursing Service, Presbyterian Support)
- a representative from the Positive Ageing Forum.



## 3) Aim

To improve the nutrition and activity levels of members of the older community defined as 'at risk', ie those not currently active, but without significant health issues that would prevent them leading a more active lifestyle.

## 4) Method

### Identifying barriers

The working group began by identifying barriers that prevent older people from achieving the levels of activity and good nutrition necessary to maintain good health.

To do this, the group organised meetings/consultation with members of the older community and the agencies/groups which serve them.

This consultation revealed there were already services set up to help older people meet their activity and nutritional needs. So it became clear that there was no need for any new services. Instead, what was required was improved access to, and participation in, those services which already exist.

### Developing an action plan

The working group went back to the community with its findings, and canvassed views on how to improve older people's access to and participation in existing services.

Research was also commissioned, which revealed there are six key areas/factors which influence an older person's ability to access services, as shown in the diagram below.



The working group decided it would focus on the issue of 'key transition points' – ie, improving support to older people during situations such as loss of a partner, major illness etc. These situations are when older adults are particularly prone to ceasing or reducing physical activity and compromising their nutritional needs.

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## 5) Results

The working group developed a five-pronged plan for supporting older people at the key transition points, eg by providing better education for those working with older adults, ensuring the directories and information available to older people are improved and up-to-date (see diagram below).



The success of the plan can be measured by the fact that:

- we now know, through local research, what hinders access to services and how we can overcome this
- we have started delivering successful interventions to improve access to services
- community consultation has confirmed that what we are doing will make a difference in the lives of older adults.

## 6) Future challenges

- Measuring success of the interventions: To what extent does improving participation in physical activity programmes and improving community nutrition reduce falls or health outcomes?
- Maintaining the momentum in rapidly changing social and economic times.

# Upright and Able

## Getting older people started on the path to falls prevention

### 1) Overview

To improve participation in programmes and activities that will help prevent falls, ACC worked in partnership with the primary health sector to develop a falls prevention 'taster' for older adults in the Nelson Bays area.

### 2) Background

Until 2009, ACC funded two older adult falls prevention programmes in the Nelson Bays area: Modified Tai Chi and the Otago Exercise Programme (OEP).

Participation in these programmes was relatively low, at around 2.6% of the local older adult population.

If significant falls reduction across the population was to be achieved, a greater rate of participation in these and other community-based falls prevention programmes would clearly be required.



### 3) Method

To increase the community reach of older adult falls prevention programmes, ACC developed a partnership with Nelson Bays Primary Health Organisation (NBPHO). This collaboration led to the development of a falls prevention partnership involving GP education, developing referral pathways and establishing 'Upright and Able', a six week introductory programme designed to give participants a 'taster' of falls prevention education and activities.

'Upright and Able' aims to introduce participants to various ways they can reduce their risk of falling. Material covered on the programme is drawn from a range of existing falls prevention resources and programmes.

At the end of the programme, participants are encouraged to choose a particular falls prevention activity to carry on with, eg Tai Chi, social walking, circuit classes for older adults, 'Sit and be Fit' etc.

The progress of people who've completed 'Upright and Able' is monitored via Green Prescriptions, and existing community hubs which coordinate a range of physical activities in the local community.

To foster participation in the programme, the NBPHO has been encouraging local health providers to:

- carry out a falls risk assessment of all older patients,
- refer patients with obvious risk profiles to the programme.

### 4) Results

Around 100 people participated in 'Upright and Able' during its first 10 months (from January to October 2010).

The programme has attracted increasing numbers of referrals each month, suggesting that GPs and practice nurses are increasing the number of falls risk assessments they carry out.

In addition, the capacity of community programmes with a falls prevention focus has also shown an increase, to meet the extra demand created by those who've completed Upright and Able.

#### Falls Risk Assessment

- Falls risk assessment completed at General Practice or programme entry.



#### 6 Week Introductory Programme

- Range of falls prevention activities
- Education on diet, environments and intrinsic factors
- Participant chooses an activity to carry on with



#### Community Activity Programmes

- Participant linked to chosen activity or group
- Monitoring via 'Green Prescription'
- Linked to other programmes as needs/interests change.

### 5) Evaluation

'Upright and Able' has clearly had a positive impact, with more health providers carrying out falls risk assessments, and more participants going on to take part in other programmes/activities.

Further research will be needed to evaluate whether participation in 'Upright and Able' – and subsequent falls prevention programmes – leads to an actual reduction in falls and fall-related injuries.

ACC has begun carrying out this research, which involves comparing programme participation data against fall-related ACC claims.

However, the long-term nature of this research means reliable results won't be available in the immediate future.

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## Other home safety initiatives

Project name	Lead organisation	Issue being addressed	Evidence based?	Target population	Timeframe	Outcomes	Partners	Comments
Falls Prevention	ACC Nelson Bays PHO	Preventing Falls in the Elderly	Yes	65+	Launched in 2009 - ongoing	Reduced Falls in older folk	NBPHO Presbyterian Support Nelson Nursing Activity Hubs	See poster above
Older Adults Working Group	Stakeholders	Improve activity + nutrition in older adults	Yes	65+	Ongoing	Improved nutrition and activity	NCC TDC DHB Positive Ageing Nelson Nursing Presbyterian Support	Case study provided
Home Safety Coalition	Public Health Fire Service ACC	Reduce home injuries	Yes	All ages	Initial campaign – summer 2010/11 then ongoing	Improve home safety and reduce home based accidents.		
Vitamin D	ACC	Reduce impact of falls in residential care	Yes	Rest home population	Ongoing	At least 70% of rest home residents are prescribed Vitamin D	NBPHO DHB Rest Homes	PHO contracted to educate GP community and ensure strong take up.

Project name	Lead organisation	Issue being addressed	Evidence based?	Target population	Timeframe	Outcomes	Partners	Comments
Home Safety Warrant of Fitness (WOF)	Plunket	Increased number of home based incidents in region	Yes	Families with children under 5	Ongoing	Increased awareness of home safety	Plunket NMDHB Fire Service Presbyterian Support	
Driveway Runover Kit	Plunket	Increased number of driveway incidents	Nationally	Families with children under 5	Ongoing	Increase awareness of dangers in driveways.	Link with ACC/Safekids group	
Smoke Detector MOU	Plunket NZ Fire Service	Home safety - reduced dangers from fire	National and local	Families with children under 5	Ongoing	Increased awareness of dangers of fire and smoke inhalation.		
Water Safety - Issuing bath mats	Plunket	Increased number of accidents in baths	National and local	5 month old babies and their families	Ongoing	Increased awareness of dangers associated with bathing	Water Safety NZ	
Burns prevention kit	Plunket	Burns in children under 5	Yes	Families of children under 5	Ongoing	Prevention of burns to young children	NMDHB	

Project name	Lead organisation	Issue being addressed	Evidence based?	Target population	Timeframe	Outcomes	Partners	Comments
Disposal of Unwanted Medicines through Pharmacies (DUMP)	NBPH	Safe disposal of unwanted, unused or out of date medicines from homes. Promotion of pharmacy/ practice to ask for advice/review medicines, safe storage in the home and safe disposal.	Yes-DUMP 2009 report	All ages	1 month audit November 2009 and November 2010. NMDHB now piloting on-going service	Increased awareness of pharmacy as disposal point for unwanted medicines	Supported by all pharmacies, GP practices, Plunkett, Presbyterian Support, ACC, Florence Nightingale Nurses , Nelson Nursing Services, NBPH Diabetes and Falls Prevention programmes	
Targeted Youth Health Service	NBPH	Poor health and risk taking behaviours	Yes	Young people aged 13 – 20 years in alternative education and youth transition services	Initial 2010 Funded for 2 years	Improved health and other outcomes and connectivity to family/whanau and community	Te Rapuora Services and Alternative Education and Youth Transition Service providers	Nurse led clinics and Rangatahi Whanau ora services are provided free and onsite where young people are based

Project name	Lead organisation	Issue being addressed	Evidence based?	Target population	Timeframe	Outcomes	Partners	Comments
Strengthening Families	NBPH	Lack of positive parenting skills	Yes	Families which have children aged 0 – 17 years	Initial 1998 governmental review in 2005 and ongoing	Improved health, education and welfare outcomes for children	11 Government sectors and NGO partners	
Well Child	Well Child providers and aligned services	Child health and safety		0-5	Ongoing	Increased children with Well Child provider	Midwives, Plunket, Te Korowai Trust, Te Amo, Maata Waka, Public Health, DHB	
Primary Mental Health Services	NBPH	Levels of psychological distress amongst individuals in the community	Yes	All ages	October 2008 ongoing	Decreased levels of individual psychological distress contributing to addressing the potential for anomie (breakdown of social norms and values)	GPs, Nurses, counsellors, psychologists, community provider organisations, NMDHB, Ministry of Health, Maori Organisations	
Health of Older Persons Safe Use of Medicines booklet and minor ailment leaflets	Health of Older Persons Group NMDHB	Risks associated with multiple medicines		Over 65 years	Developed over 12 months. Will be on-going once finalised		NM Pharmacy Advisory Group and NBPH	Safe Use of Medicines booklet and minor ailments leaflets

## Road Safety

Programmes which address Road Safety are linked to Safe at the Top through the Joint Road Safety Action Plan committee (JRSAP). The two councils, through resolution, have agreed to a cluster arrangement for the purpose of delivering a road safety programme across their respective districts. For management purposes a Joint Road Safety Action Plan Committee (JRSAP) has been appointed with representatives from key stakeholder groups and is tasked with the management of all road safety activities. This is achieved by council led and chaired Road Safety Action meetings, held three times a year, which include formal agendas and stakeholder reporting lines and minutes. In addition, operational meetings are held for professional key staff as and when required, with meeting recordings made. Planning processes, operational calendars and works schedules are drawn up into an action plan and are regularly updated(see supporting document).

This plan is a critical component in the delivery of a Road Safety programme across the Nelson/Tasman district. The Regional Plan's goal is to contribute to the Government's Safer Journey initiatives aimed at reducing road user crash risks and consequences. It is the goal of this plan to better manage, our road networks, our vehicles, our users and crash forces to deliver a safe system across the Nelson/Tasman region. Signatories to the plan include Nelson City Council, Tasman District Council, ACC, Nelson Marlborough District Health Board, Police, and the New Zealand Transport Agency.

### Case study: Rotary Young Driver Awareness (RYDA)

Rotary Young Driver Awareness (RYDA) RYDA (Rotary Young Driver Awareness) is a programme run throughout New Zealand as a result of a Rotary initiative. It is one initiative in the local Road Safety Action Plan.

In the Nelson Tasman region, RYDA is a shared programme between the local Rotary groups and is managed by road safety co-ordinators employed by both the Nelson City Council and Tasman District Councils with funding from the New Zealand Transport Agency's (NZTA) community road safety programme. There are a wide range of local partners involved in the delivery of the programme. These include the Police, Driving Instructors, Brain Injury Association, NZ Care alcohol and drug educators, schools and local Rotary clubs.

The programme was first offered in the region during 2010 and based on its success, has been further developed and a second programme offered in 2011.

#### Identifying the Need for this Programme

National statistics identify young drivers (aged 15-19) to be seven times more likely to crash than drivers aged 45-49. Young drivers are identified to be at fault in 79% of serious injury crashes and at fault in 83% of fatal crashes in which they are involved.

While those aged 15-24 make up 7% of those holding a drivers licence, they make up 14% of the total road fatalities, 78% of these being young males.

New Zealand Transport Agency statistics for the 2005- 2009 period show that young drivers (aged 15-19) in the Nelson City area were involved in 20% of all injury crashes, resulting in 2 deaths, 19 serious and 113 minor injuries. In the Tasman District for this same period, the statics are proportionally higher compared to similar authorities, with young drivers involved in 25% of all injury crashes during the past five years. This has resulted in 4 deaths, 38 serious injuries and 191 minor injuries. (NZTA, July 2010)

Project manager and Nelson City Council’s Transport and Road Safety Adviser, Margaret Parfitt says “In the last two years we have lost at least eight young men in our region to road crashes. This is a worrying and increasing trend, compared to previous years where we have had fewer fatalities. Re-occurring themes in the recent crashes were inexperience and driving outside license conditions, excessive speed, and in some cases alcohol and drug use.”

### **The Programme**

The overall aim of the one-day workshops is to help reduce trauma on our roads by providing a variety of practical and interactive experiences and ‘real life’ stories to raise awareness and encourage attitudinal change in the behaviour of young drivers. It is aimed at Year 11 school students aged 15 and 16.

The first programme was held in 2010 with approximately 1,100 year 11 students attending. Based on the success of the initial programme a second series of one-day workshops has been completed during March of 2011. Approximately 1,050 students from Nelson, Murchison and Motueka attended and similar workshops will be held in Golden Bay later in the year. This second programme was also extended to include students beyond the mainstream education providers, such as YMCA and Youth Nelson. These students were targeted as many have profiles that suggest they are in a higher risk category for road related injury.



### **Programme Content**

As well as driving strategies the one day workshops also include content about staying safe as a passenger and how to be supported in safe decision making when facing peer pressure

to do otherwise. The students rotate through six different sessions during the workshops. These include:

- It's your decision - you choose
- Crashes do happen
- Plan B - Safe celebrating
- My wheels – safety features in cars
- Hazard perception
- Safe stopping distances



Schools can often find it difficult to assemble experts to meet the schools' road safety curriculum. The RYDA programme co-ordinates the efforts of local road safety experts, driving instructors, the police, recovering victims of road crashes, and drug and alcohol educators in such a way that students are made aware of the privilege, cost and responsibilities of owning and driving a motor vehicle.

### **Programme Evaluation**

The programme is evaluated via questionnaire data that is collected from a random sampling of students (approximately 30) prior to attending the programme and a further 20 -30 students who attend the programme each day. Teacher feedback is also gathered. All this information is sent to RYDA's national office for collation and evaluation.

The programme has received good publicity through the local newspapers and here are some of the comments made by students who spoke to a reporter:

"I did know how many had been killed but seeing more about those deaths fully changed my attitude to driving, and especially drink driving"

"I was pretty shocked and surprised to see how many teenagers were getting killed. I want to be more sensible when driving and focus on what I am doing. It definitely got through to me". (Both aged 15)

(Young, 2011)

Several aspects are contributing to the success of the RYDA programme including the strong project management at a local level. This includes school visits from the road safety coordinator prior to the programme so that teachers understand what to expect on the day and to give time to prepare. This includes considering opportunities to reinforce messages, beyond the one day programme by building into curriculums, e.g. physics – stopping distances, velocity etc. The strong support, funding and 'hands on' involvement of local Rotarians and the two Councils is also seen as key to the success of this programme locally.

A further strength of the local programme is the involvement of SADD (Students Against Drunk Driving) at the one day events, as well as the opportunity to experience the seat belt sledge – one of many practical experiences offered to students throughout the day.



### **Further follow up**

The one-day event is followed up with emailed competitions and information to encourage retention of key messages. Students are encouraged to visit the RYDA website and participate in on-line activities.

The 'crash car' which is referred to during the one day programme is subsequently available for any school that wishes to have it visit. This is seen as another way to reinforce messages that students hear while at the programme.

### **Bibliography:**

New Zealand Transport Agency (NZTA) (July 2010). *Briefing notes Road Safety Tasman District and Nelson City.*

Young, Sarah. Nelson Mail (2011, March 24). *Richmond Leader.*

Project name	Lead organisation	Issue being addressed	Evidence based?	Target population	Timeframe	Outcomes	Partners	Comments
<b>Reducing alcohol/drug impaired driving</b>	<i>Nelson City Council (NCC)</i>  <i>Tasman District Council (TDC)</i>  <i>Police</i>	Alcohol related injury crashes	YES – CAS data and Hospital data	<i>All drivers and passengers</i>	<i>Throughout 2010-11 but this is ongoing work and identified in the national Road safety Strategy as a high priority through to 2020.</i>	A reduction in the number of local drivers with excess alcohol killed or seriously injured and increase % of community who believe that there is a high probability of being stopped and checked	<i>Road safety Co-ordinators for TLA</i>  <i>NZTA</i>  <i>Police</i>  <i>SADD</i>  <i>NMDHB</i>	OUTPUTS will include; -Bill Board and Media Campaigns. -Anti Drink / Drugs driving - -Youth Expo year 11 -Host Responsibility training and promotion -Police enforcement operations
<b>Safe speeds</b>	<i>Nelson City Council (NCC)</i>  <i>Tasman District Council (TDC)</i>  <i>Police</i>  <i>NZTA</i>	Speed related injury crashes	YES – CAS data Police data MOT data	<i>All drivers</i>	<i>Throughout 2010-11 but this is ongoing work and identified in the national Road safety Strategy as a high priority through to 2020.</i>	A reduction in the number of speed-related fatal and serious crashes. Changed behaviours in regard to 'Its OK to speed" and a	<i>Road safety Co-ordinators for TLA</i>  <i>NZTA</i>  <i>Police</i>	Outputs will include; -Back to School & "Is your Speed Safe" mixed media Campaigns - Speed indicator devise

Project name	Lead organisation	Issue being addressed	Evidence based?	Target population	Timeframe	Outcomes	Partners	Comments
						reduction in the mean of all vehicle speeds and the number of drivers exceeding posted speed limits.		Police enforcement
<b>Safe roads and roadsides</b>	<i>Nelson City Council (NCC)</i>  <i>Tasman District Council (TDC)</i>  <i>Police</i>  <i>NZTA</i>  <i>ACC</i>	Injury crashes at intersections	YES – CAS data	All drivers	<i>Throughout 2010-11 but this is ongoing work and identified in the national Road safety Strategy as a high priority through to 2020</i>	A reduction in the number of fatal and serious head on, intersection and run-off road crashes	<i>Road safety Co-ordinators for TLA</i>  <i>NZTA</i>  <i>Police</i>  <i>ACC</i>  <i>SADD</i>	Outputs include; Intersection spotting and direct mail  Mixed media education road rules campaign  Police enforcement  Safety engineering

Project name	Lead organisation	Issue being addressed	Evidence based?	Target population	Timeframe	Outcomes	Partners	Comments
<b>Increasing the safety of young drivers</b>	<i>Nelson City Council (NCC)</i> <i>Tasman District Council (TDC)</i> <i>Police</i> <i>NZTA</i>	High numbers of injury crashes involving young drivers (15-19 years)	YES – CAS data	Young Drivers 15-24 years old	<i>Throughout 2010-11 but this is ongoing work and identified in the national Road safety Strategy as a high priority through to 2020</i>	A reduction in the number of Fatal and serious injury crashes involving young drivers		Outputs will include;  Early Intervention youth offender Course  Media and promotional material (nationally developed)  RYDA – Rotary Young Driver Awareness  Boy racer vehicle check
<b>Increasing the safety of motorcycling</b>	<i>ACC</i> <i>Tasman District</i>	High numbers of motorcycle related injury crashes	YES – CAS data	Motorcyclists Moped riders Motorists	<i>Throughout 2010-11 but this is ongoing work and</i>	A reduction in the number of motorcyclists killed and	<i>ACC</i> <i>Road safety Co-ordinators</i>	Outputs include;  Motorcyclist

Project name	Lead organisation	Issue being addressed	Evidence based?	Target population	Timeframe	Outcomes	Partners	Comments
	<i>Council (TDC) Nelson City Council (NCC)  Police  NZTA</i>				<i>identified in the national Road safety Strategy as a high priority through to 2020</i>	seriously injured	<i>for TLA  NZTA  Police Road Safe training</i>	training workshops - Novice and experienced  Mixed media campaigns  Motorcyclist education stops  Police Enforcement
<b>Increasing the level of restraint use</b>	<i>Nelson City Council (NCC)  Tasman District Council (TDC)  Plunket</i>	National rates are 95 and 87 percent for front seat and rear seat respectively Corresponding rates for restraint use rate in Tasman District are 97 and 85 percent; and	YES. MOT data  Survey data from previous child seat checking clinics Safe 2 Go run.	Drivers and passengers of all ages but specifically caregivers of young passengers	Throughout 2010-11	An increase in the number of children appropriately restrained and of vehicle occupants wearing safety belts.  A reduction in % of vehicle occupant	<i>ACC – Safe 2 Go  Road safety Co-ordinators for TLA  Plunket  Police</i>	Outputs will include; Car seat checking clinics  School and Preschool education Buckle bear and Booster rooster

Project name	Lead organisation	Issue being addressed	Evidence based?	Target population	Timeframe	Outcomes	Partners	Comments
		for Nelson City 99 and 85 percent. These rates are relatively high but <i>Previous survey data carried out by local practitioners shows a high error rate in use</i>				deaths where restraints not worn		Restraint Enforcement Operation
<b>Increasing the safety of older New Zealanders</b>	<i>Tasman District Council (TDC)</i>  <i>Nelson City Council (NCC)</i>  <i>Road Safe Nelson Bays</i>	NZTA's Community Risk Register identifies Nelson City in the top 12 areas which have high risk for drivers over 70 years.	YES – CAS data	Drivers 70 years +		A reduction in the number of fatal and serious crashes involving older drivers	<i>RSC</i> <i>Road Safe Nelson Bays</i> <i>Driving instructor</i> <i>Court Occupational Therapists</i> <i>NZ Police</i> <i>Retailers</i>	Outputs will include; Regular courses for Older drivers to refresh CARFIT seminars Mobility Scooter training
<b>Cycle &amp; Pedestrian</b>	<i>Tasman</i>	In Nelson City, vulnerable	YES – CAS data	Pedestrians of all ages	<i>Throughout 2010-11</i>	A reduction in the number of	<i>Road safety Co-ordinators</i>	Outputs will include;

Project name	Lead organisation	Issue being addressed	Evidence based?	Target population	Timeframe	Outcomes	Partners	Comments
<b>safety</b>	<i>District Council (TDC)</i> <i>Nelson City Council (NCC)</i> <i>Police</i> <i>NZTA</i>	road users were involved in nearly half (49 percent) of all injury crashes over the last five years (2005-2009), accounting for 45 percent of all casualties; 22 percent of all deaths, 59 percent of all serious injuries and 42 percent of all minor injuries	o8ooCYCLECR ASH data  Hospital data	Cyclists of all ages  Motorists		fatal and serious crashes involving pedestrians and cyclists	<i>for TLA</i>  <i>School travel planner</i>  <i>School communities</i>  <i>Police</i>  <i>NZTA</i>  <i>Road controlling authority</i>  <i>NMDHB / Way2Go</i>	School travel plans Including Walking school buses  Chaos at the school gate campaigns  UPCYCLE adult cycle skills  Cycle skills training in schools  Active transport promotion-Commuter and Leisure cycling Bikewise Month

Project name	Lead organisation	Issue being addressed	Evidence based?	Target population	Timeframe	Outcomes	Partners	Comments
								Safety Engineering activity  Police enforcement
<b>Modify school hours to reduce traffic congestion</b>	NMDHB PHU	Traffic congestion at peak times during school terms	Yes	Senior school students	Ongoing	Reduced traffic on main arterial roads at peak times with reduced traffic related injuries	PHU NPA Schools NCC	
<b>Motorcycles Regional Plan</b>  I:\PUBLIC\IPCs\Road Road 2010 - 2011\Mc	TDC	Safety for motorcycles	Yes	Motorcyclists Other vehicle drivers	3 years	Reduce motorcycle crashes	TDC Police NCC NZTA Marlborough District Council	Joint delivery plan attached
<b>Regional Motorcycle Training</b>	TDC	Motorcycle training	Yes	Motorcyclists	2 years	Improve skills and awareness of motorcyclists	MDC NCC TDC NZTA	Regional approach and contract for motorcycle training
<b>Road Safe Nelson Bays</b>	Chaired by ACC	Community Road Safety	No	Road users in Nelson /	Ongoing	Provides small funding grants	ACC NCC	Meets monthly

Project name	Lead organisation	Issue being addressed	Evidence based?	Target population	Timeframe	Outcomes	Partners	Comments
		Forum		Tasman		to community road safety projects. An opportunity to network and develop shared approaches to road safety issues.	NZTA Police Bicycle Nelson Bays Road Transport Assn NMDHB AA Driving Instructors	Lots of local projects initiated / supported.
<b>Street Wise : Driver improvement package</b>	<i>NCC Road Safety</i>	Aimed to assist young first time driving offenders to rethink how they drive	Yes	Young first time driving offenders	<i>Programme under review at present. Recommendation for this to be an ongoing programme (with reviews)</i>	Reduction in repeat driving offences	<i>NCC , Police, A first aid provider, Court, DHB - Drug &amp; alcohol service, Defensive Driving School,</i>	
<b>Brain Injury Liaison Service – Providing Support and Advocacy – also some prevention focused</b>	<i>Brain Injury Assn Nelson Inc</i>	Provision of info and support to clients , families and community – resources,	Yes	People with a brain injury and their families / whanau.. also wider community	<i>ongoing</i>	Increased understanding of brain injuries and to provide a message to prevent brain	<i>Links with a multitude of other agencies. Specific projects have been funded by Road</i>	Keen to look at extending the prevention message in the community –

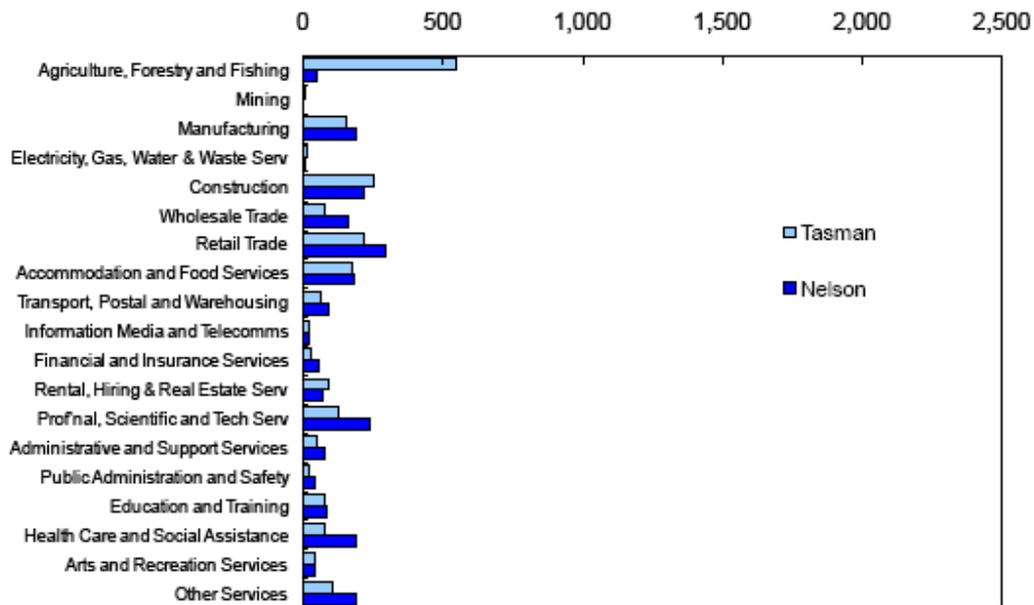
Project name	Lead organisation	Issue being addressed	Evidence based?	Target population	Timeframe	Outcomes	Partners	Comments
<i>programmes</i>		includes limited monitoring of clients . Also specific programmes around prevention and education.				injuries	<i>Safety – e.g Thinkfirst - fatal vision at A and P show ACC .</i>	sports prevention, domestic violence (Brain injury NZ have Auckland based education officers who ACC have funded to do this work)

## Workplace Safety

In the Economic Development Agency document "*Tracking the Nelson Economy February 2011*" the following table illustrates the range of workplaces in the region. This clearly shows the high levels of primary industries particularly in more rural Tasman. The two case studies below represent programmes being run in the agricultural and construction sectors.

### Key Industries in Nelson Tasman with employees

Geographical units in Nelson-Tasman with 1 or more employees



Source: Statistics New Zealand

Data as at: February 2010

### Case study: Harm Reduction Program - Quad Bikes

The Harm Reduction Program with a focus on quad bike safety is a national project. It is backed by the Minister of Labour, Kate Wilkinson, and New Zealand Federated Farmers. It commenced in November 2010 and is an ongoing project over three years. Locally the Nelson Marlborough Department of Labour (DoL) Office has been actively supporting this initiative and has received national attention for its level of interactions and support of this project. While the DoL is the lead organisation, early consultation and feedback indicated strong support for the program from other agencies such as ACC, Federated Farmers, Rural Police, Rural Women, Dairy NZ and the Agriculture Health and Safety Council.



Department of Labour visits Nelson Quad Bike Dealers

### **Need for this Programme**

There are high numbers of injuries and deaths related to the use of quad bikes on New Zealand farms. Approximately 850 people are injured every year riding quad bikes on farms as well as five deaths<sup>1</sup>.

About 28% of all work – related farm fatalities involve quad bikes.

The programme is aimed at farmers, farm workers, contractors and their families.

### **Programme Outline**

The Department of Labour farm quad bike safety campaign is similar to road safety campaigns, using a mix of education and enforcement to encourage safer use. The Nelson office focused on the Golden Bay region, visiting farms and provided information on key messages.

Initially the programme promoted four basic safety steps in farming communities. These included:

- Ensuring riders are trained/experienced enough to do the job
- Wear a helmet
- Don't let children ride adult quad bikes
- Choose the right vehicle for the job - pay attention to the manufacturers' operating instructions on towing and carrying limits, and whether passengers can be carried.

The DoL has published new quad bike safety guidelines that reinforce these four safety steps and highlight other important ways to prevent accidents – like keeping bikes well maintained.

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<sup>1</sup>Department of Labour (DoL) Health & Safety "Quad Bike Safety". 4 May 2011  
website: <http://www.dol.govt.nz/quad-bikes/>

Education by itself is not enough to change behaviour, so from April 2011 the campaign has broadened to also include enforcement. Inspectors will be focusing on farms, and where people are working with quad bikes in a dangerous way inspectors are likely to take enforcement action under the Health and Safety in Employment Act. This could range from warnings or penalties, to stopping quad bikes being used until safety issues are addressed.

The Department of Labour will pay particular attention to accidents involving farm workers. If someone working on a farm is seriously injured or killed by a quad bike and these basic safety steps haven't been followed then the Department of Labour is likely to prosecute the employer.

Specific Activities in the Nelson region to date have included:

- Visits to all dealers and farm machinery suppliers in the region (nine in total)
- Attendance at four regional A & P shows
- Attendance at the Motor Trade Association conference held in Nelson to raise awareness
- Information visits to Rural Police who are supportive and displaying posters
- Ongoing support of the five regional trainers who offer quad bike training.
- Raised awareness through a media article
- Visits to 18 farms and three large employers who are high quad bike users in the Golden Bay region
- Compilation of a comprehensive list of training providers and courses offered in our region for distribution to farmers.
- Visits to carry out enforcement assessments are currently under way in May.

Attendance at A & P shows around the region – this photo is taken at the Murchison A & P show on 19 Feb 2011



## Evaluation

The DoL has received positive feedback and support from clients about its displays and interactions at the A & P shows. A very good working relationship has developed with Rural Police who are displaying DoL posters to promote awareness of the quad bike safety campaign. Identifying key stakeholders such as Rural Police and quad bike dealers has been effective in helping to share relevant safety messages.

Through raised awareness and encouragement some dealers are now providing a free helmet with the purchase of new quad bikes. It is encouraging to hear reports from Inspectors who are noticing an increase in helmet use in the region, demonstrating that the programmes key message is facilitating a change in the behaviour of quad bike riders.

## Follow up / Future Goals

The positive feedback from the DoL attendance and brief presentation at the Motor Trade Association conferences indicates this is a useful forum for the DoL to promote key messages to a wide audience. The pamphlets have received good feedback indicating that short and simple messages are having a meaningful impact.

Other Department of Labour offices throughout the country are now contacting Rural Police in their regions, based on the success of this initiative here in the Nelson Tasman region.

Department of Labour Service Manager, Annette Baxter, reports, "the Department of Labour is committed to this three year project as part of our harm reduction programme."



The Department has had some positive discussions with farmers in the region.

## Case Study: Civil Construction– Working at Heights

The Civil Construction Safety Networking Group was established in the Nelson Tasman area in 2007. The Group was initially formed by the Department of Labour and civil construction companies coming together to share safety issues and concerns, relevant to their industry. It continues to be facilitated by the Department of Labour and now has a wider membership which includes civil construction and related industries, occupational health providers, Council and temporary staffing agencies, as well as national providers such as ACC. The Group meets regularly on a 2 monthly basis with a collaborative approach to its organisation, facilitation, and venue being provided by different member organisations. The key objectives for the Group are to share local injury data and to identify common safety issues and concerns that can be worked on collaboratively.



### Need for this Programme

The major concern of 'falls from height' was discussed at a networking meeting in 2010. Working at height is a key area of workplace safety concern for employers and government agencies and is considered by Fulton Hogan as one of ten high/extreme risk tasks. The Group's focus gave Fulton Hogan the momentum to adopt a strategy to address the risks of working at height. From this a specific training programme has been developed by Fulton Hogan for their staff which aims to remove or reduce risk associated with working at height.

### **Programme Outline**

A full training programme has been developed by Fulton Hogan for delivery to Fulton Hogan management and workers who are exposed directly or indirectly to the risks of working at height. This programme was delivered to people in the Nelson Region immediately after its release to coincide with the Nelson Safety Networking Group plan to focus on height safety.

The training package contains a trainer's guide, participant workbooks, training DVD and posters that highlight the risks and controls for working at height and especially around the inherent risks related to the use of ladders.



Fulton Hogan Training Resources  
for Working at Heights

Staff attend training in groups of 15-20 people. The sessions are designed to be interactive and completed over a 3 hour period which involves watching short 'chapters' from the DVD, followed by discussion and completion of the relevant section of each participant's individual workbook. An assessment of competency is then completed at the conclusion of each training session and this is recorded in the employee's training record. Posters displayed at the work place are used to reinforce the key safety messages.

The heights safety training is also offered to Fulton Hogan's subcontractors in order to help manage subcontractor health and safety risks.

### **Evaluation**

The training was first delivered during October 2010. To reinforce key messages from the training and to ensure ongoing compliance with the safety training information there is ongoing auditing of the workplace against the training material to ensure the safe workplace messages are also being practiced.

Messages that act as reminders and clarify expectations are further reinforced each day as part of the daily job start procedures. Pete Denton, SQTE Manager for Fulton Hogan says "the training has clarified expectations when hazards involving height need to be considered and managed".



Recent drainage job used to highlight the risks of working at height and the use of ladders in difficult situations.

The training package is now used throughout NZ and is part of a library of training modules that are delivered to new and existing employees at Fulton Hogan who are exposed to the risks of working at height.

The training is also relevant to other aspects of employees' lives. For example, the focus on ladder safety crosses the boundary of workplace safety and is equally valid for operating a ladder in the home environment.

#### **Follow up / Future Goals**

The Civil Construction Safety Networking Group has identified other shared concerns. These include the need for further incident investigation training and consistency in approaches to the management of traffic on temporary road construction sites so that both road users and staff are safe while working in environments where there are vehicle movements. These are two further areas where the Group has identified a collective need and raised opportunities for programmes to be developed to address shared safety concerns in conjunction with other civil construction companies, road controlling authorities, local authorities and government agencies.

Pete Denton summarises the Group's focus, "Safety systems are only one part of reducing workplace injuries. Promoting a culture of thinking about what you are doing, considering what could go wrong and taking precautions to reduce risk is the key to real safety". The Civil Construction Safety Networking Group encourages this 'ongoing culture of thinking' at a local, industry wide level.

Project name	Lead organisation	Issue being addressed	Evidence based?	Target population	Timeframe	Outcomes	Partners	Comments
Workplace Safety Evaluations	ACC	Reduce injuries in high risk employers	Yes – 60% injury reductions	Employers with high rates / costs of injuries	6 month programme to address risks	Improvements in H&S systems and practice		Mandatory employer programme – penalties can be imposed for non-compliance
Companies of Interest	ACC	Reduce injuries in high risk employers	Yes	Employers with high risk of injuries	6 month programme targeting employers from high risk industries	Reductions to work injury claims		Voluntary employer programme where ACC provides personalised assistance for employers.
Discomfort Pain and Injury	ACC	Reducing industry strains and sprains	Yes	Any medium to large employer	Ongoing	Reduced strains and sprains claims		Free training to employers followed up by regular resource updates etc

Project name	Lead organisation	Issue being addressed	Evidence based?	Target population	Timeframe	Outcomes	Partners	Comments
Reducing injuries in healthcare	ACC	Preventing patient handling injuries	Yes	Healthcare related employers	Ongoing	Reduced manual handling injuries	DHB	Annual health workshops on topics of concern with ACC staff delivering in service training in individual workplaces.
Safety Workout	ACC	Preventing home / road / alcohol injuries via the workplace	Yes	Employees	Ongoing	Reduced non work injuries		A programme to deliver non-work safety messages to employees via workplaces.
Industry based projects	ACC	Specific industry projects in forestry, construction and health to target industry safety issues	Yes	Safer Industries	Ongoing	Reduced workplace injuries		

Project name	Lead organisation	Issue being addressed	Evidence based?	Target population	Timeframe	Outcomes	Partners	Comments
Fall prevention in construction industry	DoL	Aim to reduce the number of fall-related injuries within the construction sector	Yes – both ACC injury data and DoL incident data	Working population	Initial campaign May to June 2010 then ongoing	Education and introduction of systems to manage fall hazards	All members of the Construction Industry Networking Group in Nelson	Members of the Construction Networking Group agreed to adopt and/or initiate fall safety programmes in their workplaces
Workplace safety - LPG use in cafes and bars	DoL	Recent high profile gas explosions in the region highlighted LPG maintenance as an issue	Yes (DoL investigation data and old dangerous goods licences indicate the high use of LPG in the area)	All ages – as this is not only a workplace issue but affects the public going into these areas	40 – 50 sites were visited in late December early 2010/11 before the busy holiday season  LPG continues to be an area that we are focusing on – this year our focus is on swap n go gas cylinders	Two Hazard Alerts were written to provide information on the safe use of LPG.  Cafes and Bars in the region are more aware of the need for better maintenance of LPG equipment.  Gas suppliers	ERMA  Plumbers, Gas Fitters and Drain layers Board	

						<p>are asking to site Test Certificates before delivery ensuring premises are safer.</p> <p>Safety concerns about the installation of gas in the region was passed on to the Plumbers, Gas Fitters and Drain layers Board who carried out an extension investigation.</p>		
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Project name	Lead organisation	Issue being addressed	Evidence based?	Target population	Timeframe	Outcomes	Partners	Comments
Workplace Safety – Traffic Management Plans/Safer Roads	DoL	Unsafe roads during civil construction work	<p>Evidence from Transit NZ agency shows that many contractors are failing their onsite audits (see DoL project write up).</p> <p>DoL has also received several complaints and incidents reported during the past year.</p>	All ages – workers and members of the public using the road	<p>The project was carried out throughout the July 2009 – June 2010 business year</p> <p>There are plans to continue focusing on this issue for 2010 – 2011 through Nelson/Marlborough, Wellington and Lower Hutt, Palmerston North and Taranaki regions.</p>	<p>2 joint seminars informing 70 contractors of changes to the New Zealand Land Transport Code of Practice for Temporary Traffic Management.</p> <p>33 sites audited by DoL</p> <p>15 improvements raised</p> <p>Improved safety at road works including better signage and cones.</p>	<p>Opus International</p> <p>New Zealand Land Transport</p> <p>Local Authorities</p>	Further auditing to occur over 2010/2011

						Good feedback from Police and Opus that sites have improved		
Workplace Safety – Forestry log trucks	DoL	This work arose from the findings of an investigation where a driver damaged his eye from the ties used to secure logs on log trucks.	yes	Log truck drivers	Over 3 days, 73 forestry trucks were assessed in our region with the co-operation of forestry companies.	Raised awareness of health and safety issues and compliance	Forestry companies	

Project name	Lead organisation	Issue being addressed	Evidence based?	Target population	Timeframe	Outcomes	Partners	Comments
Workplace Safety – Quad Bikes	DoL	High number of injuries and deaths relating to the use of quad bikes on farms	Yes – DoL and ACC stats	Farmers and their families	Starting in November 2010 and on-going over several years	Reduce the number of deaths and injuries from quad bike use on farms. This is part of a national project and focus and is important in our region due to number of farms we have in the area.	ACC Federated Farmers	This is a national project but has impact in our region due to the number of farms and quad bikes in our area.
Workplace Safety – Cool Stores	DoL	The fire that occurred at Tamahere highlighted that cool stores have hazardous substances that have the potential to cause major harm	The Tamahere fire	Those working in and around cool stores  Possibly fire fighters	Business year from July 2010 – June 2011	DoL has good information on the number of cool stores containing hydro fluorocarbons Cool stores are compliant with the HSNO regulations and are therefore safer		Due to the number of pack houses and the horticulture sector, the Nelson region has a large number of cool stores which highlights the importance of this project

Project name	Lead organisation	Issue being addressed	Evidence based?	Target population	Timeframe	Outcomes	Partners	Comments
Workplace Safety Construction Health and Safety Liaison Group	DoL	Forum for health and safety co-ordinators to share information and knowledge, support and learn from each other	Nil	Health and safety professionals – particularly in construction but has grown to accept other industry sectors in the region	First meeting started a couple of years ago and is on-going.  Meetings held every 3 months	Health and safety initiatives are shared to improve the health and safety and well being in other workplaces	Industry health and safety co-ordinators	
Operators strain and sprain	Adcock & Donaldson and Nelson Physiotherapy	Back strain and pain of our digger operators	Yes (ACC data)	All digger operators	Initial campaign – Dec 2010 then ongoing.	Less back pain ACC claims	Staff and Physiotherapist	Initially group presentation by physio on stretching, then ongoing development of routine to include stretches.

## Outdoor Safety

Outdoor Safety was highlighted as one of the seven priority areas. The region is developing a large network of mountain bike tracks which are attracting mountain bikers from the local region, New Zealand and overseas. A recent review of ACC data, showed that there was a sharp increase in the number of mountain bike related injuries, particularly on the tracks near town.

The Nelson Mountainbike Club (NMTBC) has been involved in several initiatives aligned with improving general safety for recreational mountain bikers recently, all of which align with the objectives of the Safe at the Top.

Examples and summaries of these follow.

### First Aid Training/Experience

The NMTBC has a close working relationship with Triple One Care in Nelson. The Triple One director maintains close ties with the rescue helicopter service which led to him receiving informal statistical information from the Summit Rescue Helicopter Service. This suggested a high proportion of call-outs by the helicopter were to Mountainbike (MTB) accidents in the Tasman front country. Triple One Care's feedback on this response rate was that in many cases, the helicopter response was not necessary.

Specific reasons for those MTB accidents haven't yet been analysed (ACC will potentially follow through on this), however Triple One Care offered to run a MTB specific first aid training course for NMTBC members with the view to providing a higher level of training to the MTB community. The goal of this training was to improve response capability within the MTB community, ideally lessening the demand on the helicopter service in favour of a lower priority call-out (ambulance, or direct to medical provider).

The first course was run mid-January 2011, free to NMTBC members. Demand for this first course was high, and another course was delivered in February. 40 people have been put through this course to date.

Direct feedback from the Summit Rescue Helicopter Service in April 2011 was that MTB related call-outs have dramatically lessened over the high use summer months. Again, some analysis is needed to determine exactly why this is, however to the NMTBC's knowledge there have been several incidents that have been dealt with by (trained) riding mates rather than an emergency call being made in the first instance.

## Trail Difficulty Marking

The NMTBC are in the middle of a trail grading upgrade for all MTB trails it is responsible for. This involves the placing of a trail marker at the entrance and exit to every trail on our books, containing the following information:

- Trail difficulty (to the nationally approved DOC/MTBNZ trail grading system)
- Trail name
- Directional information (entry, exit or two-way)
- Organisations logos (e.g.: NMTBC, Department of Conservation, Nelson City Council, Hancock Forest Management, Tasman District Council where required)

Feedback from the MTB community is that our Tasman MTB trails have not been marked clearly enough, especially with the level of difficulty (trail grade). The NMTBC are addressing this with the priority goal of making trail users aware of just how difficult each trail is through this trail marking system. Consistency is important with this trail signage, and a seamless marking system will be in place before the end of 2011 between NCC, TDC and NMTBC managed DOC trail assets.

Note: this marking system was first utilised in the area for the first stage of the Codgers Trail Network in Brook St in 2009. Some 80 trail markers were installed on this trail network through a partnership between the NCC and the NMTBC, and have proven so successful (and cost effective) that the NCC now also utilise this method for marking other trail types and assets.

## Internal Auditing of Structures

Some trails that the NMTBC manage require the use of built structures, e.g. small bridges over creeks, edge retaining or boardwalks. In the past these structures have been built as required, without reference to any national standard or code of compliance.

A NMTBC Committee meeting in April 2011 installed an internal policy direction on this matter for safety reasons. That is to follow the relevant New Zealand Standard for structure construction, and also to follow local body requirements for building consent where the location and structure demands it.

Subsequently, several structures have been removed from NMTBC managed trails for safety reasons, where any level of compliance would very obviously not be able to be retrospectively obtained.

The NMTBC is working closely with especially DOC and Hancock Forest Management on this issue, to ensuring that the installation of any built

structures meets requirements. Replacing existing structures with compliant structures is underway and expected to be completed before the end of 2011.

Structures on other public land (NCC and TDC) also need to fit with regulation, however the NMTBC's more hands-on working relationship with these local bodies covers any compliance issues when needed (at the design phase).



The sign on the left is a generic sign used on forestry mountain bike trail entrances to make it clear there is 'no motorbike access'. The other is a specific trail sign with relevant information for users (grade/difficulty, trail name, directional info and land access)

## Family Violence

Like many regions of New Zealand the Nelson region has seen an increase in the number of reported incidents of Family Violence. While an increase can never be seen as positive, better reporting of incidents means that awareness of the extent and subsequent harm caused by Family Violence can better be understood and appropriate responses put in place.

### Case study: Te Rito - Nelson A &P show

Locally, the Te Rito network comprises 60 member agencies who have agreed to work collaboratively to reduce Family Violence across the Nelson region. Following attendance at a number of events around Nelson, in particular, having a stand at Nelson's 150<sup>th</sup> Anniversary celebration, the Te Rito Network was looking for opportunities to get the messages about Family Violence out in to the community and to interact and raise the profile of the network with the public.

It was suggested that they might attend the local A &P show, a two day, annual event which attracts over 10 00 people each year. An approach was made to the organisers of the 2008 event who were very supportive and provided a good site and a number of free passes for the event.

A small stand was set up, with a borrowed gazebo and a small table. Some considerable thought went in to how to attract people to the stand and a connection with the local motorbike club and a 'guess the number of lollies in the jar' activity were trialled. Both of these proved to be a good draw card as children brought their parents and people came over to look at the bikes. Posters of the 'It's not OK' campaign and flags were flown to identify the site.



Stand at A&P show  
in 2010

A large number of people came to the stand and many resources were distributed. A good range of Network members manned the stall over the two days and many people stopped to share personal stories and to ask questions

and seek information on dealing with violence. After the show, the planning group reviewed the event and noted that it was extremely successful, that over 500 bags of resources were given out and that social workers and other Network members had responded to a number of personal issues.

The event has been repeated for the last two years, with the stand getting bigger each year. Te Rito got its own gazebo and flags, plus white ribbons. 1200 resource packs were distributed in 2009 and 1500 in 2010. Network members worked collaboratively - not attending to promote the work of their individual organisation, but all there to raise awareness and provide information about Family Violence. Network members were identifiable in their Te Rito T-Shirts and caps and there were more than enough volunteers to cover the two days of the show. In 2010, pairs of Te Rito members went round the rest of the showground and over 2000 white ribbons were distributed including to all the other stall holders. The White Ribbon banner was available for people to sign before it was sent to Starship Hospital.



Te Rito also had a comment book available for people to write up their thoughts, comments, and suggestions. A lot of good, positive community feedback was recorded in this way, commending the work of the network. At each of the events, members of the public have shared personal stories and asked for specific advice and have been provided with support. The Police have had a strong presence and again reported positive communication with the public.

As this document goes to print, the ongoing funding of Te Rito has been withdrawn at a central government level, the impacts of which are unclear.



Police van with over 40 crosses representing the annual death toll in New Zealand associated with Family Violence.

## Case Study: Working with the Community to Support Appropriate Responses to Family Violence

### *...what's the problem?*

**Family violence affects the** mental and physical health of those directly and indirectly subjected to it, and can cause ongoing psychological (e.g., depression and post-traumatic stress disorder) and physical effects.

**A recent study of 2,600 New Zealand** women using 302 questions, developed by the World Health Organization's (WHO) multi-country study on violence against women, found that the lifetime prevalence of physical and sexual violence by an intimate partner here were 11% for Asian women, 32% for Pacific, 34% for European, and 57% for Māori women (Fanslow, 2010).

**Violence that takes place between those in close relationship, and violence in public spaces are closely linked** – exposure to family violence is the first type of violence a child encounters, and exposure at an early age is proven to create adverse coping skills in adults, resulting in a range of self-harming behaviours, street, and gang violence. Early intervention for families and whanau living with violence can only positively impact on public violence in our community.

**Police call outs to family violence incidences** in and around Nelson/Tasman average 1,300 a year and have been steadily increasing. Nelson Bays Area Commander, Inspector Brian McGurk, observes "It may come as a surprise to some people, but family violence is one of the largest volume crimes Police have to deal with; hot on its heels are the associated issues around child safety and protection." This is only the tip of the iceberg of the true number of people affected by family violence. The 2006 Crime and Safety Survey found that offences committed by a partner were less likely to be reported because those

abused felt it was a private matter, or that Police would be unable to help (Mayhew, 2006); Police experience suggests only 18 % of family violence is actually reported.

**Locally, our hospital's Family Violence Intervention Programme** has supported over the last six months more than 240 people affected by family violence; however, family violence is not always disclosed to health workers and reporting systems are evolving to more accurately capture family violence data so the data iceberg is also evident here.

*...what are we doing?*

**Evidence supports health care settings in the community** as presenting ideal opportunities for family violence intervention and support (Clark, 2003). However, a Gap Analysis carried out by NMDHB as part of the International Safe Communities process found that while awareness had been effectively raised on the degree of FV in our communities, responding appropriately and safely to family violence in the community remains a challenge; feedback identified a need for training and support for this.

**To help fill this gap, Nelson Marlborough District Health Board and Kimi Hauora Wairau Marlborough Primary Health Organisation** are collaborating on developing a package, incorporating aspects of the DHB's Ministry of Health approved training which, since mid 2007, has successfully been delivered with the Police and Women's Refuge across Nelson/Marlborough district to 686 DHB staff. We are responding to the need for training by further creating a package suitable for community-based agencies. Initially, the package, which will be delivered to General Practice Nurses, will describe the 'how to's of immediate-risk assessment, putting support structures in place, and ensuring safety when family violence is revealed.

**Addressing family violence through supporting community agency responsiveness** will contribute to building supportive environments and strengthening community action; will facilitate early and effective intervention; and will positively influence whanau and families, children, and youth to develop personal skills that help to reduce violence in their lives.

Clark, F. (2003). Partner Abuse - recognition and management in general practice. *New Zealand Family Practice*, 273-277.

Fanslow, J. R. (2010). Juxtaposing Beliefs and Reality: Prevalence Rates of Intimate Partner Violence and Attitudes to Violence and Gender Roles Reported by New Zealand Women. *Violence Against Women*, 16 (7), 812-831.

Mayhew, P. &. (2006). *The New Zealand Crime & Safety Survey: 2006*. Wellington: Ministry of Justice.

Project name	Lead organisation	Issue being addressed	Evidence based?	Target population	Timeframe	Outcomes	Partners	
Youth Mentoring	Big Brothers Big Sisters of Nelson	Volunteer mentors for young people in the Nelson in need of additional support	Yes – information collected from volunteers, family, school to look at the success of the intervention	7-17	On-going	Increase self-esteem of the young people involved in the programme	Nelson Police	
Community training and tools for positive responses to Family Violence	NMDHB	Increase in family violence statistics in the region; public concern requests for education on how to respond appropriately	Yes (based on Ministry of Health endorsed programme)	All ages	June 2011 then ongoing	Increased ability by the community to deal effectively and safely with disclosed and observed family violence, promoting positive support for victims	SAVE (Students Against Violence Everywhere); Women and Children's Refuge; Rural Women's Institute; Police; Maori (strategy to be developed)	

Project name	Lead organisation	Issue being addressed	Evidence based?	Target population	Timeframe	Outcomes	Partners	Comments
Teenpower Violence Prevention	Kidpower Teenpower Fullpower Trust	Victimisation of Young People	yes	15 to 25 year olds	ongoing	An increase in safety through increased awareness, peer support and readiness to access support when needed. A significant decrease in victimisation of young people. A decrease in violence committed by youth survivors or witnesses of violence.	Nayland College, SAVE, Motueka High School, Nelson Intermediate School, Nelson Safer Community Council, Presbyterian Support	
Healthy Relationships Teaching Resources (hard copies AND online)	Kidpower Teenpower Fullpower Trust	Sexual Violence Prevention for Young People with Learning Disabilities	yes	13 years and upwards	Ongoing  Online will be available in 2011		Waimea College, Salisbury School, Autism NZ, People First NZ, Ministry of Justice	See <a href="http://www.kidpower.org.nz">www.kidpower.org.nz</a>

Project name	Lead organisation	Issue being addressed	Evidence based?	Target population	Timeframe	Outcomes	Partners	Comments
Kidpower Parent Child Workshops	Kidpower Teenpower Fullpower Trust	To teach people the skills needed to be emotionally & physically safe with others and themselves	Yes	4-7 year olds	ongoing	Children will learn skills to help them be & act aware, take charge and get help.	We currently work with: Early Childcare Centres in Nelson/Tasman region & Nationally, Community Groups	See <a href="http://www.kidpower.org.nz">www.kidpower.org.nz</a>
Kidpower Workshops	Kidpower Teenpower Fullpower Trust	To teach people the skills needed to be emotionally & physically safe with others and themselves	yes	8-12 year olds	ongoing	Participants will take charge when on their own, bullied, intimidated, touched inappropriately or assaulted.	We currently work with: Primary Schools in Nelson/Tasman Region & Nationally, Community Groups	See <a href="http://www.kidpower.org.nz">www.kidpower.org.nz</a>
Teenpower Workshops	Kidpower Teenpower Fullpower Trust	To teach people the skills needed to be emotionally & physically safe with others and themselves		13-18year olds	ongoing	Participants will take charge when on their own, bullied, intimidated, touched inappropriately or assaulted.	We currently work with: Nelson Intermediate School, Salisbury School, Waimea College and	See <a href="http://www.kidpower.org.nz">www.kidpower.org.nz</a>

Project name	Lead organisation	Issue being addressed	Evidence based?	Target population	Timeframe	Outcomes	Partners	Comments
							other schools in Nelson/Tasman & nationally.	
Fullpower Workshops	Kidpower Teenpower Fullpower Trust	To teach people the skills needed to be emotionally & physically safe with others and themselves		adults	ongoing	Have effective verbal and physical ways to take charge when threatened, make positive empowering decisions to challenges not only in potentially dangerous situations but in daily life.	We currently work with: Nelson Women's Centre, Community Education, Air Nelson, NZCU South, Whenua-iti Outdoors.	See <a href="http://www.kidpower.org.nz">www.kidpower.org.nz</a>

Project name	Lead organisation	Issue being addressed	Evidence based?	Target population	Timeframe	Outcomes	Partners	Comments
Repeat Family Violence visits	Nelson Community Section. N.Z Police	The number of times victims of Family Violence are repeat victims	Yes. Calls by victim to police.	All ages and genders	Initiated calendar year 2008, ongoing	Over support and safety options to victims and families of F.V	CYFs, Whakatu Women's refuge, probation services, NGO's. Courts.	Victims access affordable legal advice and put in touch with Govt and NGO support agencies.
Nelson Tasman Te Rito Family Violence Network	Te Rito Family Violence Coordinator	Prevention of Family Violence This is achieved through public awareness campaigns, developing training, and strengthening the community through initiating and promoting projects and services		All ages and genders	2008 onwards	Increased awareness and reporting of Family Violence leading to prevention and reduction in family Violence related harm	MOU signed by 60 government and non government agencies	Currently subject to change in government funding priorities.

Project name	Lead organisation	Issue being addressed	Evidence based?	Target population	Timeframe	Outcomes	Partners	Comments
Family Violence Case management	Police	Increased number of reported F.V occurrences.	Yes, police reports	All ages	2005 and ongoing	Standard approach to reports of F.V. Open disclosure of information to ensure safety of victims of F.V	Refuge, Probation, Women's refuge.	An increased focus and consistency in the way Govt agencies investigate and deal with F.V occurrences.
PASS – Personal Action for Sexual Safety	SASH-Nelson	Educating young people on safe ethical sexual practise	No	13 to 15 yr olds	Ongoing - delivering the programmes in a school setting, once yearly, to all students 13 – 15 yrs old	Understanding the legality of sex without consent Clarity of the definition of “consensual” sex, Education on the dynamics of rape and sexual abuse, Keeping safe from sexual assault, Ethical sexual practices	Nelson Boys College, Nelson College for Girls, Waimea College	

Project name	Lead organisation	Issue being addressed	Evidence based?	Target population	Timeframe	Outcomes	Partners	Comments
Neighbourhood Support Nelson	Neighbourhood Support Nelson	Crime prevention	Data of number of residences that receive the information kept	adults	ongoing	-Awareness of family violence -information given about who to report incidents to -information given about who to receive help from for victims	-NZ Police especially Community Police constables who also attend the meetings with the coordinator	As well as information given out to individual members, each year the August newsletter has a focus on family violence and is sent to all members (over 3,500 residences)

## Reducing Alcohol Related Harm

When looking at the priority safety issues in Nelson and Tasman, it was noted that alcohol related harm was often a component of each of the other six identified areas. It was decided to keep this as a separate task group as strong networks already existed within the community, and it made sense to build on these.

As is illustrated from the large number of programmes and initiatives being run, a large number of agencies and organisations are working to reduce the negative effects of alcohol across the region.

## Case Study: Nelson City and Tasman District Hospitality Protocol

The Nelson Tasman Liquor Liaison Group has developed a Regional Alcohol Accord with the goal of promoting responsible use of alcohol and to reduce alcohol-related harm, keeping Nelson and Tasman safe and vibrant. Its objectives include:

- To reduce alcohol-related crime
- To reduce intoxication and disorder
- To reduce underage drinking
- To build good relationships and working partnerships between regulatory agencies, stakeholders and licensees

The Accord is based on the Nelson Tasman Regional Alcohol Strategy and is a partnership between enforcement and regulatory agencies, licensed premises operators and managers. All licensed premises in the Nelson/Tasman region, including bars, clubs and taverns, restaurants, bottle stores, supermarkets and event organisers are encouraged to participate in this Accord.

The Liquor Liaison Group, which represents the key stakeholders, develops action plans and monitoring activities that promote commitment and achievement of this Accord. One of the Group's successful initiatives has been the development and implementation of the Nelson City and Tasman District Hospitality Protocol.

### Identifying the Need for this Protocol

Licensed premises owners and operators were concerned that a small minority of patrons were responsible for the majority of disorderly behaviour at their licensed venues. For one local business owner it became apparent that 'banning' a patron from one venue due to unacceptable behaviour did nothing to prevent that patron going into another licensed venue and continuing the same anti-social behaviour. There was an identified need to take collective action to

reduce disorderly behaviour and create a happy safe environment for all patrons.

### **The Protocol – What it is and how it was developed**

The Protocol is a local initiative and has been operating in the region for three years. It is an industry initiated and lead project, which has the support of all member agencies that are part of the Accord, including the Police. The local branch of the Hospitality Association of New Zealand (HANZ), promotes and manages the operation of the Protocol across the Nelson City and Tasman District. The protocol, based on host responsibility principles, is now operating in forty two licensed premises. These premises display the protocol which clearly outlines guidelines around:

- the need for proof of age,
- entry being denied to those showing signs of intoxication or drug use,
- provision of food,
- availability of support to access safe transport,
- dress code,
- behaviour expectations,
- security – including the fact that all establishments displaying the Protocol are in radio and/or telephone contact to share information about disorderly behaviour.

The Protocol allows a licensed premise to issue a trespass notice to an individual patron. Once processed this becomes a 'blanket' trespass notice for all licensed venues who are party to the Protocol, thus effectively limited the individual's access to licensed premises for the duration of the ban.

### **The Protocol in Action – how it operates**

The 'rule of thumb' in deciding to enact the Protocol is:

*'If this behaviour isn't acceptable in my establishment then it is also behaviour that won't be acceptable in other venues that are party to the Protocol'.*

Once the decision has been agreed to issue a trespass notice the patron's photo, name and address are sought and the reasons for considering the trespass are explained. The licensee is encouraged to wait for a period of 24 hours to allow the patron an opportunity to redeem themselves. However if the decision is to continue with the Protocol trespass notice this is completed with a copy given to the patron and one forwarded to the Police.

Recommended timeframes for trespass are:

First offence            3 months minimum

Second offence        12 months minimum

Maximum ban             2 years.

The patron's photo and relevant details are emailed to the HANZ Regional Manager who, after discussion with the local HANZ Panel will then forward to all

Protocol members who follow up to ensure they also issue trespass notices for that patron. The trespass notices are collated by the HANZ President who forwards the top copies (known as "blueys") in bulk to the patron. The pink copies are also collated by the President and delivered to the police so this information can be entered on their database.

The Protocol's benefits are summed up below by the local HANZ President:  
*"It penalises the person that causes the problem, the person who can't behave. It teaches them how they should behave when they go out. They know they can't play up in one hotel and then go across the road to another hotel."*  
Ron Taylor

### **Evaluation of the Protocol's effectiveness**

Since the Protocol was launched in 2008, 14 different venues have made use of the protocol. In total 33 people have had blanket trespass notices issued and there has only been one repeat offender. At any one time there are generally only 5 or 6 people who have active trespass notices against them as part of the Protocol.

The benefits of the Protocol are demonstrated in the following scenarios described by the local HANZ President;

*"I recall an 18 year old girl who came into my venue over a period of four Saturday nights. She was loud, abusive and taking drinks from the bar without paying. A trespass notice was issued and for the first week of her ban her friends joined her at home, but they soon got tired of that and by the third weekend she was home on her own. She even had her mother phone who tried to get the ban lifted. The minute the trespass notice expired the young woman was immediately back to the venue. At this point there was a discussion where the young woman agreed she had learnt from the experience, saying it was the longest three months as there was nowhere she could go out and her friends continued to enjoy a good time while she sat at home. She is now a regular patron who is well behaved."*

*"Following discussion with local sporting groups there has been a noticeable improvement in patron's behaviour. Previously, there would be celebrations at club rooms, continued by further after match celebrations at local venues where behaviour would get out of hand. Sporting groups now understand the Protocol and with their cooperation, members' behaviour has improved."*

The Protocol is open to any business in the industry not just HANZ members. It is now routine in the Nelson City and Tasman District and the Protocol's success has been followed by other parts of the country now implementing it as a useful way to enhance community safety. The overall goal is summed up in the following quote from one of the Protocol members;

*"It's a fantastic initiative. It helps all the licensees exchange information and ideas to provide a safer, happier environment for our patrons."  
- Wakatu Hotel*

The Protocol encourages consistent messages from licensed premises as to appropriate and acceptable behaviour with the goal of changing the behaviours of those few patrons who create unpleasantness for the majority.

# NELSON CITY & TASMAN DISTRICT HOSPITALITY PROTOCOL

*There are a number of themed hotels, bars, nightclubs, and restaurants in the Nelson City and Tasman District area for your enjoyment and entertainment. All establishments displaying this Protocol wish to create a happy and safe entertainment environment for you, our guest.*

*We are delighted to welcome you to the Nelson and Tasman District entertainment venues and wish you an enjoyable time. Be responsible for yourselves and look out for your friends.*

To create this safe environment, all establishments who are a part of this Protocol will adhere to the following guidelines.

## PROOF OF AGE

The only forms of ID that will be accepted are:

- \* New Zealand driver's licence
- \* New Zealand or overseas passport
- \* HANZ 18+ photo identification card

## INTOXICATION

Any persons showing signs of intoxication or drug use will not be allowed to enter these premises, and will be removed if found on premises.

## FOOD

A variety of food will be available at these establishments at all times for your enjoyment and refreshment.

## TRANSPORT

Taxis are available on the street or just a phone call away. Staff will be only too happy to call you a taxi or a sober driver. Don't hesitate to ask.

## DRESS CODE

A clean and tidy standard of dress is required.

## BEHAVIOUR

*Any persons behaving in a disorderly, aggressive, threatening or quarrelsome manner towards staff or other customers will be refused entry or removed from premises. Continued breach of this behaviour may result in the person being issued with a notice to stay off the premises and subsequently banned from ALL establishments displaying this Protocol.*

## SECURITY

All premises displaying this Protocol are in radio and/or telephone contact with each other. If you are refused entry from one establishment, you may be refused entry from all of these establishments.

## ALCOHOL BAN

Nelson and the Tasman District have liquor bans between the hours of 7pm and 7am. Consuming alcohol on the streets or in car parks within these areas may result in fines or arrest.

## RIGHT OF ADMISSION

Management reserve the right of admission at all participating establishments at all times.

## THIS PROTOCOL IS SUPPORTED BY:

*Nelson Police, HANZ, Nelson City Council, Nelson Marlborough District Health Board and the Tasman District Council.*

I:

of:

Agree to abide by the Nelson & Tasman District Hospitality Protocol. If I am found to breach the guidelines as agreed by the Protocol, a vote will be taken and our establishment may be removed from this Protocol.

If this occurs all Protocol posters and advertising will be removed from the premises and the Police, D.L.A and Public Health will be notified of the exclusion and the reasons for it.

Any establishment is free to leave the Protocol with written notification to HANZ Nelson Branch, PO Box 98, Nelson.

As a member, I agree to attend or send a representative to Protocol meetings. Meetings will be at eight weekly intervals, or at such a frequency as may be required.

I agree to abide by the Protocol conditions and its members' decisions.

SIGNED

DATE



Project name	Lead organisation	Issue being addressed	Evidence based?	Target population	Timeframe	Outcomes	Partners	Comments
Nelson City & Tasman District Hospitality Protocol	HANZ	Consistent approach within licensed establishments of Host Responsibility aspects of the Sale of Liquor Act.		Licensed establishments, People visiting the entertainment areas Wider community	On going	Licensees working collaboratively to create happy and safe entertainment environment	Police, NCC & TDC DLA, PHS	
Refresher Training for Duty Managers	PH/DLA/Police	Host Responsibility on licensed premises,	Yes	People working in the industry	Initial workshop summer 2010 then ongoing annually	Increased awareness of responsibilities, networking with regulatory agencies and other licensees	Police, DLA, HANZ	
Police Network Breakfast Meetings	HANZ & PHS	Awareness raising, educational Increase networking	Yes (commissioned by ALAC)	Licensees, Police, DLA, PHS. Others who are interested in reducing alcohol related harm	On going	Increased awareness, networking with regulatory agencies and other licensees	Police, ACC, DLA, Accord, LLG	
OLAA Off Licence Alcohol Accord	PHS/DLA	Sale and supply of alcohol to minors.	Yes	Minors, people purchasing alcohol, licensees	2011	Reduce the incidence of alcohol related harm there the responsible sale and supply to minors.	Off License premises, Police, NCC & TDC DLA	Developed by Tauranga and Western Bay of Plenty

Project name	Lead organisation	Issue being addressed	Evidence based?	Target population	Timeframe	Outcomes	Partners	Comments
Operation Unite	Police	Change NZ drinking Culture		Everyone	9 <sup>th</sup> September 2009 and 2010	Increase awareness of the law, Target drink driving	PHS, ACC, ALAC, Maori Wardens, NCC & TDC DLA	National and Australian joint initiative
Door staff training	HANZ	Host Responsibility on licensed premises	Yes	Door/ Security Staff	30-31 March 2009 on going	Increased awareness of responsibilities.	Police, NCC & TDC DLA, PHS	
Bridge Street Survey and revitalization	Ron Taylor – HANZ and NCC	Understanding issues associated with late night entertainment in Bridge Street and working towards addressing them	Yes	Licensed premises on Bridge Street, Retailers on Bridge Street.	August 2010 and onwards	Address issues making the street safe and vibrant for both visitors to the street and retailers	Retailers, hospitality industry, Police, NCC	

Project name	Lead organisation	Issue being addressed	Evidence based?	Target population	Timeframe	Outcomes	Partners	Comments
Say Now sports initiative	Accord	High levels of drinking at sports clubs Creating good role models Change drinking culture	Yes	Sports club members and associates		Reduction in alcohol related harm Increase responsible drinking Increase HR	Police, NCC & TDC DLA, PHS, Sports Tasman, ALAC	
NZ Seasonal Workers in Motueka	Health Action Trust [Mental Health Project] & PHS	NZ Seasonal workers falling through the gaps accessing agencies and support. Seasonal workers coming to the attention of Police with mental health and AOD related issues	National and overseas evidence. Gaining local evidence	Non local NZ seasonal itinerant workers.	Nov – June On going	Increased community awareness. Support for workers increased access to services Reduced mental health and AOD attention of Police	Health Action, PHS, SF Nelson, PHO and others	

Project name	Lead organisation	Issue being addressed	Evidence based?	Target population	Timeframe	Outcomes	Partners	Comments
Parent Support Initiatives	PHS & Health Action Trust [CAYAD project]	<p>Lack of community-based parent support groups</p> <p>Parental supply of AOD Parents lack of knowledge around alcohol issues</p> <p>Parents as role models</p> <p>Parental supervision of alcohol use by YP</p> <p>Lack of parenting skills to respond to youth alcohol use</p> <p>Binge drinking by young people</p>	Yes (ALAC)	Parents and young people (10-18 years) [Health Action's CAYAD remit is 12 – 25 years]	January 2011 On going	<p>Improved networks between and support for parents</p> <p>Reduced supply by parents</p> <p>Parents have increased awareness &amp; knowledge of: drug-related issues, legal responsibilities, &amp; support services</p> <p>Parents model more positive alcohol use behaviours.</p> <p>Parents supervise alcohol use by YP</p> <p>Parents are better skilled in responding to youth alcohol use.</p> <p>Reduction in number of alcohol related incidents</p> <p>Improved attitudes and behaviour of parents and young people in relation to AOD use.</p>	A&D Clinic Police Schools	

Project name	Lead organisation	Issue being addressed	Evidence based?	Target population	Timeframe	Outcomes	Partners	Comments
Best Practice AOD Policy Guidelines & Workbook	Health Action Trust [CAYAD]	Best Practice Policy development	YES,	Youth-related organisations	Ongoing, from now thru 2011	Selected organisations will have developed and implemented effective policies and practices to reduce AOD-related harm	Auckland City CAYAD	Organisations are selected based on their readiness and our capacity to support them.
Reducing the Supply of Alcohol to Minors (RSAM)	Accord project – Ingrid Beach	Endeavour to challenge parents and guardians to reconsider the practice of supplying alcohol to their minors and to agree to provide supervision if they do.		Parents, adults and community		Acknowledge and understand the legal requirements	HYPE-GS,	

Project name	Lead organisation	Issue being addressed	Evidence based?	Target population	Timeframe	Outcomes	Partners	Comments
Blow the Whistle on Violence	Te Rito	Address the negative relationship between large scale sporting events, increased access and consumption of alcohol and reported family violence. Encourage families and friends to be able to have conversations	Yes	Sports sector, alcohol industry and families	During Rugby World Cup 2011	Raise awareness about the association between large events and violence. It's not okay Stop violence	Sports sector, (clubs, alcohol industry)	Link with Action on Violence within Families campaign and ALAC's campaign "Ease Up on the Drink"
Good Sports Clubs	PHS	High rates of alcohol related incidents and violence	Yes	Club members especially rugby	2011	Reduced consumption of alcohol Increased social capital Reduced alcohol related incidents	Clubs, Te Rito, Police, DLA, Sports Tasman etc	

Project name	Lead organisation	Issue being addressed	Evidence based?	Target population	Timeframe	Outcomes	Partners	Comments
Supermarket initiative	PHS	Lack of host responsibility information at off licensed premises Increased consumption of alcohol at residential properties. Promote responsible drinking and enable responsible decisions to reduce drunken behaviour ruining festive summer season.	Yes (ALAC)	People hosting parties and functions	Summer 2009 & 2010	Supermarkets effective communication channel for HR messages. Positive impacts on Host behaviour over summer period. Promotion seen as great opportunity for supermarkets to demonstrate their commitment to being a responsible retailer. Positive project for the Accord.	ALAC, Nelson Tasman Accord	

Project name	Lead organisation	Issue being addressed	Evidence based?	Target population	Timeframe	Outcomes	Partners	Comments
Police Crime statistics inform Alcohol initiative	Police	Lack of Local data	Yes	Everyone wishing to undertake projects within our community	On going	Well informed projects	Nelson Tasman Accord	
CHOICES	HYPE-GS	Unsafe youth partying behaviours	Yes	Youth across top of south, aged approx 14 years.	2011	Safer partying behaviour increased awareness of students and parents.	Health Action [CAYAD project]	
Nelson Tasman Regional Alcohol Accord (see supporting documents)	-Nelson City Council -Police -HANZ -DLAs -The Protocol	Anti-social behaviour and harm	Yes	*General population *Patrons of licensed premises *Underage drinkers *Private residences		Reduction of alcohol-related anti-social behaviour and harm	DLAs, Police HANZ, Health Action, Public Health, Te Rito, ACC, Nelson City Council Road Safety, Nelson City Council Safe City, the Protocol-a licensee only accord, Licensed premises, supermarket,	

Project name	Lead organisation	Issue being addressed	Evidence based?	Target population	Timeframe	Outcomes	Partners	Comments
Alcohol Policy to be developed 2011-2012 Depending on legislation being passed	Nelson City Council	Location and opening hours of licensed premises	Yes	-General public -Bars and nightclubs		Reduction of alcohol-related anti-social behaviour		
Host Responsibility Awards	HANZ, Accord and LLG with NSCC volunteers	-Host responsibility of certain licensed premises could be improved -Alco-link data indicated that HR practices are not being followed				Better understanding of responsibilities/Managers under the Sale of Liquor Act  Measurement: <ul style="list-style-type: none"> <li>• Level of entries</li> <li>• How many premises enter awards</li> <li>• Standard of entries</li> </ul> Improvement and excellence based on DLA assessment against criteria for Host Responsibility		
Youth AOD	PHO	Decrease AOD abuse in Youth	Yes – being gathered, new project	14-18 years in Alternative Ed or YTS	Sept 2010-Sept 2011	Decreased AOD related accidents in target population	ALT Ed, YTS, TYHS	

## Racism and Emerging Communities

As stated in the introduction, the Nelson region has been selected as one of the six areas in New Zealand for refugee resettlement. In addition, the region attracts a large number of migrants from other parts of New Zealand and across the globe - in 2008 Nelson had the third-largest percentage of migrants per population in New Zealand.

### Case study: speakout – *there are no strangers here*

Speakout Nelson Tasman is a community initiative under the umbrella of the



Nelson Multi Cultural Council to combat racism in the Nelson Tasman region. Concern about racial harassment in the region led to a meeting being held in February 2009 at Whakatu Marae, at which members of the Christchurch Safer Students project were invited to outline their initiative. This led to a coalition of local groups, including local government, the multicultural council, and the police commissioning a research project involving 30 focus groups and representing a wide range of ethnic communities. The Speakout project arose out of groundbreaking research carried out in 2009 by an Irish human rights lawyer, Debbie Kohner, which showed that racist incidents across the region were unacceptably high.

This report, *Towards a Reporting system for Racist Incidents in Nelson/Tasman-Diverse Communities Speak*, was published in August 2009. This report found that 81% of participants had experienced racism at some stage and 86% had witnessed it. The full report can be found on the **speakout** website ([www.speakout.org.nz](http://www.speakout.org.nz))

A reporting system for racist incidents is internationally recognised as an important step in challenging racism. It provides a voice and directed action for those suffering racial harassment and discrimination. The data collected in a reporting system allows the authorities to act upon individual incidents and develop strategies to address wider trends. It also increases social cohesion and public awareness, which provides community support for those experiencing racism.

Following the release of the report, the project was established. The aim was to help make our community safer for all cultures in Nelson Tasman by increasing the visibility and public awareness of racism by reporting racist incidents and responding to these incidents through appropriate action and education.

The Project Plan –Phase 1-Implementation of the project -was based on the following 12 recommendations, and supporting evidence, made in the report:

1. *It should be explained to ethnic minorities living in the district, the reasons why it is useful to report, the types of incidents that can be reported and how the reporting system works*
2. *The reporting system should be simple and quick to use, requiring a minimum of information. It should be accessible 24 hours per day and not require payment for use*
3. *The Nelson/Tasman reporting system should include a range of reporting methods, including a minimum of internet, telephone and face to face reporting. All methods should capture the same information, so that it can be collected in a data base*
4. *Training should be provided for those receiving reports, as in the case for most agencies dealing with vulnerable individuals. This training would help provide support for those reporting and also for those receiving reports*
5. *A community representative should be appointed for each ethnic minority requiring support for reporting racist incidents in the district. Training should be provided so that the community representative can explain the reporting system to their own community and also receive reports, where individuals do not feel comfortable reporting elsewhere*
6. *The reporting system should be presented as being separate to, though supported by the police*
7. *The reporting system should give the option of reporting anonymously, or of leaving a name and contact details*
8. *Where possible, the Nelson/ Tasman reporting system should be accessible in languages other than English*
9. *Provide information on where and how to access the reporting system in public places, particularly some of those suggested by participants*
10. *The reporting system should explain what will happen after a report has been received and the extent of services offered*
11. *The reporting system should provide the possibility for the person reporting to ask for feedback and elect what they would like to happen next*
12. *Periodically publish the data collected by the reporting system*



Evey McAuliffe, Coordinator of the Nelson Multicultural Council at the launch of Speak Out

The project plan was established with the goal of showing that the community has introduced a user friendly system and that the community will address the issue of racism in the district.

The Project Plan defined the scope, milestones and timeframes required to address the twelve recommendations in the Reporting system for racial incidents in the Nelson Tasman report, along with the resources and approximate costs. The result was the development of a web-based reporting system for the whole community called "Speak Out Nelson Tasman". The website process is backed up by ethnic representatives as well as education providers who can provide follow-up and support if requested.

The website ([www.speakout.org.nz](http://www.speakout.org.nz)) was launched with a street parade at the end of 2010.

The launch programme was preceded by a march up the main street of Nelson led by the Samba de Sol band. The launch programme was honoured to have Joris De Bres, the Race Relations Commissioner in attendance together with Rakesh Naidoo from National Police Headquarters, Maryan Street, MP, the Mayors of Nelson and Tasman and Archdeacon Harvey Ruru, in addition to members of the project team.

The Human Rights Commission and Race Relations annual review of developments and issues in race relations in New Zealand acknowledged that a reporting system for racist incidents in Nelson and Tasman had been launched. The publication, Tui Tui Tuituia, Race Relations in 2010, also included details of the project.

Since the launch, a number of reports have been submitted to the Speakout programme, resulting in appropriate client focussed/requested response.

**Sustainability:** The multiple advantages of sustaining this reporting system for racist incidents include the provision of justice and support to victims, enabling intelligence to be gathered which will help appropriate preventative measures to be put in place and the collection of information that may help in dealing with perpetrators and the education of the public. As part of the ongoing monitoring

of the programme, the following issues are being addressed under Phase 2 of the project:

- Exploring reaching an agreement by a local counselling group to manage the free call service on behalf of SONT
- Continued development of the website
- Establishing additional district reporting centres
- To get the availability of the system message out to all communities most at risk



Race Relations Commissioner, Joris De Bres and Rakesh Naidoo with local police and children from Victory School choir at the launch of Speak Out

2011 Coordinator comment (Alistair Webber): *“SONT has made a good start but needs to kick on and ensure that the programme’s existence is well known to all who may be at risk of suffering from racism in all shapes and forms.”*

Project name	Lead organisation	Issue being addressed	Evidence based?	Target population	Timeframe	Outcomes	Partners	Comments
Ignite	Multicultural Council	To improve employment outcomes and social connectedness for former refugees in Nelson. Priority areas -Prevention of family violence -Early intervention for vulnerable and at risk children -Families under stress -Young people and older people who are vulnerable and at risk	Identified need in community - lack of interpreters and opportunities	People from refugee background	Funding for 2011/12 with a view to making programmes sustainable	Increased participation of former refugees in social, educative and community programmes as well as developing new initiatives which address the gaps in settlement needs of the refugee communities in Nelson	Settling In Refugee Services Aotearoa (Nelson)	

Project name	Lead organisation	Issue being addressed	Evidence based?	Target population	Timeframe	Outcomes	Partners	Comments
Fishing regulations	Multicultural Council	Lack of appropriate information about fishing regulations, leading to racial abuse and safety issues	Information to multicultural council from migrant community	Migrants and refugees	On going	Fishing information now printed in eight languages with clear pictures leading to better understanding and compliance	Ministry of Fisheries	
Settling In	Family & Community Services	Building relationships between refugee, migrant & host communities. Ensuring govt policy affecting them is developed in a collaborative way.	Yes Refugee & Migrant Community Social Services Report Settling In Nelson Tasman <a href="http://www.familyservices.govt.nz/working-with-us/programmes-services/connect">http://www.familyservices.govt.nz/working-with-us/programmes-services/connect</a>	All ages	Report launched October 2005. Program is ongoing	Developing social services to meet the needs of refugees and migrants.	Nelson Multicultural Council, Refugee Services, English Language Partners, Victory School, Victory Community Centre, NMDHB, NZ Police, NMIT, Nelson Bays Community	Aims of the project are to : -identify social service needs in refugee and migrant communities - purchase services where available - develop capacity, skills & knowledge within the refugee and migrant

			<a href="#">ected-services/settling-in-refugee-migrant-social-services.html</a>				Law, NCC, TDC, Settlement Support, PHO, Min of Ed,	communities - work across government, non govt and community sectors.
Translation Kit for Burmese speaking Chin refugees and information about accessing medicines from pharmacies	NBPH	Language / translation problems for a specific dialect		Burmese speaking Chin refugees and pharmacies and GP practices	Took 18 months from idea to final product now on-going	Translation kit and Chin Community Access to Pharmacy guide now available in Burmese	Nelson Refugee Services and Pharmacy Guild of New Zealand (inc)	Translation Kit and Chin Community Access to Pharmacy guide

## Criteria 3

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

The high risk groups and environments were identified by the community and from locally available data (see Criteria 4 p) and demographic information (see page 9).

As demonstrated in Criteria 2, four of the task groups are focussed on identified high risk environments - Home, Road, Workplace and Outdoors. Within these environments, high risk and vulnerable groups have been identified and programmes put in place to minimise injury and increase safety.

The three other task groups - Family Violence, Alcohol Related Harm and Racism and Emerging Communities are working from the basis of the vulnerable and high risk groups. Again, further analysis has led to a range of programmes being developed based on the needs of these groups.

### **Targeted programmes for high risk groups and environments**

In addition to the work which clearly falls under the seven task areas, much other work is happening across the region which stretches across many of the task group areas. These include:

#### **House44**

A community centre based in a low decile area of Stoke, a suburb of Nelson. House 44 aims '*to provide a safe and positive meeting place for the South East Stoke Community*'. In addition to a wide range of social services, House 44 also includes drop in services for teenagers and a wide range of opportunities for physical activities and sessions such as bicycle repairs.

#### **Te Kauī Hauora o Ngāti Koata**

Is a community based Māori Health and Social Services group which provides a number of services which relate to improving safety including networking with and referrals to Youth Aid, Youth Justice and CYFS, alcohol and drug counselling and education, programmes for mentoring and self esteem building as well as providing support for families (including following a crisis (such as family violence) and problem gambling counselling.

#### **Te Korowai Trust**

Te Korowai Trust has a focus on linking health, social and cultural services with economic and community development. Initiatives that have a direct link to community safety include:

- a whanau oriented mobile service that responds to the health needs of whanau in the community.
- Tamariki Ora - providing services that recognise the needs of identified priority groups including Maori/Pacific islander tamariki from whanau with multiple social and economic disadvantages.
- Social work
- Supergrans
- Budget advice
- Domestic Violence programme - education and support, liaison, advocacy and facilitation of services and working with whanau to make positive changes
- Car seat hire/buy scheme - aim to reduce the severity of injury if accidents occur whilst increasing knowledge of safe practices. Service available to high risk whanau.

### **Te Awhina Marae**

Te Awhina Marae in Motueka, currently holds a number of health contracts which include:

- Alcohol and other drug counselling
- Alcohol and other drug community support
- Kaupapa Maori Mental Health Community Support
- Whanau Ora - supporting families from mokos to Kaumatua

Te Awhina also has representatives on a number of boards and management committee's committed to improving community safety such as Strengthening Families, Coalition of Agencies working in whanau violence, Community Link, Community and Whanau network and Motueka Family Centre.

### **Te Amo Health , Motueka**

With the aim of 'Encouraging and empowering people to develop new forms of coping, gain self determination and make health changes to improve their well being', Te Amo Health provides a 24/7 health service. Working with a wide range of agencies in consultation with clients, patients and whanau, Te Amo helps to implement plans that meet identified needs.

### **Onetahua Marae, Takaka**

Onetahu Marae does not currently run any specific programmes but contributes to community safety by providing access to the Marae for the local and wider community as a conference centre for all sorts of purposes.

Manawhenua ki Mohua is the main contributor towards Iwi decision making between Tasman District Council, Crown Agencies and resource management applicants and is supported financially by Ngati Tama, Te Atiawa and Ngati Rarua Manawhenua iwi of Golden Bay.

They have been involved in a range of issues with a safety focus including

- Safe tourism in the Abel Tasman and Kahurangi National Parks
- Safe use of baits and poisons
- Safety of diving at Waikoropupu Springs
- Whale strandings
- Community facilities
- Integrated Health Planning
- Introduction of a Mataitai at the Anatori River to protect customary fishing.

### **Whakatu Marae, Nelson**

The mission of Whakatu Marae is

'Whakamanatia. Te Tapū, Te Ihi, Te Wehe o te Whānau.' (To Address, Restore and Enhance the Mana and Tapū of the Whānau).

Whakatu Marae currently provides service including

Rangatahi, holiday programmes, education programmes, Counselling Services, Anger management services, support for Kohanga Reo and Kaumatua.

The marae has strong relationships with a range of services including Te Awhina Marae, Te Puni Kokiri, Nelson City Council, NMDHB, Nelson Police, CYF, Work and Income NZ, Nelson Regional Hospice Trust, NMIT, Ministry of Education, Prices Pharmacy and Te Amo Health.

### **Whakatu Maori Wardens**

The kaupapa, or guiding philosophy of the Māori Warden Service, which is 'aroha ki te tangata' which means 'compassion for the community'. Whakatu Māori Wardens work up to 30 hours plus per week, voluntarily. Nelson has 54 Māori Wardens of which 20 are currently active. These Wardens also cover Richmond. In addition there are 10 Māori Wardens based in Motueka.

The wardens have many roles, including discouraging crime on the streets and assisting in keeping youth and people safe, while being compassionate of those in need, whatever their situation might be. Māori Wardens are on Nelson streets from Thursday to Saturday nights, working in pairs, and focusing on any areas where young people gather. They may deliver young people home to their parents, or confiscate alcohol in the liquor ban area. They want to help, rather than to arrest people.

On the community welfare side, the Māori Wardens support families at the hospital in time of accident or bereavements, and have opened their own homes to people needing shelter. They also support people in the courts. Again these services are not confined to Māori - all nationalities are helped and supported by the wardens.

## **Crime Prevention through Environmental Design (CPTED)**

Both Councils have adopted CPTED principles into their planning documents, the details of which can be found below. By identifying high risk environments and applying CPTED principles, an improvement in the safety of these areas has been created.

### **Nelson City Council**

For many years, part of the role of the Safe City Advisor has been to promote CPTED so that it would be integrated into Council planning.

1. In 2002, the Nelson Safer Community Council organised CPTED training for staff – Parks, planners, engineers and resource consent officers. This was an introduction to CPTED and Nelson Police attended and other Councils' staff and architects and developers were invited and some attended as well. Patricia Austin, senior lecturer from University of Auckland's Department of Planning took the workshop.
2. Following the workshop, NSCC contracted a CPTED educated graduate planner to assess Saxton Field prior to its redevelopment. Guidelines for Saxton Park Redevelopment were written for in-house staff.
3. Trish Austin returned for more advanced CPTED workshops with Nelson City Council staff alone. The focus then was on working with planners about getting CPTED into the Resource Management Plan.
4. 2004 the Safe City Advisor assessed Rutherford Park for CPTED issues prior to its redevelopment. That document was delivered to Nelson City Council planners.
5. Ken Cuttle – Lighting designer reviewed concept plans for the Nelson City Council lighting upgrade of the CBD streetscape. Outcome of that was unsatisfactory but led to the installation of pedestrian lamps in the CBD.
6. November 2005 the Ministry of Justice published the New Zealand National Guidelines for CPTED. The Nelson City Council Policy Forum (Nelson City Council policy staff) was approached with an overview of the contents of the guidelines. At that stage advice was given that CPTED should remain in the realm of education to Council staff and developers
7. 2006-7 the Safe City Advisor reviewed Nelson CBD using CPTED criteria. This was written up as a document "Keeping Nelson Safe" (See supporting document)

8. 2008: This document that was reviewed by the Planning Advisor, Strategic Response, who had recently joined Council. Management was then approached.
9. 2009 The Nelson City "Safer by Design" CPTED guidelines were published (see supporting document) a condensed version of the National Guidelines and written to get consensus among Council staff



The toilets at Anzac Park, Nelson  
The old toilets (left), hidden from view and the new toilets (right), built using CPTED principles.

10. 2009-2011: CPTED began to get traction within Council:
  - a. Nelson City Council became a signatory to the Urban Design Protocol and developed an action plan – see reference below  
<http://www.nelsoncitycouncil.co.nz/assets/Building-Planning/Downloads/urban-design-protocol-action-plan.pdf>
  - b. The Resource Management Plan: In Plan Change 14 pages 22 to 25 contain the proposed new objectives and policies (urban design combined with CPTED). Page 28 objective DO13A.7 is an important process objective which states how Council will support, assist and process applications taking balancing approach to the various urban design, roading and CPTED requirements. Page 31 and 38 contains more specific residential zone policies, and streetscape guidance, page 44 contains the front yard rule, pg 50 the low fences rule and page 89 contains Appendix 14 which is a design guide for residential subdivision which contains more specific design considerations.  
<http://www.nelsoncitycouncil.co.nz/assets/Environment/Downloads/plan-changes/Plan-Change-14.pdf>

c. The NCC Land Development Manual has a whole section on neighbourhood reserve design overflowing with CPTED guidance and reference see

<http://www.nelsoncitycouncil.co.nz/assets/Environment/Downloads/Land-development-manual-2010/LDM-2010-Section-12-Reserves-and-Landscaping.pdf>

d. Heart of Nelson, the Nelson City Urban Design strategy

The Strategy has a range of objectives that assist with CPTED – more vibrant, active, more people living in or close to the City Centre, improved walking environment, as well as a specific CPTED objective “achieve a safer city through good urban design and through promotion of activities that increase public presence and supervision around public places”.

The strategy also has specific implementation measures for safety Items E.1 to E.5 relating to such things as public toilets, lighting, CPTED improvements (including CCTV), landscaping and planting guidelines and getting CPTED into the District Plan more strongly.

Examples of where CPTED principles have been used by Nelson City Council include:

#### **ANZAC Park toilets**

Previously public toilets and associated vegetation blocked visibility into the park from street

New toilets are located to significantly improve visibility into the park, some vegetation clearance and pruning has assisted.

#### **Pioneer Playground**

Prior to 2007 the playground was located in an area of low visibility in the park  
2007 Playground renewal: The playground was relocated where it was highly visible from a busy road.

#### **Tahunanui BBQ area**

The site for a new BBQ area at Tahunanui beach was blocked by vegetation that reduced visibility to the site.





The final design removed and pruned vegetation that blocked views into the site and also located the BBQ area on a small mound to increase visibility. A path was put through the area to increase activity in the area.

## Tasman District Council

Since 2008 Tasman District Council has taken various steps to implement CPTED:

### Actions to Implement CPTED

1. Tasman District Council becomes a signatory to the **Urban Design Protocol** and develops an **Urban Design Action Plan** in 2008 – see link below  
<http://www.tasman.govt.nz/environment/urban-design/urban-design-action-plan/>
2. The **Tasman Resource Management Plan** is amended to include district wide policies that emphasise safety in design – see policy 6.1.3.1 about creating streetscapes which enhance perceptions of safety and policy 14.2.3.8 which is to ensure any reserve land acquired has sufficient road frontage for visibility from the street.  
<http://www.tasman.govt.nz/policy/plans/tasman-resource-management-plan/resource-management-plan-volume-1-text/resource-management-plan-part-ii-land/#Chapter6>
3. Council's **Urban Design Guide** encourages:
  - Dwellings to be designed and constructed to have living spaces that overlook greenways, and reserves to provide passive surveillance (Guideline A1).
  - Avoidance of high solid fences fronting to streets (Guideline F1).
  - Use of vegetation that can be seen past or under (Guideline F1).
  - Giving all lots a street frontage so there is visual contact between streets and occupants. (Guideline F2).

<http://www.tasman.govt.nz/policy/plans/tasman-resource-management-plan/resource-management-plan-volume-1-text/resource-management-plan-part-ii-land/#Appendices>

4. **Case Study Example – Design Upgrade of Sundial Square Richmond**

In 2008 Croucher Square was redesigned and renamed Sundial Square. There had been some previous issues of anti-social behaviour in the Square. CPTED principles underpinned the redevelopment. New features in the redesign to ensure that safety and security were intrinsic to the design were:

- Clear routes for different traffic modes. All routes follow the rectilinear form of the space which allows long uninterrupted view corridors.
- Pedestrian footpaths widened to improve visibility and surveillance.
- Safe movement after dark improved with lighting upgrade. Lighting changed from yellow to white to provide increased sense of vitality and safety. Lighting highlights the main pedestrian routes and key destinations.
- Multiple exit routes and elimination of entrapment spots.
- Appropriate landscaping and streetscape features with shrubs no higher than 900mm and trees having clear trunks up to 2000mm to maintain sightlines.
- Encouraging active street frontages.
- Supporting diverse activities and uses of the area.



Opening of Sundial Square Richmond 2008

## Suicide Prevention

Suicide is recognised as a serious health and social issue representing significant loss to New Zealand society. To address this issue the Associate Minister of Health published the New Zealand Suicide Prevention Strategy 2006 – 2016 and the companion document the New Zealand Suicide Prevention Action Plan 2008 – 2012. This strategy and action plan replaced the New Zealand Youth Suicide Prevention Strategy of 1998 and expanded prevention efforts to address suicide and suicidal behaviours across all age groups.

In 2008 the Nelson Marlborough District Health Board (NMDHB) was successful in obtaining two years funding from the Ministry of Health to employ a Suicide Prevention Coordinator (SPC). The funding was part of a pilot initiative of the New Zealand Suicide Prevention Strategy to promote coordination and implementation of suicide prevention activities at District Health Board level. There were five DHBs participating in the pilot: Nelson Marlborough, Wairarapa, Lakes, Counties Manukau, and Auckland. The position was expected to develop a coordinated plan of suicide prevention activity across the community with participation from a variety of sectors.

The following steps were undertaken to develop a district suicide prevention action plan:

- a steering group was formed,
- needs analysis compiled,
- strengths and gaps identified,
- recommendations were made and
- refined into a district action plan.

A coordinated plan of suicide prevention activity was developed for Nelson Marlborough with participation from a variety of sectors. A further two years of funding has been provided by the Ministry of Health to allow implementation of the action plan from July 2010 through to 30 June 2012. The SPC role has been relocated from NMDHB to Nelson Bays Primary Health (NBPH) for this implementation phase, however the role continues to serve the Nelson Marlborough district.

Key tasks for the SPC now include:

- ➔ Implementation of the suicide prevention plan for Nelson Marlborough,
- ➔ Acting as a liaison point for Nelson Marlborough on local and national suicide prevention information and policies; and
- ➔ Providing a local contact point for external providers and the Ministry of Health.

The SPC can assist services and organisations with the sourcing and provision of appropriate information and resources either directly or through networks.

## **Statistics**

Worldwide it is estimated that one million people die by suicide each year. In New Zealand an average of 500 people die by suicide per annum and an average 2,500 people are hospitalised for 48 hours or more for intentional self-harm. Nelson Marlborough DHB presents the second highest intentional self-harm hospitalisation rates at 105.6 per 100,000 for 2006, 2007, and 2008 (accumulated data). Nelson Marlborough data indicates suicide deaths average 17 per annum with a rate of 12.8 deaths (age standardised rate) per 100,000 population for the five years 2004 to 2008. This is slightly above the national average. Males die by suicide at a rate of 3:1 to females while the reverse is true for intentional self-harm.

## **Nelson Marlborough Suicide Prevention Action Plan 2010 – 2012**

The Nelson Marlborough Suicide Prevention Action plan is divided into action items that cover the following areas:

- Workforce Development
- Service Improvement
- Communications and Networking
- Programme Development

## **Connections with Safe at the Top**

There are connections with the Safe at the Top Task Groups as follows:

- Road Safety – there is evidence of suicidal activity related to the use of motor vehicles crashing into stationary objects as well as suicide attempts by use of this same method. Emergency Services staff are to be encouraged to consider the potential motive and intent of drivers of vehicles involved in single vehicle accidents.
- Workplace Safety  
Workplaces can escalate suicidal ideation and behaviour through unaddressed bullying, and stress, etc. Workplaces are also settings where staff and colleagues may be able to identify suicide risk among the workforce if they are aware of what to look for and what to do about concerns. Further to this if there has been a suicide death of someone connected with the workplace there are opportunities for suicide post-intervention activity to be undertaken to reduce further suicidal behaviour in the workplace.
- Home Safety  
Indications are that the majority of suicides occur close to home. While it is difficult to eliminate access to all means of suicide there are opportunities that can help reduce the risk, particularly when there are known concerns. One key aspect of suicide prevention in the home setting is through the Disposal of Unwanted Medicines through Pharmacies (DUMP) campaign.

- **Outdoor Safety**  
Currently there are no iconic outdoor jumping sites for suicide in the district; however, there have at times been sites that have been used for suicide attempts and developed a reputation as such. Monitoring the activity of such places to those that frequent these areas and what to do in the event of suicidal activity could be worthy of following up.
- **Reducing alcohol related harm**  
Alcohol is a significant risk factor and commonly features in suicide attempts and deaths; therefore actions to reduce alcohol abuse can contribute towards saving lives.
- **Family violence**  
Family violence is a risk increasing factor for suicidal behaviour and therefore efforts to eliminate this from society are helpful in the prevention of suicide.
- **Racism and Emerging communities**  
Strong cultural identity can be a protective factor that stimulates mental wellbeing whereas forms of racism can add stress and increase suicide risk. It has been well documented that because of the trauma experienced by refugees, specialised intervention to deal with their post traumatic stress is needed. On top of post traumatic stress, there are issues relating to feelings of guilt and sorrow for those left behind as well as issues of adapting to a new country/ culture. Currently, a working party which comprises representatives from NMDHB and community agencies is endeavouring to establish a specialist counselling service via the Refugees as Survivors (RAS) organisation, to meet those needs in Nelson.

## Other community safety activities

Project name	Lead organisation	Issue being addressed	Evidence based?	Target population	Timeframe	Outcomes	Partners	Comments
<i>Richmond District Community Patrol</i>	<i>CPNZ</i>	<i>Vandalism, Violence and alcohol related incidents in our town</i>	<i>Police Data</i>	<i>All ages</i>	<i>Patrols started in 2008 and are on going each weekend – Friday &amp; Saturday evenings</i>	<i>To be extra eyes and ears for the local Police</i>	<i>NZ Police, Other Tasman District Community patrols, Maori Wardens, Street Ambassadors, Tasman District Council</i>	<i>We believe that the patrol is an effective way of assisting the local Police using volunteer labour</i>
<i>Tapawera Community Whanau</i>	<i>Family Works</i>	<i>Social connectedness</i>	<i>Attendance at meetings is variable and more locals now participating. strength based positive stance by facilitator encourages a can do attitude.</i>	<i>All ages</i>	<i>07/07-ongoing</i>	<i>Pebbles create ripples in ponds</i>	<i>Tapawera community council, TDC, local news paper the INFORMER, Church, Budget education, WINZ, Te Awhina marae, Family Start, Wakefield health, Public health, Seniornet, ACCESS home health.</i>	<i>More of the citizens of the village now attending and passing information through the INFORMER and other networks. Meetings being used to support new ideas</i>

## Criteria 4

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

The Nelson Tasman community priorities outlined in criteria 3 were gathered from a wide range of information including:

- Report supplied by the Safe Communities Foundation for injury death (2001-2005) and injury hospital discharges (2003-2007)
- NZ Police official data for crimes (2008/9 – 2009/10)
- Nelson Hospital Emergency Department (2004-2009)
- ACC and NZTA linked data (1<sup>st</sup> July 2005 to 30 June 2010)
- ACC claims data (2004-2010)
- 2006 New Zealand Census data from Statistics NZ

A series of community workshops involving 40 agencies was held to determine the priorities for Safe at the Top. This involved a presentation of statistical evidence supplied by Safe Communities Foundation NZ, and statistical evidence supplied by range of other agencies (both provisional and official). Attendees were also asked to categorise issues and priorities under broad headings. This brought forth issues that would not necessarily have been identified by analysing statistics as supporting data was not always immediately available.

## Summary of Injury

In New Zealand, injury (both unintentional and intentional) is the leading cause of death for ages 1 to 34 years, and the second leading cause of hospitalisation. Injury is also an important cause of disability and costs New Zealand taxpayers, employers, insurers and individuals billions of dollars each year<sup>2</sup>.

In Nelson City, the crude rate of injury deaths per 100 000 persons was estimated to be 34.9 during 2001-2005 and had increased to 38.0 during the 2003-2007 time period. In Tasman the crude rate of injury deaths dropped from 46.7 per 100 000 persons during 2001-2005 to 42.8 during the 2003-2007 time period<sup>3</sup>.

The table below describes the number of deaths in the Nelson and Tasman regions through the 2001-2005 time period<sup>4</sup>. It also shows the top three causes and scenes ranked according to the number of deaths that occurred during the same time period.

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<sup>2</sup> How big is the injury burden in New Zealand? Safe Communities Foundation New Zealand <http://www.safecommunities.org.nz/Rationale/sc>

<sup>3</sup> Data calculated from Nation Injury Query System –Otago University <http://ipru3.otago.ac.nz/NIQS/index.php>

<sup>4</sup> Report supplied by the Safe Communities Foundation for injury death (2001-2005) and injury hospital discharges (2003-2007)

	Nelson City	Tasman District
Number of deaths (2001-2005) <sup>3</sup>	75	102
Top three causes	Falls Poisoning Motor vehicle Traffic	Motor vehicle traffic Suffocation Falls
Top three settings	Home Street or highway Other specified place of occurrence	Home Street or highway Other specified place of occurrence

The trend for hospital discharges in Nelson City follows a similar pattern as for injury deaths increasing from 914.0 per 100 000 people (crude rate) to 985.2<sup>3</sup>.

While Tasman District showed a reduction in crude death rates, the trend for hospital discharges increased from 803.6 per 100 000 people (2003-2007) to 869.1 in 2005-2009<sup>5</sup>.

The next table describes the numbers of people who have been discharged from hospital where the principal diagnosis was an injury during the 2003-2007 time period<sup>6</sup>. Likewise with deaths, the top three causes and scenes are ranked by number.

	Nelson City	Tasman District
Number of injury hospital discharges (2003-2007) <sup>4</sup>	2467	2197
Top three causes	Fall Adverse effects Poisoning	Fall Adverse effects Motor vehicle Traffic
Top three settings	Home School, other institution and public administrative area	Home School, other institution and public administrative area

<sup>5</sup> Data calculated from Nation Injury Query System –Otago University <http://ipru3.otago.ac.nz/NIQS/index.php>

<sup>6</sup> Report supplied by the Safe Communities Foundation for injury death (2001-2005) and injury hospital discharges (2003-2007)

	Other specified place of occurrence	Other specified place of occurrence
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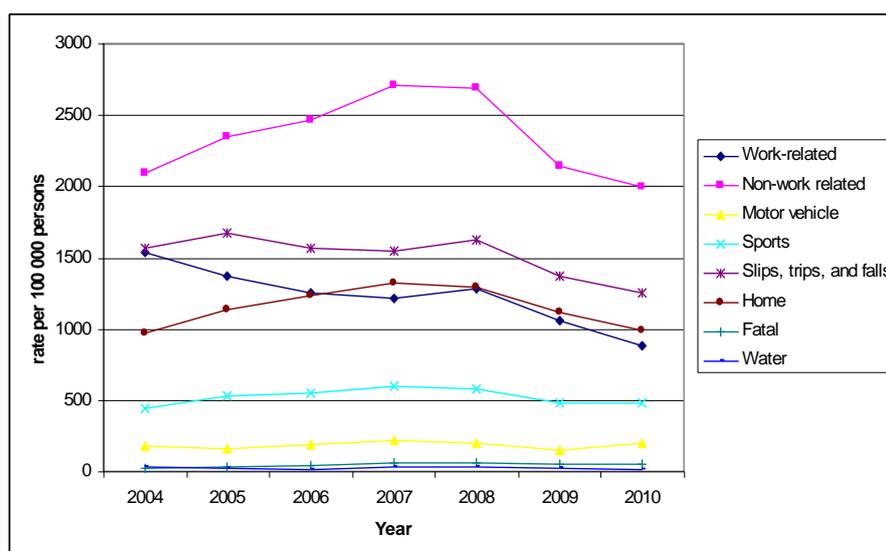
Nelson Emergency Department services the people living in Nelson and Tasman. On average Nelson Emergency Department sees 10,000 people per year. As a popular tourist location, many are from other parts of New Zealand or overseas.

ACC- All claims<sup>7</sup>:

From 2004 – 2010 there were an average of 11,224 claims per year in Tasman and an average of 17,093 claims per year in Nelson City<sup>8</sup>.

In the following two graphs for Nelson and Tasman, it is interesting to note the comparisons between work versus non-work; and comparisons between those that are attributed according to scene – that is: motor-vehicle, sport/place of recreation and home.

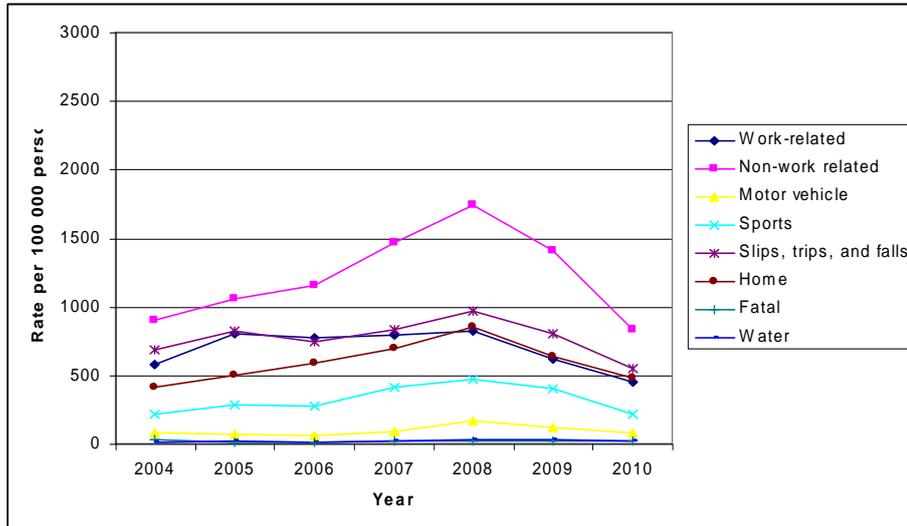
#### Rates per 100 000 persons of ACC entitlement claims by type for Nelson City



<sup>7</sup> All claims includes Medical fees, entitlement and 'other' claims

<sup>8</sup> ACC information from ACC report prepared for Local Government, April 2011

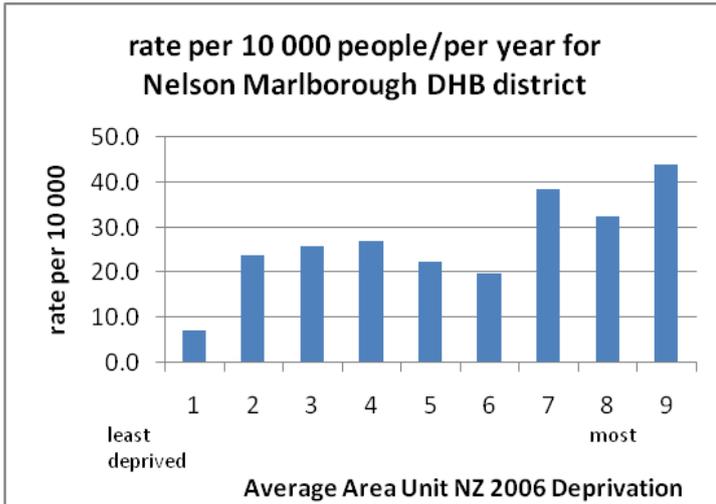
### Rates per 100 000 persons of ACC entitlement claims by type for Tasman District



### Ethnicity

In Nelson Tasman districts there are around 6500-7000 Maori usually resident which is approximately 7 per cent of the Nelson Tasman combined population. Because of the small numbers proportionately, understanding injury data by ethnicity for ethnic groups resident in our community is not well supported by injury statistics. The link between injury rates and census areas of higher deprivation for most injury types is strong and assists with priority setting. An example of this is found for road safety which shows that there is a higher risk of an injury causing crash for people who live in areas with a higher level of deprivation.

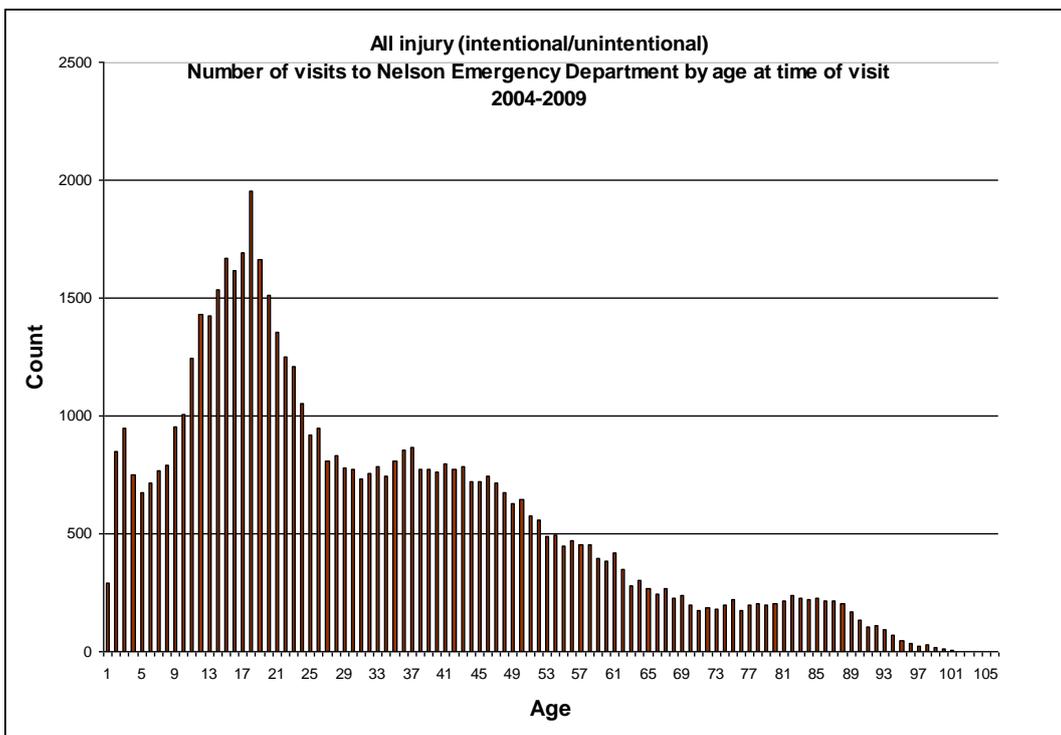
Figure 1. ACC injury claims linked to records from Ministry of Transport Crash Analysis System for 5 years ending 30 June, 2010 by area unit residence of claimant and average area unit NZ Deprivation (2006 Census)



### Age and gender

When understanding the profile of injury by age as a crude age standardised rate per 100 000 people it is older people over 75 years who experience the highest rate of injury hospital discharges followed by the young people aged 15 – 24 years.

Who attends Nelson Emergency department by age is shown in the figure below by the numbers. The most numbers of visits during 2004-2009 rises sharply after the age of 12 years and flattens out again around 24 years of age.



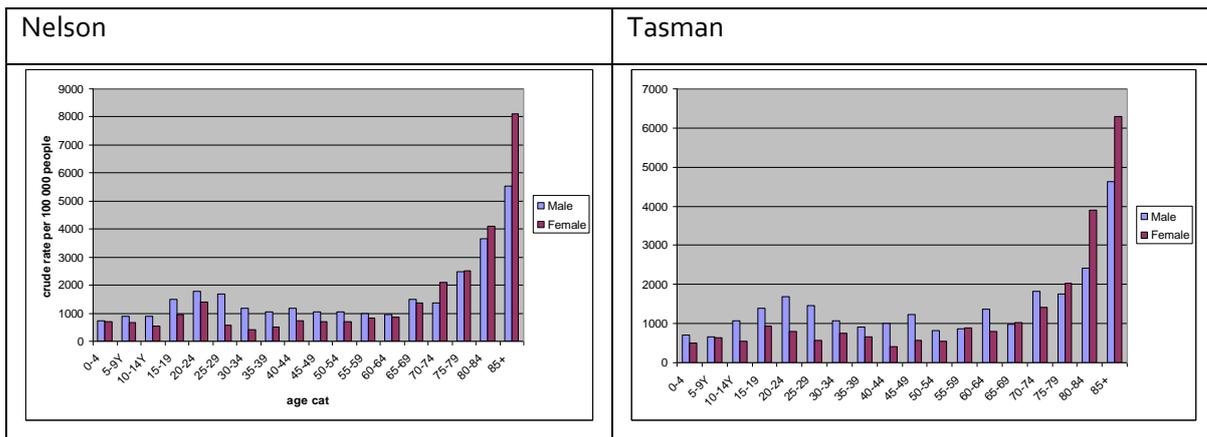
When considering gender by distribution as shown in the table below; males experience a greater proportion total Emergency Department, hospital discharges or death due to injury.

Time period	Number of ED attendances	Number of hospital discharge <sup>9</sup>		Number of deaths <sup>8</sup>	
	2004-2009	2003-2007		2001-2005	
	Nelson ED N (%)	Nelson N (%)	Tasman N (%)	Nelson N (%)	Tasman N (%)
Male	37126 (61)	1294 (52)	1231 (56)	52 (69)	71 (70)
Female	23405 (39)	1173 (48)	966 (44)	23 (31)	31 (30)
TOTAL	60531	2467	2197	75	102

The overall crude rate for deaths for the 2003-2007 time period in Nelson City was 23.9 per 100 000 females compared with 55.0 for males. In Tasman the crude rate for females was 26.4 compared with 59.3 for males.

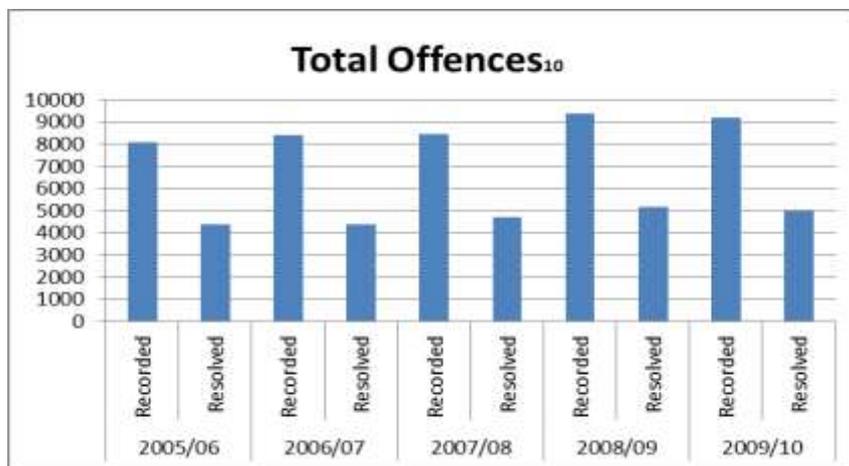
It is also interesting to understand injury as an age standardised rate by gender. In the two figures below hospital discharges for each district are shown by age category and gender as a rate from 2005-2009. More males are discharged from hospital compared with females from around the age of 10 right through to 54 years of age. After around 75 years of age, more females are discharged from hospital than males.

<sup>9</sup> Report supplied by the Safe Communities Foundation for injury death (2001-2005) and injury hospital discharges (2003-2007)



### Crime and safety

Crime and violence disrupts the lives, physical and mental health of many people and is a major challenge for health justice, human rights, and social and economic development<sup>10</sup>. The figure below shows the total offences recorded in the Nelson Tasman region has steadily increased over the past five years with a slight drop between 2008/09 and 2009/2010.



<sup>10</sup> Violence Prevention Alliance- World Health Organisation. Conceptual framework 2010

<http://www.who.int/violenceprevention/en/>

<sup>10</sup> Tasman District Annual Recorded Offences for the latest Fiscal Years (ASOC) Data for Nelson Bays Area accessed

from Statistics NZ at <http://wdmzpub01.stats.govt.nz/wds/TableViewer/tableView.aspx>

The total crime dropped from 1006 per 10 000 people in the 2008-2009 time period to 982 per 10 000 people in 2009-2010<sup>11</sup>. The table below describes both the number and rate per 10 000 people according to the type of crime. The rate of serious, public place and dwelling assaults appears to have remained stable. The rates for property damage, breach of liquor ban, and disorder offences declined, while the number and rate of dwelling burglaries and vehicles stolen did increase more notably between these two time periods.

	Number of Recorded offences		Rate per 10 000	
	2008-09	2009-10	2008-09	2009-10
<b>Serious assault</b>	<b>355</b>	<b>348</b>	<b>38</b>	<b>37</b>
<b>Public Place assaults</b>	<b>356</b>	<b>321</b>	<b>38</b>	<b>34</b>
<b>Dwelling assaults</b>	<b>459</b>	<b>447</b>	<b>49</b>	<b>48</b>
<b>Dwelling burglaries</b>	<b>368</b>	<b>482</b>	<b>39</b>	<b>51</b>
<b>Other burglaries</b>	<b>303</b>	<b>339</b>	<b>33</b>	<b>36</b>
<b>Vehicles stolen</b>	<b>170</b>	<b>232</b>	<b>18</b>	<b>25</b>
<b>Theft Ex car</b>	<b>683</b>	<b>703</b>	<b>73</b>	<b>75</b>
<b>Property damage</b>	<b>1862</b>	<b>1606</b>	<b>200</b>	<b>171</b>
<b>Breach of liquor ban</b>	<b>338</b>	<b>186</b>	<b>36</b>	<b>20</b>
<b>Drugs offences</b>	<b>687</b>	<b>671</b>	<b>74</b>	<b>72</b>
<b>Disorder offences</b>	<b>763</b>	<b>629</b>	<b>82</b>	<b>67</b>
<b>Total crime</b>	<b>9377</b>	<b>9210</b>	<b>1006</b>	<b>982</b>

<sup>11</sup> Rates may differ from official police statistics – the numbers recorded are the same, however the denominator used here was supplied by Statistics NZ and may not be the same used by NZ Police

## **Priority setting**

From this process using data analysis and interagency workshops seven areas were identified as priority topics. Subsequently seven task groups were formed to explore what current and future projects should be developed. These were:

Home Safety

Road Safety

Workplace Safety

Outdoor Safety

Family Violence

Alcohol Related Harm

Racism and Emerging Communities

Within each group, decisions were made as to which evaluation measures should be used to assess progress on each task group. For example, for Road Safety intersectional action is well established and a process to assess progress has been largely determined. However for some groups, the first steps were to explore information sources for example "Speak out Nelson Tasman" (SONT) to improve information on racially motivated harm (showcased in this application). For other groups, such as safety in the outdoors and safe homes, new forums needed to be established in order to progress and effect change.

## Criteria 5:

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

Safe at the Top understands the importance of evaluating the effect on changing the environment and safety behaviours. Since 2008, Public Health Service and Emergency Departments of Nelson Marlborough District Health Board have been working towards improving the capacity to provide evidence for injury prevention initiatives via a programme called "Injury Information for Local Action". Joined by information and analytical skills from ACC, Tasman Police, and Councils, and Statistics NZ this information is then used to inform local action and is measured by the effects of change – i.e. what new action has resulted.

The key objectives for the Injury Information for Local Action are:

1. Monitor injury issues, places, and population groups to identify emerging issues or gaps in current activities using Emergency Department and Hospitalisations data and regular feedback from clinical staff
2. Conduct in-depth investigations where gaps or issues are identified. This includes forming a dedicated team made up of appropriate personnel from the relevant organisations and expertise, and collecting, where necessary, the information from the people affected
3. Ascertain the priorities for Maori, Pacific Island peoples, Asian and people living in areas of higher deprivation and assess the effectiveness of the processes and communication of information and resources by lead agencies in reaching these population groups
4. Evaluate the impact of road safety interventions to reduce the overrepresentation of injury crashes occurring in people living in areas of higher deprivation
5. Improve information to monitor trends over time, specifically for alcohol related harm
6. Evaluate the implementation of home safety checklists
7. Assess the impact that large sporting events have on emergency medical staff, hospitalisations, crime, and violence

As demonstrated in the tables and case studies presented in Criteria 3 above, many of the programmes are carrying out evaluations as part of their ongoing processes. These evaluations can take the form of questionnaires or interviews with programme participants and stakeholders, statistical counts of participation and longer term effects of programmes.

When funding permits formal evaluations are carried out such as:

**Home Safety:**

- 'Upright and Able' programme:  
Initial evaluation has shown an increase in the number of providers carrying out risk assessments for falls and more participants getting involved with activities. Further evaluation is being carried out to examine the longer term effects of the programme by comparing programme participation data against falls related ACC claims .
- Disposal of Unwanted Pharmacy Medicines (DUMP) campaign:  
The Nelson Bays Primary Health DUMP Campaign was evaluated in May 2010. Results show that it has been successful in achieving the objectives that it set out to meet. The results have highlighted the need for a safe method for the Disposal of Unwanted Medicines through Pharmacies to be ongoing and a safe sharps disposal point for used needles to be more readily available to patients.

**Workplace Safety:**

- Discomfort Pain and Injury programme:  
External evaluation which demonstrated the benefits of engaging a physiotherapist to work on site and on a one to one basis with forestry machinery operators. The individual sessions led to clear recommendations not only for the employee, but also where appropriate to the foreman or contractor. Several recommendations were made to improve the outcomes, which could lead to improved productivity among the workforce and a reduction in both lost time injuries and ACC entitlement claims for DPI in this sector.

**Road Safety:**

- RYDA driver awareness programme:  
Questionnaires distributed to participants and accompanying staff at the end of the events have demonstrated the usefulness of the programme in raising awareness of the risks facing young drivers.
- Intersection Safety Tabloid:  
Formal external evaluation carried out in 2009, to measure the awareness and effectiveness of the annual Road Safety Tabloid on intersection safety. The evaluation showed good levels of the public reading the tabloid (76% of those who saw it) and 83.1% having learned

something from reading it and 67.8% stating that the tabloid had influenced the way they would approach road safety. The evaluation has led to the programme being continued.

- 'Supermarket Great Summer Party Guide' programme:  
External evaluation of the programme to distribute the ALAC document 'The Great Little Party Guide' through supermarkets. It was the first time that supermarkets had been involved with a host responsibility initiative of this kind. Result of the evaluation showed that supermarkets were a good way of distributing information and that the staff would be willing to work on future programmes of this nature, which showed them working together to be proactive in their responsibilities under the Sale of Liquor Act.
- Refresher training for Duty Managers:  
Questionnaires are completed at the end of each training session to ensure that the training is meeting the needs of those who are undertaking it.
- Police Network breakfast meetings:  
In late 2007, Nelson Police set up breakfast meetings to bring together agencies like ACC, District Licensing Authorities, Public Health Units, Police, and local licensees to share breakfast, listen to speakers on topics related to the alcohol industry, and discuss issues and opportunities. A formal evaluation of this in 2009, showed that the meetings are informative - to licensees and their staff with who they share the information received. Licensees were found to have implemented positive changes in their businesses which had been identified by agencies. All those surveyed wanted the initiative to continue.
- Off License Alcohol Accord (OLAA) was evaluated in Tauranga, Nelson Tasman is adapting and adopting.  
This initiative is a partnership between the retailers, the monitoring and enforcement agencies, and the community health promotion sector. OLAA as it is known promotes responsible retailing of alcohol, and in particular, supports campaigns aimed at raising awareness about the risks and harm that arise from the sale and supply of alcohol to teens.

In addition to this, Safe at the Top working group works to a project plan which has identified key milestones. These are reported to the governance group, Talking Heads, and include updates from the seven task groups.

Success will be measured by:

Evidence that the seven task group forums are:

1. active
2. initiating new projects
3. identifying new members

And by monitoring:

- Incidents of crime especially family violence, and racially motivated attacks
- ACC claims data related to falls, workplace injuries, home injuries and injuries resulting from leisure and recreational activities
- Road Safety risk factor monitoring
- New sources of information as it becomes available – such as SONT, and alcohol related harm
- 

Talking Heads will itself undertake an evaluation of the effectiveness of the Safe at the Top programme, overall. This will include factors such as how effective it has been in supporting smarter resource allocation, identifying potential complementarities and synergies, and how it has assisted decision making, relative to regions that do not have a similar programme in place.

### **Perceptions of Safety**

In addition, the working group will monitor the perceptions of safety information collected by Nelson City and Tasman District Councils as part of their reviews.

#### **Tasman District Council**

From the *Tasman District Council Communitrak™ Survey July / August 2009* 58% of residents feel that generally Tasman District is definitely a safe place to live, 40% say it is mostly and 2% of residents think the District is not really a safe place to live.

The percent saying 'yes, definitely' (58%) is above the Peer Group and National Averages.

Residents more likely to feel that Tasman District is definitely a safe place to live are...

- men,
- residents aged 18 to 39 years,
- residents who live in a three or more person household,
- shorter term residents, those residing in the District 10 years or less.

c. Perception Of Safety

Is Tasman District Generally A Safe Place To Live?

	Yes, definitely %	Yes, mostly %	Not really %	No, definitely not %	Don't know %
<b><u>Overall*</u></b>					
Total District 2009	58	40	2	-	-
<b><u>Comparison</u></b>					
Peer Group (Rural)	32	62	5	1	-
National Average	27	62	10	1	-
<b><u>Ward</u></b>					
Lakes-Murchison	58	42	-	-	-
Golden Bay	59	36	5	-	-
Motueka	52	48	-	-	-
Moutere-Waimea†	64	33	1	-	1
Richmond	57	40	2	1	-
<b><u>Gender</u></b>					
Male†	62	36	1	-	-
Female	54	43	2	-	1
<b><u>Age</u></b>					
18-39 years	66	34	-	-	-
40-59 years	54	42	2	1	1
60+ years	55	43	2	-	-
<b><u>Household Size</u></b>					
1-2 person household†	54	43	2	1	1
3+ person household	62	37	1	-	-
<b><u>Length of Residence</u></b>					
Lived there 10 years or less	64	34	2	-	-
Lived there more than 10 years	55	42	2	-	1

% read across

† does not add to 100% due to rounding

## **Nelson City Council**

From the *Nelson City Council Residents Survey 2009: Key Research*

Large proportions of respondents feel safe during the day time in their local neighbourhood (98%), at home (97%) and In the city centre (94%).

Respondents feel most unsafe after dark in walkways (47%), central city during winter (40%) and city centre (33%).

In general, respondents are feeling less safe than they did three years ago. One in ten respondents (10%) stated they felt very unsafe in their neighbourhood after dark while in 2006 only 1% of respondents stated this.

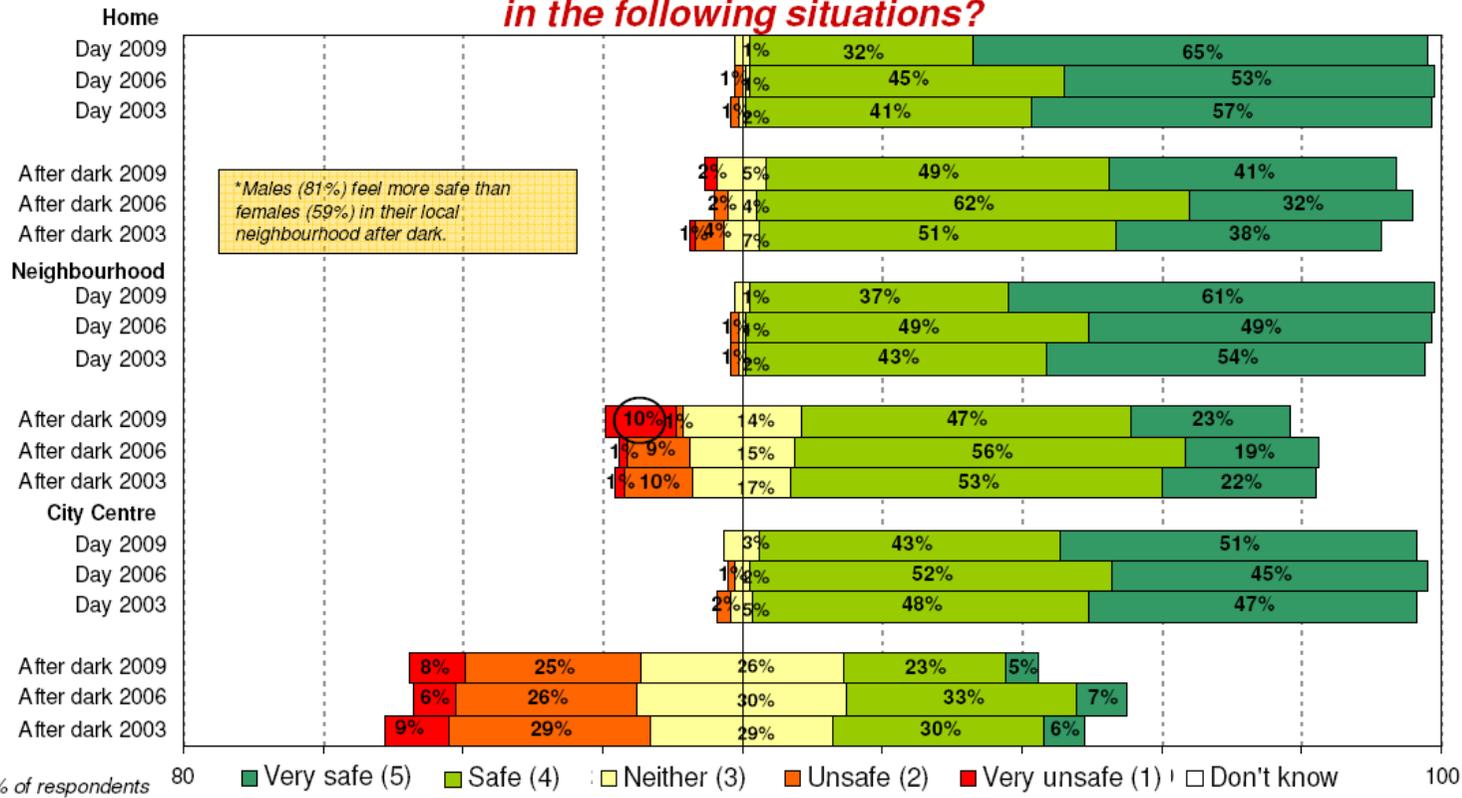
The majority of respondents feel Nelson inner city after dark is less safe than three years ago (44%). Increased violence and crime (28%), drunks (22%) and media attention (20%) are the top three reasons for respondents feeling this way.

Although a significant number of respondents in 2009 feel Nelson inner city is less safe than three years ago (44%), this is a significant decrease from those feeling that way in 2006 (58%).

Of those respondents who feel Nelson inner city is safer after dark than it was three years ago, increases in lighting, cameras and police are the main reasons why respondents feel this way.

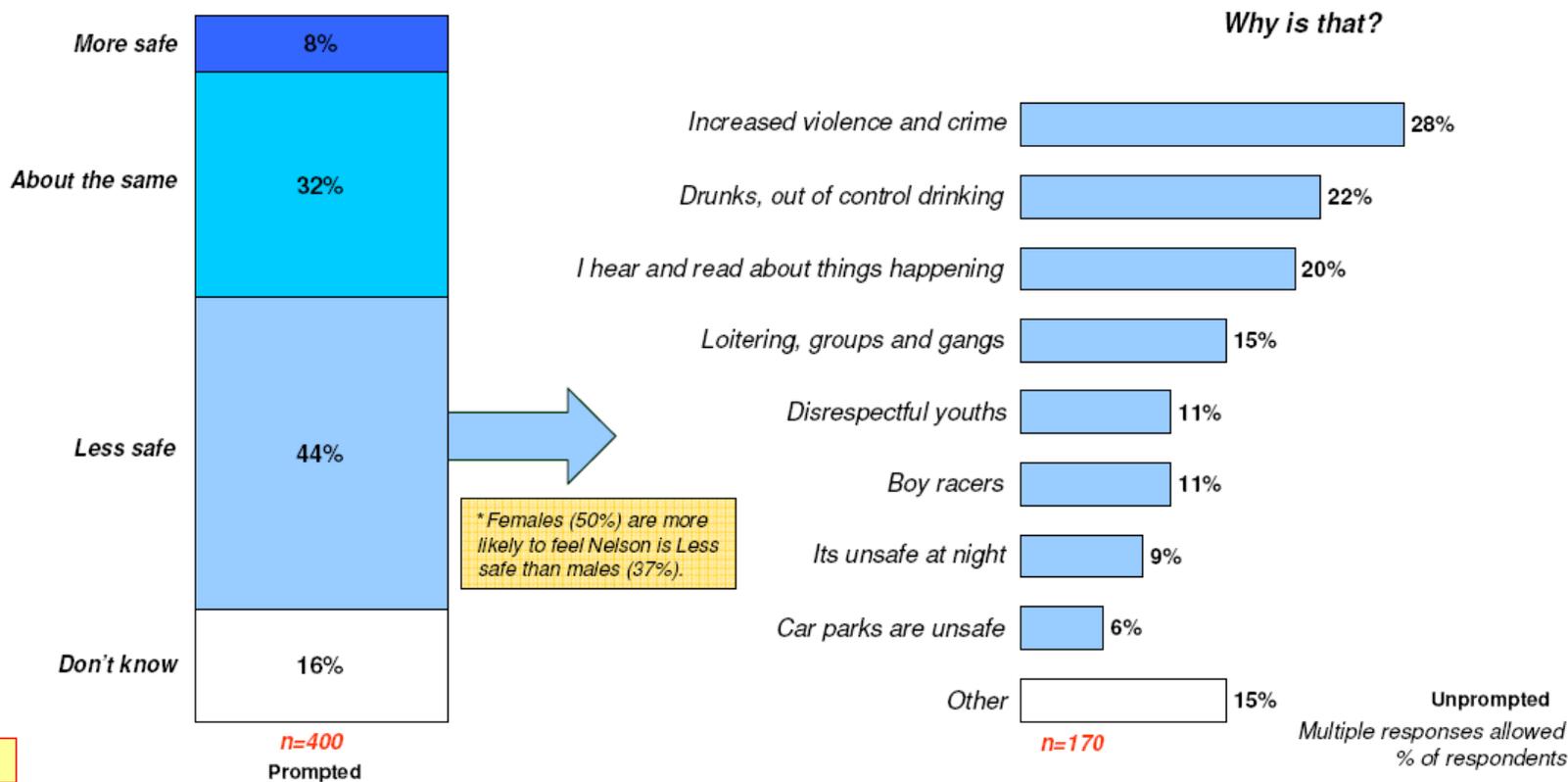
Slightly more than one half of respondents (51%) think NCC's initiatives to reduce alcohol related harm have made a difference. Of those respondents, 48% state this is due to their being less intoxicated people on the street.

**Thinking about your overall sense of freedom from crime, how safe or unsafe do you feel in the following situations?**



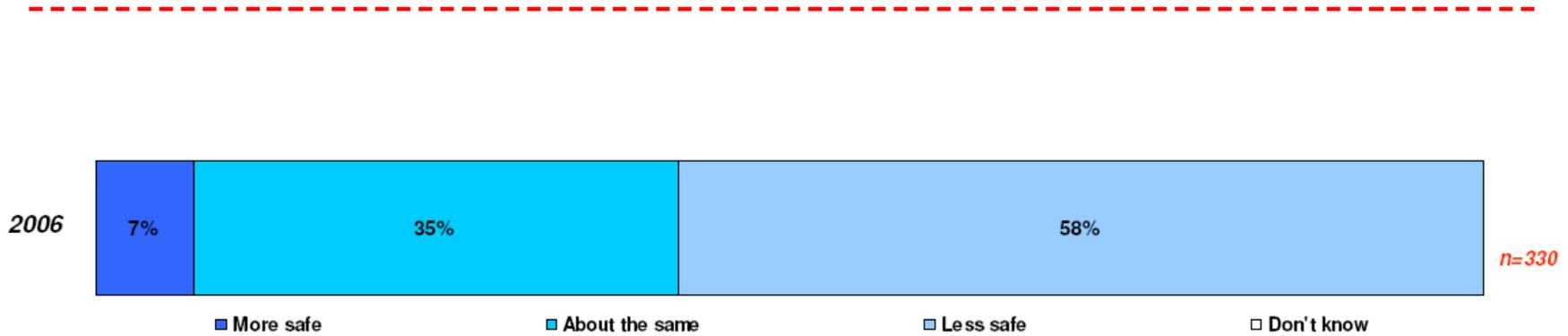
In general, respondents are feeling less safe than they did three years ago. One in ten respondents (10%) stated they felt *Very unsafe* in their neighbourhood after dark while in 2006 only 1% of respondents stated this.

**For you personally, do you feel that the Nelson inner city, after dark, is more safe, about the same or less safe than three years ago?**



They majority of respondents feel Nelson inner city after dark is *Less safe* than three years ago (44%). *Increased violence and crime* (28%), *Drunks* (22%) and *Media attention* (20%) are the top three reasons for respondents feeling this way.

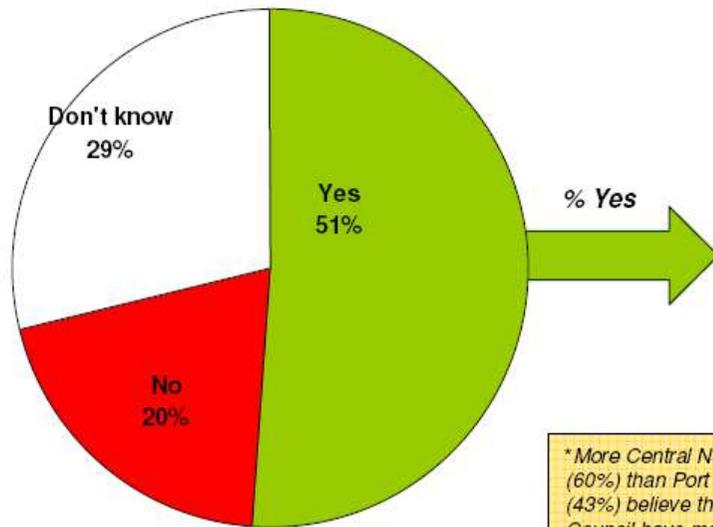
**For you personally, do you feel that the Nelson inner city, after dark, is more safe, about the same or less safe than three years ago?**



**Q22** Prompted % of respondents

Although a significant number of respondents in 2009 feel Nelson inner city is *Less safe* than three years ago (44%), this is a significant decrease from those feeling that way in 2006 (58%).

**For several years now NCC and other groups have worked on reducing alcohol related harm in the central city. Initiatives include alcohol bans and street ambassadors. Do you think these initiatives have made a difference?**

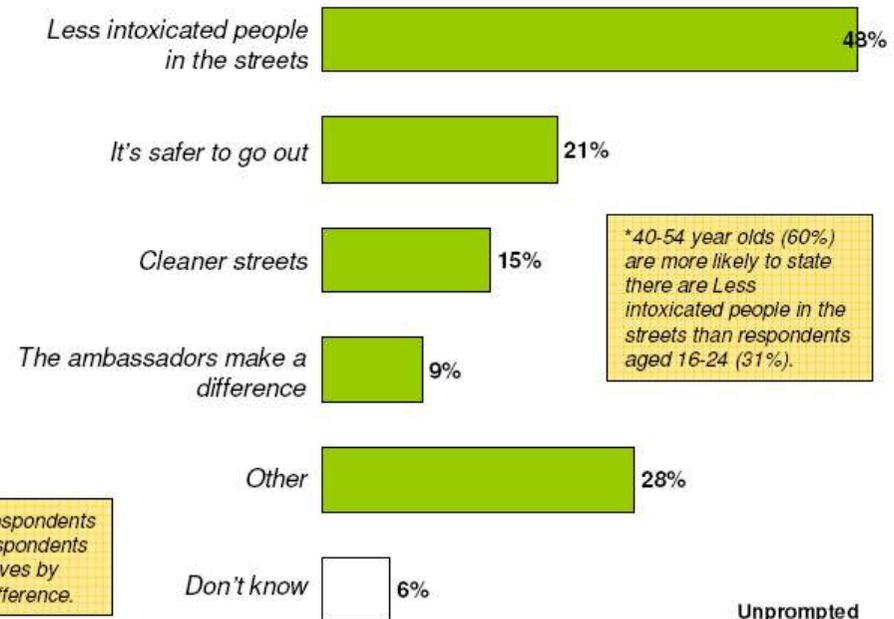


n=400  
Unprompted

Q24 & Q25

\* More Central Nelson respondents (60%) than Port Hills respondents (43%) believe the initiatives by Council have made a difference.

**In what ways do you think these initiatives have made a difference to Nelson?**



\*40-54 year olds (60%) are more likely to state there are Less intoxicated people in the streets than respondents aged 16-24 (31%).

n=205

Unprompted  
Multiple responses allowed  
% of respondents

Slightly more than one half of respondents (51%) think NCC's initiatives to reduce alcohol related harm have made a difference. Of those respondents, 48% state this is due to their being *Less intoxicated people on the street*.

## Criteria 6

### Ongoing participation in national and international Safe Communities networks.

A Public Health staff member attended the 17<sup>th</sup> International Safe Communities Conference in Christchurch in 2008, on behalf of the working group and has advised members of the working group since then. Contacts were made with representatives from overseas and information about programmes was exchanged.

Working group members intend to participate in the recently started Pan Pacific Safer Communities Network webinars.

In addition, members have attended the SCFNZ National Forum in 2009 and 2010 and have networked with other regions who have already been accredited.

Several members have attended IPNANZ conferences and have presented papers.

A Public Health staff member also attended the Injury Information Forum in 2009 hosted by Statistics NZ.

The co-ordinator presented a paper '*Health Promotion in the Emergency Department: Making it Happen*' at the 5<sup>th</sup> International Conference for Emergency Nurses in Sydney in 2005 and established links with several Emergency Departments in Sydney and Melbourne.

Working group members have also been invited to be part of the accreditation team for other New Zealand regions applying for accreditation.

Nelson City has three sister cities

- Miyazu, Japan, formalised their Sister City link in May 1976
- Huangshi City, Hubei, People's Republic of China, formalised their Sister City link in 1995
- Eureka, California, United States, formalised their Sister City link in early 2004

While Tasman District has the following friendly towns:

- Motueka & Kiyosato, Japan
- Richmond & Fujimi Machi, Japan
- Grootegast, Netherlands

Task group members are affiliated with local and national networks and bodies, as outlined below:

### **Home Safety**

- Water Safety New Zealand
- Plunket
- NZ Fire Service
- Safekids NZ
- Ministry of Health

### **Road Safety**

- SASTA – Safe and Sustainable Transport Association NZ
  - TRAFINZ - The New Zealand Local Authority Traffic Institute
- Both these networks enable us to share our work and learn best practice and other professional development opportunities
- Also a member of IPNANZ- Injury Prevention Network NZ
  - CAN – Cycle Advocates Network
  - Living Streets Aotearoa – walking advocacy
  - Students Against Driving Drunk (SADD)
  - Automobile Association

### **Workplace Safety**

- Opus International
- NZTA
- Federated Farmers

### **Outdoor Safety**

- Department of Conservation
- Hancock Forestry
- Mountainbike New Zealand

### **Reducing Alcohol Related Harm**

- Alcohol Advisory Council (ALAC)
- Hospitality Association of NZ (HANZ)
- Liquor Liaison Group
- Nelson Tasman Alcohol Accord

### **Racism and Emerging Communities**

- Refugee Services Aotearoa
- Race Relations Commission
- Ministry of Fisheries
- Pharmacy Guild of New Zealand

## **Appendix 1**

### **Safe at the Top: Interest group**

Health Action Trust

ACC

Bicycle Nelson Bays

Department of Labour

Department of Conservation

St. John's

NMDHB – ED, Mental Health Service, Public Health Service, NPA programme

Ministry of Social Development

Nelson Multicultural Council

Nelson Tasman Civil Defence Emergency Management

Federated Farmers

Refugee Services

Nelson Bays PHO

NZ Police

Nelson City Council

Nelson Safer Community Council

Tasman District Council

Swift Solutions

Stopping Violence Services Nelson

Plunket

Nelson Support Services

Victory Community Health

Lifeline Nelson

Ministry of Education

Victory Primary School

Nelson Restorative Justice

Nayland College

Nelson Rape Crisis

Fulton Hogan

Nelson Bays Community Law

Family Start

Corrections Department

Community Probation Service

Local iwi

Nelson Hub

Kidpower Trust

Nelson Bays Youth Workers Collective

Te Rito Network

NZ Fire Service

Whakatu Refuge

YMCA

Youth Nelson

Victory Community Anglican Church

Top of the South Rural Support Trust

Beneficiaries and Unwaged Workers Trust

Plus 10 individuals (not claiming affiliation to a particular group)

## **Working Group**

ACC - Mark Preston-Thomas (Injury Prevention Consultant)  
NMDHB - Public Health Service - Les Milligan (Healthy Communities Health Promoter)  
Ministry of Social Development- Tim Leyland (Regional Policy Advisor, Work and Income)  
NZ Police- Brian McGurk (Area Commander)  
Nelson City Council- Rachel Reese (Councillor)  
Tasman District Council- Mike Tasman Jones (Community Recreation Advisor)  
Local iwi- Ra Hippolite  
Fulton Hogan- Peter Denton (Safety Quality Training and Employment Relations Manager)  
Nelson Bays Community Law- Peter Riley (Manager and Legal Educator)  
Independent coordinator- Barbara Graves  
Past members  
Kidpower Trust - Rona Sedman  
Health Action Trust - Alison Lewin  
Nelson Tasman Civil Defence Emergency Management- Debbie De Gues

## **Task Group Interim Leaders**

1. **Home Safety**  
Mark Preston –Thomas: ACC
2. **Road Safety**  
Marg Parfitt: Nelson City Council
3. **Workplace Safety**  
Annette Baxter: Department of Labour
4. **Outdoor Safety**  
Rudy Tetteroo: Department of Conservation  
(Previous) Sherp Tucker: NZ Police  
Martin Rodd: Department of Conservation
5. **Reduce Alcohol Related Harm**  
Jan Anderson (NMDHB Public Health Service)  
(Previous) Alison Lewin: Health Action Trust
6. **Family Violence**  
Maggie Cambra: NMDHB  
Gayle Helm: Te Rito Network  
Gina Lyon: NMDHB
7. **Racism and Emerging Communities**  
Evey McAuliffe: Nelson Multicultural Council

## **Current Funding Partners**

*Coordinator funding:*  
NMDHB – Public Health Service  
ACC  
Nelson City Council  
*Accreditation funding:*  
As above plus  
MSD  
TDC (includes printing of application)  
Nelson Bays Primary Health  
NZ Police

## **Contributors**

Our thanks to those who have contributed to the production of this application document:

- The task group leaders, working group and governance review team
- Bronwyn White (NMDHB)
- Janet Taylor
- Archdeacon Harvey Ruru
- Ingrid Beach (NCC)
- Rose Biss (TDC)
- Nelson Bays Primary Health
- Community groups and organisations

Talking Heads Agency list (original group):

ACC	Ministry of Education
Child Youth and Family	Ministry of Housing
Christchurch College of Education	Ministry of Social Development
Department of Corrections, Community Probation Service	Nelson City Council
Department of Conservation	The Nelson Mail
Department of Internal affairs	Nelson Marlborough Area Health Board
Department of Labour –Occupational Health and safety	Nelson Marlborough Institute of Technology
Department of Labour –Community Employment Group	Police
Housing NZ	Tasman District Council
Inland Revenue Department	Te Puni Kokiri
Marlborough District Council	Tertiary Education Commission
Early Childhood Development Unit	Department of Social Welfare
Ministry of Transport	

The Talking Heads Agency list was expanded to include the following

Sport Tasman	Community relationships: Inland Revenue
Nelson Bays Primary Health	

## Appendix 2:

### Safe Communities Accord Talking Heads governance document

## Nelson - Tasman Safe Communities Accord: November 2009

### Introduction

The safety of people living, working, and visiting the Nelson Tasman region is a concern and responsibility of the entire community, and is the objective of this Accord. It provides a context for collaborative actions by and between local and central government agencies, and non-governmental organisations, that will support community safety in Nelson Tasman.

### Structure of this document

This document sets out the values and principles for an infrastructure of partnership and collaboration that will support the Accord objective. It assigns responsibility for overall governance of this Accord to the Talking Heads cross-sectoral forum, and describes a process for identifying and evaluating long-term, sustainable programmes covering both genders and all ages, environments, and situations

A separate schedule identifies the particular actions that will be undertaken in the current period. The schedule of actions is revised annually.

### Values

*Signatories* to this Accord confirm their support of the following values:

1. Safety is a fundamental human right;
2. People are at the heart of making communities safer places in which to live, work, learn, travel and play; and
3. Everybody has a responsibility to promote and maintain their safety and the safety of others.

### Principles

*Signatories* to the Accord commit to:

- Support and assist each other in the achievement of the Accord objective, according to their resources, and according to the authority of their respective governing bodies
- Respect the autonomy of signatories and affiliates
- Monitor and report on the progress of their specific undertakings
- Meet regularly to review progress on the objectives of the Accord, update the available information (including any necessary responses) and to confirm their continued commitment to the Accord.

#### *Affiliates to the Accord*

- Support the Accord objective
- At their discretion, share information on their activities and achievements

#### **Governance**

Talking Heads is a cross sector group led by the Mayors of Nelson City and Tasman District Councils, and including the local heads of government agencies active in the Nelson Tasman Region as well as representatives from the health and education sectors. Talking Heads was established according to the principles of the Ottawa Charter, and is committed to a community centred model of health and wellbeing.

Talking Heads will provide governance services to the Safe Communities enterprise, including confirming the programmes and initiatives submitted by Accord members and affiliates as the Safe Communities Schedule of Work, and acting as the formal point of contact for the International Safe Communities accreditation process. Secretariat services to the Accord will be provided as part of the servicing of Talking Heads by the Nelson Marlborough District Health Board.

These arrangements will be reviewed before December 2012.

#### **Schedule of Actions (attached)**

Community processes have identified seven areas where community safety is a prevailing concern. The actions to be taken by signatories and affiliates in support of these seven areas are detailed in an attached schedule, to be revised annually. Actions reflect the judgment and priorities of those agencies active in the area of concern, the availability of resources, and the opportunities for collaboration. In aggregate and over time, programmes are expected to:

- target high-risk groups and environments;
- promote safety for vulnerable groups; and
- document the frequency and causes of injuries.

#### **Evaluation**

Signatories to the Accord are responsible for monitoring and reporting on their performance against their respective actions, including reporting any new information relating to community safety. The schedule of actions will be evaluated in the context of this information and revised accordingly. A summary report will be provided to Talking Heads on achievements and new developments and Talking Heads will assess and confirm the revised Safe Communities Schedule of Work.

Signatories

For Talking Heads