



Safer Hastings: Our Community, Our Future



Application to become a member of the International Safe Community Network
Hastings, Hawke's Bay, New Zealand



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Message from the Mayor



I am delighted to support this application from Hastings, New Zealand to become a World Health Organisation Safe Community. This application for Safer Hastings has been brought together by a dedicated group from statutory and non-government agencies with the aim of creating a sustainable framework for partnership by working to make our community a safe and healthy place to live, work and play.

Hastings District Council has promoted safety and well-being across a wide range of Council services, and by working together with a broad range of partners, not only can Council services to the community be enhanced, but, through the Safe Communities model, partner services can be co-ordinated and streamlined to make a positive difference for our community.

Hastings has several challenges in the areas of health and safety statistics, from youth suicide to childhood illness, from poverty to employment. This application documents our journey towards making Hastings an accredited World Health Organisation Safe Community.

Lawrence Yule
Mayor of Hastings



Glossary of Terms

AA	Automobile Association	NEET	Not in Employment, Education or Training
ACC	Accident and Compensation Corporation	NESt	Neighbourhood Engagement Survey
ASCSCs	Affiliate Safe Community Support Centre	NGO	Non-Government Organisation
ALAC	Alcohol Advisory Council (now Health Promotion Agency)	NPT	Neighbourhood Policing Team
CBD	Central Business District	NZDep	New Zealand Deprivation Index
CCCSP	Collaborating Centre on Community Safety Promotion	NZFS	New Zealand Fire Service
CHB	Central Hawke's Bay	NZTA	New Zealand Transport Agency
CPTED	Crime Prevention Through Environmental Design	PKR	Purena Koa Rehu (Youth Services)
CYF	Child Youth and Family	RBA	Results Based Accountability
DLA	District Licensing Authority	RSA	Returned Services' Association
ECE	Early Childhood Education	RSAP	The Road Safety Action Plan Group
EIT	Eastern Institute of Technology	SC/IP	Safe Communities/Injury Prevention
HANZ	Hospitality New Zealand	SUDI	Sudden Unexplained Death in Infancy
HB	Hawke's Bay	SWBCG	Social Well Being Collaborative Group
HBDHB	Hawke's Bay District Health Board	SWIS	Social Workers in Schools
HBRC	Hawke's Bay Regional Council	TLA	Territorial Local Authority
HDC	Hastings District Council	TPK	Te Puni Kokiri
HHB	Health Hawke's Bay	TTtoH	Te Taiwhenua o Heretaunga
IPNANZ	Injury Prevention Network of Aotearoa New Zealand	WDC	Wairoa District Council
IPRU	Injury Prevention Research Unit	WHO	World Health Organisation
LTP	Long Term Plan of the Hastings District Council	WINZ	Work and Income New Zealand
MoC	Memorandum of Commitment	YTS	Youth Transition Service
MoE	Ministry of Education		
MoH	Ministry of Health		
MoJ	Ministry of Justice		
MoU	Memorandum of Understanding		
MSD	Ministry of Social Development		
MYD	Ministry of Youth Development		
NCC	Napier City Council		



Column 1

Questions to be answered by the community

Column 2

Questions to be answered by the certifiers

Section A: Community Overview

A1. Briefly describe the community and its historical development

Geographic

Hastings District in Hawke's Bay, New Zealand, covers an area of 5,229 square kilometres and has 1.7% of the population of New Zealand, ranking it fourteenth in size out of the seventy-four territorial authorities. Since the merger of the surrounding and satellite settlements in 1989, Hastings has grown to become the largest urban area in Hawke's Bay.

The principal settlements in the Hastings District are the city of Hastings and the nearby towns of Flaxmere and Havelock North. These main centres are surrounded by thirty-eight rural settlements, stretching from Tutira in the north to Te Aute in the south, including nearer to Hastings, the settlements of Clive, Haumoana and Bridge Pa. Hastings District comprises much of the land mass of Hawke's Bay. Hastings city is approximately 20kms from Napier.

A1 Are the descriptions sufficient?
 Yes
 No
If no, what is missing?



Hawke's Bay

Hastings District

Urban Hastings



Historical Overview



Thomas Tanner 1830–1918

Near the fourteenth century AD, Maori arrived in Heretaunga (or Hawke's Bay), settling in the river valleys and along the coast where food was plentiful. Taraia, great-grandson of the chief Kahungunu, established the large tribe of Ngati Kahungunu, which eventually colonised the eastern side of the North Island from Poverty Bay to Wairarapa. They were one of the first Māori tribes to come in contact with European settlers.

The Maori owners leased approximately seventy square kilometres on the Heretaunga Plains to Thomas Tanner in 1867. In 1870 Francis Hicks bought a 100-acre (0.40 km²) block of land, which now contains the centre of Hastings, from Thomas Tanner. The original name of the location that became the town centre was Karamu.

In 1871, the New Zealand Government decided to route the new railway south of Napier through Karamu junction in the centre of the Heretaunga Plains. Francis Hicks reportedly gifted the land for the railway to the government. In 1873 Karamu junction was re-named Hastings after Warren Hastings, the British Governor General of India. On 2 January 1884, Hastings was proclaimed a Town District and then a Borough Council in September 1886, becoming a city on 8 September 1956.

Havelock North began its existence in 1860. The first Roads Board was elected in 1871 and then disbanded in 1894 to be administered by the Hawke's Bay County Council until 1912 when the Havelock North Town Board was constituted. Borough status was achieved in 1952. The first Hawke's Bay County Council was elected on 28 December 1876 after the abolition of Provincial Governments in New Zealand.

On February 3, 1931, most of Hastings (and nearby Napier) was levelled by an earthquake measuring 7.8 on the Richter Scale. The collapses of buildings and the ensuing fires killed 93 people in Hastings. The centre of the town was destroyed by the earthquake, and was subsequently rebuilt in the Art Deco and Spanish Mission styles.

The Hastings District Council was created by the amalgamation of Hastings City Council, Havelock North Borough Council and Hawke's Bay County Council on 1 November 1989.



Tangata Whenua

Ngati Kahungunu ki Heretaunga is the most numerous iwi affiliation among Hastings Maori, with 3,710 people of Maori descent identifying with that iwi in 2006. Another 2,570 residents identified as Ngati Kahungunu (region unspecified). Ngati Porou was the only other iwi to have more than 2,500 people affiliating with it at the time of the last census.

Ngati Kahungunu has the third largest Iwi population. The 2006 NZ Census and Local Government statistics show that 59,946 people or 12 percent of the Maori population belong to Ngati Kahungunu. This was 8,394 more than at the 2001 Census. A large percentage of Kahungunu people reside outside the traditional iwi boundaries. Many more, not included in the census count, reside overseas. Geographically, Ngāti Kahungunu has the second largest tribal rohe in the country, from the Whararata ranges in the Wairoa District extending to Cape Palliser in South Wairarapa. The coastal boundaries are Paritu in the North to Turakirae in the South. ¹

Commercial

Hastings is the hub of the Heretaunga Plains. Its history has been largely determined by changing land use. In the beginning it serviced pastoralists producing wool for export. With refrigeration, three meat works were established on the outskirts of Hastings. Commercial fruit growing commenced in the early twentieth century. In 1934 J Wattie Canneries Ltd, and later Birds Eye (NZ) Ltd, transformed Hastings into the fruit bowl and vegetable basket of New Zealand.

Hastings grew rapidly throughout the 1960s and 1970s (Hastings at this time was the fastest growing city in New Zealand) and there was a major issue dealing with the encroachment of suburban expansion on highly productive land. Flaxmere was established as a satellite town to absorb rapid growth and was built upon the stony arid soils of the abandoned course of the Ngaruroro River.



Grape Harvesting

¹ Source: *Hastings District Maori Profile, 2006, MSD*



Starting with economic decline nationally in the late 1970s, coupled with agricultural subsidy reforms in the early 1980s, Hastings went into deep recession with high unemployment and low economic growth. It wasn't until the late 1990s that the economy of Hastings began to turn around. More recently Hastings District has become the base of New Zealand's red wine industry. Hastings also is the major service centre for the surrounding inland pastoral communities while the service industry and tourism is growing rapidly.

A2. Describe the strategy, ambitions, objectives and work in the community in regard to safety. It must be a higher level of safety than average for a community in the country or region.

The Social Well Being Collaborative Group (SWBCG) was formed in September 2011 to promote collaborative working amongst statutory agencies (listed in section C1) operating in the Hastings District. Following a vote by the Hastings District Council to pursue Safe Communities accreditation, the Safer Hastings Accreditation Bid Working Group (Working Group) first met on 10 November 2011, and reports on the progress of the application to the SWBCG.

Organisations involved in the accreditation application have strategies to improve the safety and well-being of the community. For example:

Hastings District Council (HDC)	Long Term Plan 2012/22 (LTP) Social Well Being Strategic Framework 2010
The Hawke's Bay District Health Board (HBDHB)	Supporting Healthy Communities Strategy 2012-2022 Hawke's Bay Injury Prevention Strategy 2007
Ministry of Social Development (MSD)	Statement of Intent 2012-2015 http://www.msd.govt.nz/about-msd-and-our-work/publications-resources/corporate/statement-of-intent/index.html
Accident and compensation Corporation (ACC)	Injury Prevention Strategy (NZIPS) – identifies priority areas for the organisation; home, road, falls, alcohol
Health Hawke's Bay (HHB)	Population Health: To improve the health and well-being of our people
Other, collaborative strategies	The Road Safety Action Plan Group (RSAP) plan road safety initiatives in Hawke's Bay each year, and make sure that the initiatives align with the Strategic document "Safer Journeys". Members of the Group are: Police, NZTA, ACC, HDC, Napier City Council, Central Hawke's Bay District Council and Wairoa District Council, HBDHB and the Road Transport Association.

A2 Are the descriptions sufficient?
 Yes
 No
 If no, what is missing?



A.3 How are the Mayor and the Executive Committee (Council) involved? Who is chairing the cross-sector group?

The Mayor and Council considered accreditation after a joint submission to the Draft Annual Plan 2011/12 by ACC, HHB, the HBDHB and MSD. Safe Communities Accreditation was an aim in the 2009/19 Long Term Council Community Plan (LTCCP) now called the Long Term Plan (LTP.) On 6 October 2011 the Policy and Strategy Committee of Hastings District Council voted to pursue Safe Communities Accreditation.

The cross-sector group (The Working Group) is chaired by Hastings District Council. Safer Hastings activity will be reported to the District Development Committee of the Council.

A.4 Describe the injury risk panorama in the community

The Working Group in its early meetings brainstormed the groups of people and the environments considered high-risk by all partners.

At various community meetings, participants were asked to identify the areas of work they were involved in, and to identify their high-risk client groups and environments. The results provided by community groups were cross-matched with those of the Working Group.

After further refinement and analysis of the population data (outlined in Section B,) specific target groups and target environments were identified.

It was agreed that in Hastings, people are most at risk of injury **in the home, on the roads, and in public spaces**, and that in these environments **youth, older people and low income families with dependent children** are most at risk. It is also clear that alcohol is a contributing factor in a number of accidents in these environments, involving these groups.

The SWBCG ratified the proposal to focus on these groups and environments. The Working Group then collated data and evidence for indicators 2 and 3 based on these groups.

“The District Council has recognised the benefits that ISC accreditation will bring to the community – collaboration & a coordinated framework for safety initiatives in the community.” - ACC

A3 Are the descriptions sufficient?

Is the Mayor involved?

Yes

No

If no, what is missing?

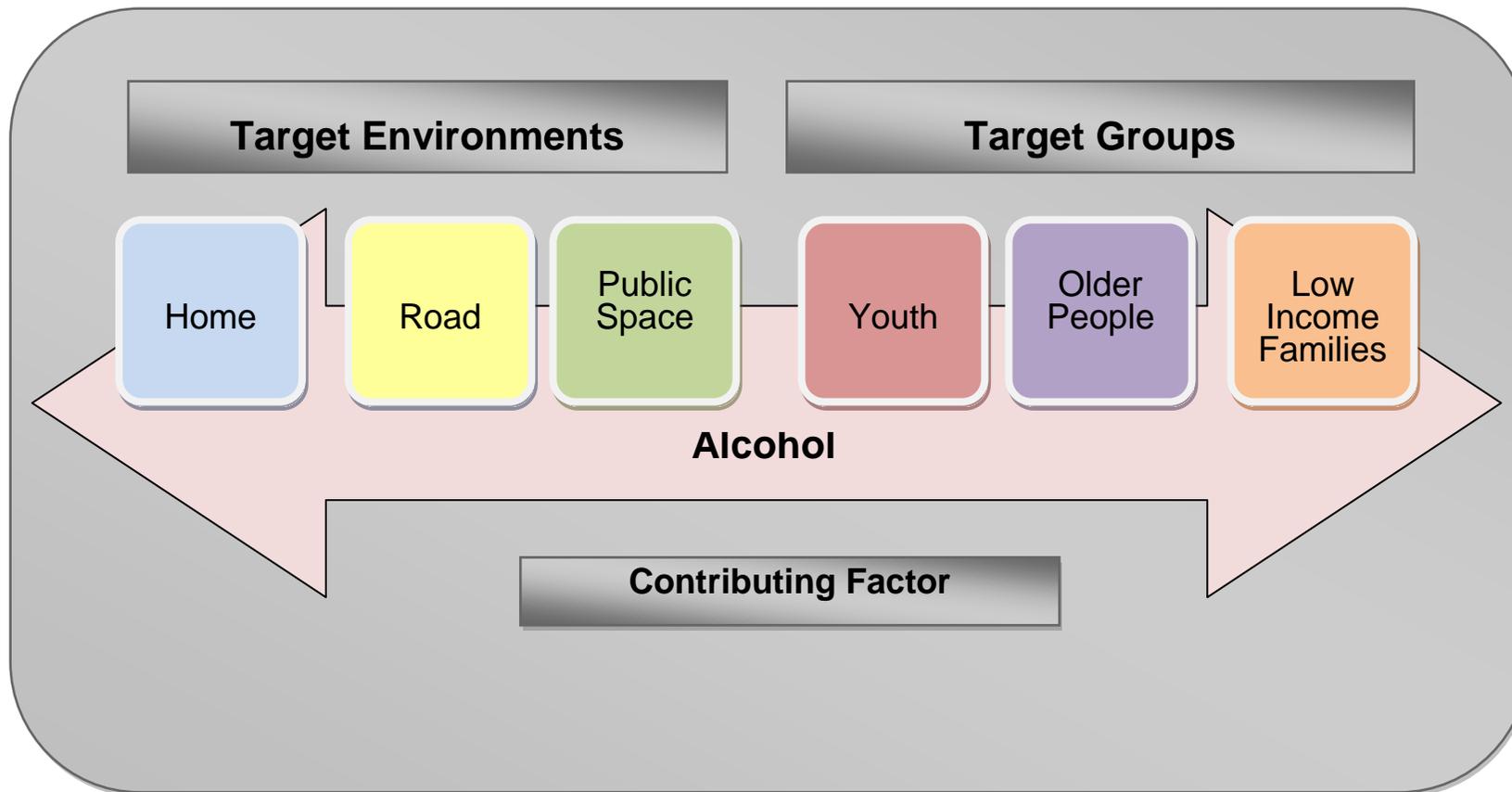
A4 Is the risk-panorama sufficiently described?

Yes

No

The injury risk panorama in the Hastings community

The target groups and environments for Safer Hastings are set out in the diagram below, which also indicates that alcohol is a contributing factor in some of the accidents that occur for these groups, or in these environments.





Section A in summary

- Council and a number of partners have a range of strategies focussed on safety, including collaborative projects
- Council is committed to Safe Communities accreditation
- People are at risk of injury in the home, on the roads, and in a variety of public spaces
- Alcohol is a contributing factor in a number of accidents in these environments and for these groups
- Youth, older people and low income families with dependent children are considered high-risk groups

Conclusion

Safer Hastings will focus on the specific core areas of:

- Safety in the home
- Safety on the roads
- Safety in public spaces
- Alcohol related harm

And the high-risk groups identified as:

- Youth (aged 15-24)
- Older people (aged 65+)
- Low income families with dependent children



Section B: Structure of the community

B1. Describe the demographic structure of the community

The population of the Hastings District is 75,530 people (2006 census) comprising of three main urban areas, Hastings, Flaxmere and Havelock North, plus a sizeable rural population.

area	population
Hasting urban area	30,290
Flaxmere	10,280
Havelock North	13,280
Rural	20,680

The Hastings District population has increased slowly but steadily from 68,100 in 1996 to an estimated 75,500 in 2011². The population is projected to continue to increase to 80,500 by 2031. The rate of increase is projected to be lower than for total New Zealand. Net migration loss, particularly at the young adult ages, 15-24 years is a factor causing slower population growth.

The population of Hastings is ageing at a slightly higher rate than for total New Zealand. Hastings District is ageing numerically, as more people survive to older ages, and structurally, as falling birth rates, due to reducing numbers at the key reproductive ages, deliver fewer babies into the base of the age structure, causing the proportions at younger ages to decrease, and older age groups to increase. In 2011 the 0-14 year age group totalled 17,200 and it is projected that this will fall to 15,900 by 2031. Conversely the 65 years and over age group is projected to increase significantly from 10,600 in 2011 to 19,100 by 2031.

² Source: Statistics New Zealand

B1 Is the demographic structure and the different risks sufficiently described?

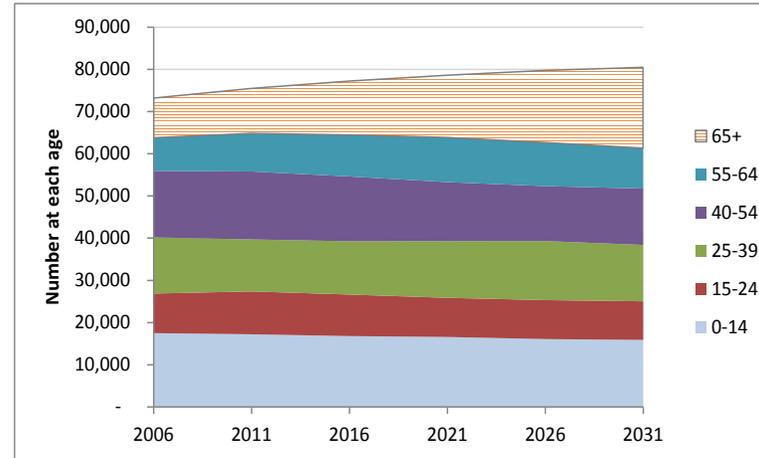
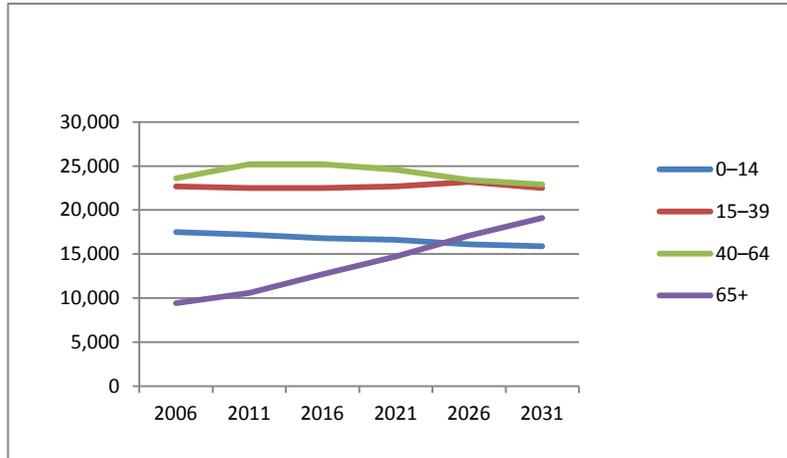
Yes

No

If no, what is missing?



Projected Percentage Change by Broad Age Group 2006-2031³ Projected Change in Numbers by Broad Age Group, Hastings District 2006-2031⁴



The structural ageing of the population is reflected in the medium age which is projected to rise from 36.5 in 2006 to 41.8 in 2031. In comparison the median age of total New Zealand population is projected to be at 40.9 by 2031.

The ethnic composition of Hastings District shows the majority of the population, 67%, identify as European and a further 12% identify as New Zealander.

³ Source: Statistics New Zealand

⁴ Source: Statistics New Zealand



Maori



Hastings District's Maori population has a youthful age structure, and at 23.8% is noticeably higher than the percentage of Maori in the total New Zealand population, and the population of Maori youth is at 33.50% significantly higher than the national average.

In 2006, the Maori unemployment rate⁵ in the district was more than three times higher than the non-Maori rate (10.3% compared with 3.0%).

Hastings Maori are more likely than Maori in the total population to have incomes in the lowest bands. Nationally 48% of Maori had less than \$20,000 of annual income in 2006, compared with 53% in Hastings.

In addition, 31.6% of the Hastings District Maori population live in Flaxmere (Lochain, Flaxmere East and Kingsley-Chatham) and 5.7% of Hastings District Maori live in Camberley, which are the most deprived areas in the Hastings District. (See 2006 Index of Deprivation Map in section 3.2.)

“The strong partnership formed through the Safe Communities accreditation approach has enabled the Ministry of Social Development to effectively identify and support community projects...and has enabled us to work more closely with groups that work to promote community well-being.” – Ministry of Social Development

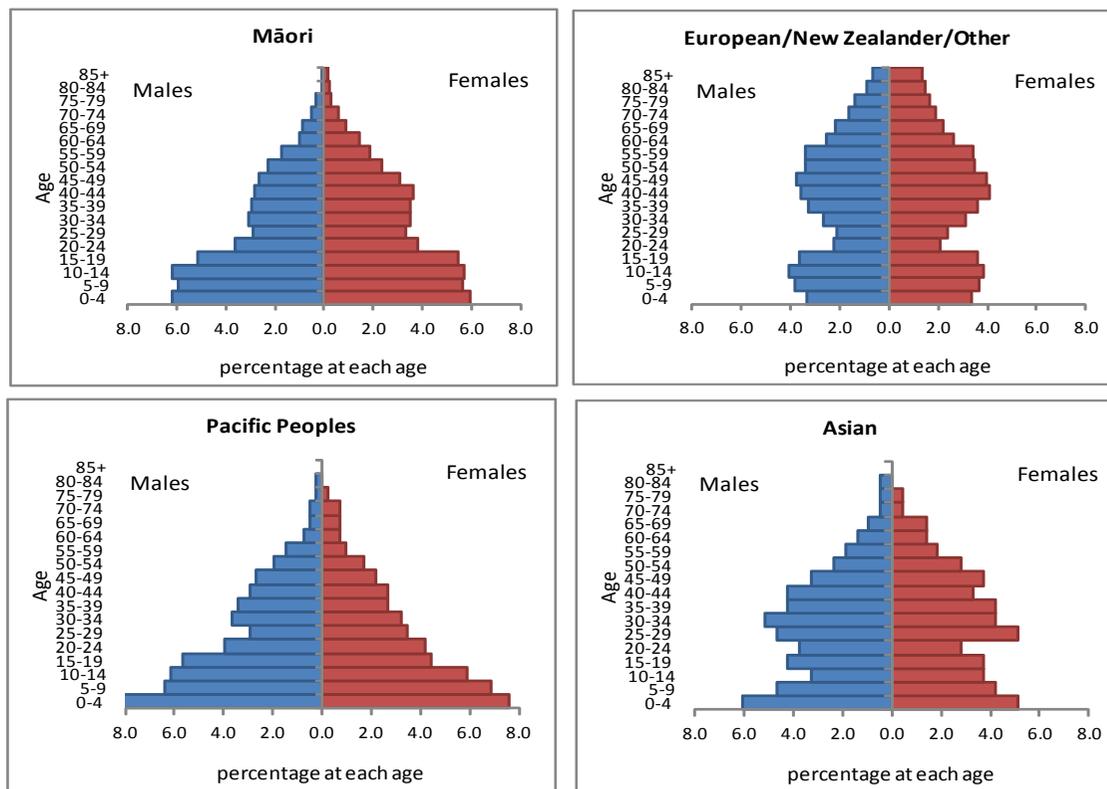
⁵ This is calculated by dividing the number of unemployed by the number in the labour force (i.e. the employed and the unemployed) and multiplying by 100.



Hastings District Ethnicity Population Pyramids 2010.⁶

Population pyramids illustrate the different age structures of the ethnic communities of Hastings District population.

Europeans show a distinct ageing population structure whereas Maori, and in particular the Pacific Island population, have a youthful age structure. The Asian population at 2% of the total is only a small component of Hastings District's ethnic composition.



Source: Statistics New Zealand, Estimated Subnational Ethnic Population (RC, TA) by Age and Sex at 30 June 2006

⁶ Notes: Multiple count ethnicity means that people may be counted in both populations



The number of households in Hastings District is projected to increase from 26,800 in 2006 to 33,100 in 2031. This is an annual increase of 0.8% which is below the projected increase for total New Zealand of 1.2% per annum.

The composition of families in Hastings District differs from total New Zealand with a lower percentage of couples with and without children and a significantly higher percentage of one parent families. Hastings District also has a higher percentage of families with dependent children than total New Zealand.

Family Types in Hastings District and New Zealand, 2006 Census⁷

Family type	Area	
	Hastings District (%)	New Zealand (%)
Couple without child(ren)	38.5	39.9
Couple with child(ren)	40.4	42.0
One parent with child(ren)	21.1	18.1
Total	100.0	100.0

Families with Dependent Children⁸

2006 census	Area	
	Hastings District (%)	New Zealand (%)
	51.3	48.3

“The New Zealand Fire Service has benefitted from the close working relationship with the Council and other partners involved, in terms of sharing information that will ultimately benefit the community of Hastings. This information sharing will assist us to better plan our activities to align with those of all partners involved.” – New Zealand Fire Service

⁷ Source: Statistics New Zealand

⁸ Source: Statistics New Zealand



The correlation between family type and poorer social outcomes is reflected in Family Medium Income where both families with dependent children and all families have lower Medium Income than total New Zealand.

Median Family Income \$(000)⁹

Families in Private Occupied Dwellings 2006	Area	
	Hastings District	New Zealand
Families With Dependent Children	51.0	57.7
All Families	53.3	59.0

One reason for the lower than average income is that employment in the Hastings District is characterised by less people employed as managers, professionals and other high skilled employment and more people employed as unskilled labourers.

Underlying the unfavourable family, income and labour market data in Hastings District are poor educational and training outcomes compared to total New Zealand. Hastings District has a higher percentage of school leavers with no attainment and youth with no qualifications. Conversely there is a lower percentage with post school vocational and university qualifications.

There is a higher percentage of youth not engaged in education or training than for the total New Zealand population. The outcomes are significantly worse for Hastings Maori.

⁹ Source: Statistics New Zealand



Section B1 in Summary

Compared to the rest of New Zealand Hastings has:

- ↑ A higher percentage of low income families with dependent children
- ↓ A lower than median income
- ↓ Fewer skilled employment opportunities
- ↓ Poor educational outcomes
- ↓ Slower population growth than total New Zealand
- ↓ Falling numbers of young people aged 0-14
- ↑ The Maori population is proportionally higher, and growing, particularly young Maori
- ↑ Increasing numbers of people aged 65+
- ↑ High numbers of single parent families

Conclusion

The demographic data supports the discussion in Section A about the target groups of youth, older people and low income families.



B2. Describe the SC/IP at present and the plans for the future



At present the Safe Communities programme is led by HDC, but community owned, with a wide variety of agencies involved in the working group and a wider stakeholder group, as detailed in Section C.

HDC will lead the development of an implementation plan post accreditation, in which a collaborative programme of work will be developed. The implementation plan will focus on the target groups and environments detailed in Section A4, as well as focussing on existing and new programmes to improve safety.

For the purposes of this accreditation application we have focussed on the target groups and environments that are high priorities for all partners. Work place injury data and rural community safety issues will be revisited during the implementation plan process and relevant data looked at in more detail to establish any programmes that could be relevant.

In the future, it is anticipated that a regional approach to re-accreditation will be sought with other accredited Safe Communities in Hawke's Bay (Safer Napier, Safer CHB and Wairoa, whose application is still in progress) in order to maximise the collaborative approach to community safety programmes and initiatives. Discussions are already underway to progress this. Funding for a co-ordinator for Safer Hastings is anticipated to come from ACC.

B2 Are the descriptions sufficient?

Yes

No

If no, what is missing?



B.3 Describe the support for sustained injury prevention provided by the local politicians (Hastings District Councillors) in the community and which parts of the programme have been undertaken by and/or supported by the regional government

There is a cross-council approach to community safety and injury prevention, as shown in the following table on page 20. Some of these projects are managed by one team, and some involve cross-council working groups. Council also fulfils its statutory function in relation to preventing harm through enforcement of:

- Dog Control Act 1996
- Resource Management Act 1991
- Building Act 2004
- Fencing of Swimming Pools Act 1987
- Sale of Liquor Act 1989
- Gambling Act 2003
- Civil Defence Emergency Management Act 2002
- Land Transport (Road Safety and Other Matters) Amendment Act 2011
- Building Act 2004
- Liquor Bans (under the Local Govt Act 2002)



Hastings Mayor meeting Rural Fire Volunteers

B3 Are the descriptions sufficient?

Yes

No

If no, what is missing?



Hastings District Council - injury prevention and community safety activity				
Council team	Home Safety	Safety in Public Places	Alcohol Related Harm	Road Safety
Building Consents	Smoke alarm checks as part of building consent. Swimming pool fences checked on a 3yr cycle. Building Consents issued.	All parks equipment is checked annually.		
Social & Economic Development	Street by Street.* Youth Potential Project. Gang Wananga Project. Camberley Community Project.	Street by Street. Youth Potential Project. Gang Wananga Project. Camberley Community Project.	Street by Street. Youth Potential Project. Ease up in the Bay. Gang Wananga Project. Camberley Community Project.	Street by Street. Youth Potential Project.
Strategy & Development	Community plans.	Community Plans for: Hastings City Central; Havelock North, Waimarama, Haumoana, Flaxmere, Clive, Whakatu, Camberley. Heretaunga Plains Urban Development Strategy (HPUDS) with NCC. Hastings Urban Development Strategy (HUDS).	Joint Alcohol Strategy (With NCC.)* Local alcohol area plan.	Hastings City Central Plan; safety perception, people vs vehicle space.



<p>Parks & Properties</p>		<p>CPTED incorporated into all Reserve Management Plans. All parks car parks are locked at night. Keep Hastings Beautiful anti graffiti and littering programme. Lighting in parks CBD upgrades.</p>	<p>Alcohol free signs for Camberley & Flaxmere parks.</p>	
<p>Transportation</p>	<p>Driveway safety standard developed, to improve the visibility relationship between land use and vulnerable road users on the footway.</p>	<p>Civic square redevelopment incorporating CPTED.</p>		<p>Transportation Safety Management System aligns with National Road Safety Strategy and the Safe System. Road network assessed in accordance with the NZTA High Risk Rural Roads guide. GIS based Intersection prioritisation model developed to optimise intersection safety. Also Council intends to align the Safety Management Strategy with ISO/FDIS 39001 Road Traffic Safety Management systems for accreditation, December 2012. Footpath upgrades.</p>



iWay		Better lighting on newly installed cycleways.		Cycle safety training for schools. Cyclepath infrastructure.
Community Safety	Neighbourhood Support.*	CCTV. Security patrol routinely checking public spaces. Neighbourhood Support. Dog Control.	Licensing inspector. 3 Liquor bans in place. Alcohol accords. There is a by law against drinking in our parks.	Parking Officers regularly patrol the urban areas and issue fixed penalty fines for unlicensed and unwarranted vehicles.
Emergency Management	Education provider programme, ECE, schools. Evacuation planning, centre planning and planning with parents for all things Civil Defence. Partnership planning with other community groups, (Churches etc.)	Community response planning with emergency Services. Rural fire planning and education.		
Community Facilities	Hastings Sports Centre: Support for the Basketball Academy, a coaching and mentoring programme for at-risk youth. Getting Started, a partnership with Family Works and low decile schools, fundamental brain patterning programme for Yr1 students	Art Gallery: Public Programmes including “Paint the Square” and “MII” which target vulnerable youth and put mentoring in place. Hastings Sports Centre: Kids Club, keeping kids occupied and off the streets from after school to dinner time.		The Libraries provide free access to people wanting to practice online driver’s tests.



(cont)	<p>unable to cope with formal learning environments.</p> <p>Libraries: Computing and cellphone courses at the library for elderly, prevents isolation.</p> <p>Libraries display information/material on behalf of other Council programmes and depts. (E.g. Exercise Shakeout, Housing for the Elderly, Sus'd, etc.)</p>	<p>Libraries have wheelchairs and walkers for use by the public.</p>		
Human Resources	<p>Hastings District Council offers all employees free access to Employee Assistance Services (EAP). to speak to a confidential qualified professional about what is happening for you either at work or home.</p>	<p>Develop policies and standard operating procedures to ensure the safety of staff, external contractors employed by Council and in turn protect the public.</p>	<p>Human Resource initiatives such as “The Great Summer Shape Up” to improve employee health through exercise, nutrition and alcohol awareness.</p>	
Other	<p>Staff participate in Civil Defence & emergency management activities.</p>	<p>First Aiders, hazard management policies and protocols etc.</p>	<p>Internal alcohol policy, HDC social club.</p>	

*Cross-council department project



B4. Describe the strategic programme concerning the safety promotion and injury prevention work which has been formulated

The strategic programme will be formulated post accreditation. An implementation plan for Safer Hastings will be developed, and will refer to the many partner strategies already developed (some of which are listed in section A2.) As all of the partners in the Safer Hastings accreditation bid work on a regional (Hawke's Bay) basis except Hastings District Council, most existing strategies covering the Hastings population also cover the wider Hawke's Bay. Closer collaboration between the territorial authorities in Hawke's Bay and other partners to work towards a regional approach to Safe Communities is important to prevent duplication of effort and maximise opportunities to collaborate on safety issues. Safe Communities Coordinators across Hawke's Bay already meet regularly to share ideas and network.

A good example of regional collaboration is The Joint Alcohol Strategy developed by Napier City Council and the Hastings District Council. This is a collaborative strategy to address the issues of alcohol abuse in both cities. Due to the close proximity of Napier and Hastings, the issues relating to alcohol abuse are common to both councils, for example as people travel between the two territorial authorities to eat, drink and socialise. A coordinated response from both Councils means that patrons are equally safe and information shared regarding repeat offenders, problems and solutions. ACC funding for Safe Communities projects in 2012 enabled the "Ease Up in The Bay" contestable fund to be developed for community groups to assist with the delivery the Joint Alcohol Strategy.

B5. Who is responsible for the management of the SP/IP programme and where are they based in the local political and administrative organisation?



Hastings District Council is responsible for leading the accreditation bid. The accreditation process is sponsored by Dennis Morgan, Group Manager: Strategy and Development, and supervised by Steve Breen, Economic and Social Development Manager. The project co-ordinator is Cheryl Paget, the Project Manager: Executive Office, assisted by Paddy Steffert, Community Safety Coordinator. The management of the accreditation process is a collaborative effort between three Council teams including the Office of the Mayor and Chief Executive.

B4 Are the descriptions sufficient?

Yes

No

If no, what is missing?

B5 Are the descriptions sufficient?

Yes

No

If no, what is missing?



B6. Which is the lead unit for the SC/IP programme?

Hastings District Council will lead the development of an implementation plan for the community post accreditation, in partnership with a wide range of Government and Non-Government agencies. The Social Well Being Collaborative Group will oversee the development of the plan and its implementation in the future, and ensure the continued cooperation of the partners.

B7. Is the safe communities initiative a sustained programme or a project?

Safer Hastings will become a sustained programme, forming a strong basis of collaborative working and information sharing and co-funding of joint initiatives across partner agencies and across the region. Strong working relationships with Napier City Council, Central Hawke’s Bay District Council and Wairoa District Council will continue to develop.

B8. Are the objectives decided by the local politicians (all democratically elected members) covering the whole community?

Yes. Hastings District Councillors and Hawke’s Bay District Health Board members are elected by the whole community on a triennial basis. These elected members make policy and strategy decisions that cover the whole community of Hastings (HDC) and Hawke’s Bay (HBDHB.)

Council programmes are driven by the strategic direction of the Council, as set out in the Hastings District Council Long Term Plan (LTP) which is adopted by Council. There are 14 elected councillors and 1 elected Mayor.

HBDHB programmes cover the whole population of Hawke’s Bay (Hastings, Napier, Central Hawke’s Bay and Wairoa.) The Board of the Hawke’s Bay District Health Board has a membership of up to 11 people, and has strategic oversight of the organisation. The Board is partly elected and partly appointed. Elections are held every three years in tandem with the Territorial Local Authority elections. The strategic direction of the HBDHB is detailed in their Statement of Intent 2011-14.



B6 Are the descriptions sufficient?
 Yes
 No
If no, what is missing?

B7 Are the descriptions sufficient?
 Yes
 No
If no, what is missing?

B8 Are the descriptions sufficient?
 Yes
 No
If no, what is missing?



B9. Who have adopted these objectives?

The Safer Hastings programme will be delegated to the SWBCG by partner agencies, using the data collated and information provided by a range of partners (detailed in Section C) including the Council and the HBDHB. The information gathered will identify the range of issues affecting the whole community. Safer Hastings partners will adopt the objectives set by the programme post accreditation.

B10. How are the safe communities objectives evaluated and to whom are the results reported?

Safe Communities programmes will be evaluated using the Results Based Accountability method, and will be reported to the Social Well Being Collaborative Group. A range of other evaluation tools will be used by individual partners.

B11. Are economic incentives used in order to increase safety?

Several partners, for example the Council or the HBDHB offer funding in order for community groups to deliver the strategic outcomes developed by the funder. The MSD also offer outcomes based funding for projects.

ACC made funding available in 2012 to Napier City Council and Hastings District Council in order to deliver Safe Communities projects. NCC and HDC agreed to pool the funding, and created a contestable fund called “Ease Up in the Bay” for community groups to develop projects that deliver the Joint Alcohol Strategy described in section B4. This helps identify new potential partners for delivery of Safer Hastings and Safer Napier objectives.

Other economic incentives are derived from Council’s regulatory function, for example fees set by Council for Dog Licences, and fees charged for building and resource consents, liquor licences etc. Hastings District Council operates a “user pays” philosophy whereby the costs are largely met by the applicant rather than all rate payers. This places the responsibility for safety jointly on the enforcer (Council) and the owner of the property or pet.

B12. Describe local regulations for improved safety

These are detailed in the table in Section B3, and include swimming pool inspections, liquor licensing regulations, dog registrations, building control, civil defence and road safety.



B9 Are the descriptions sufficient?

Yes

No

If no, what is missing?

B10 Are the descriptions sufficient?

Yes

No

If no, what is missing?

B11 Are the descriptions sufficient?

Yes

No

If no, what is missing?

B12 Are the descriptions sufficient?

Yes

No

If no, what is missing?



Section B2-B12 in Summary

The governance and planning of Safer Hastings will be Council led, but community owned, with a variety of statutory and non-statutory organisations involved. Collaboration is considered important for the Safe Communities in Hawke's Bay for the future.

Injury prevention and community safety activity is shared across Council teams.

The Social Well Being Collaborative Group which has overseen the accreditation application will also oversee the development of a Safer Hastings implementation plan post accreditation.



Section C Indicator 1: An infrastructure based on partnership and collaborations, governed by a cross sectional group that is responsible for safety promotion in their community.

1.1 Describe the cross-sector group responsible for managing, coordinating and planning of the SC/IP programme

The Working Group formed to complete the accreditation document is overseen by the Social Well Being Collaborative Group (SWBCG), a group made up of officers of the representative government agencies involved (listed below.) The SWBCG will oversee the development of an Implementation Plan for Safer Hastings post accreditation. The aim is to ensure that the Safer Hastings application and post-accreditation development remains within a collaborative framework.

The Working Group members have signed a memorandum of understanding (MOU); the purpose of this is to set the guidelines for how meetings will be conducted and information shared. The partner agencies have signed a memorandum of commitment (MOC) to Safer Hastings which will be renewed annually. Letters of support from a variety of partners and community groups have also been received. The Working Group meets monthly and provides an update report to the SWBCG which also meets monthly. The Working Group has developed a communications plan to ensure maximum support from community groups through the accreditation process.

Partners directly involved in the Safer Hastings application

Safer Hastings Working Group	Social Well Being Collaborative Group	Hastings District Council: Key staff
ACC	ACC	Dennis Morgan
Hastings District Council	Hastings District Council	Steve Breen
Hawke's Bay District Health Board	Hawke's Bay District Health Board	Cheryl Paget
Health Hawke's Bay	Health Hawke's Bay	Paddy Steffert
Ministry of Social Development	Ministry of Social Development	
New Zealand Fire Service	Housing New Zealand	
New Zealand Police	New Zealand Police	
Te Taiwhenua o Heretaunga	Te Puni Kokori	
New Zealand Transport Agency		
RoadSafe Hawke's Bay		

C1.1 Are the descriptions sufficient?
 Yes
 No
 If no, what is missing?



Organisational Structure Pre accreditation accreditation



Suggested Organisational Structure Post





1.2 Describe how the local government and the health sector are collaborating in the SC/IP work

HDC is leading the accreditation process and will lead the development of an implementation plan, and is committed to working with a range of partners to reduce the injury burden in the community.

The HBDHB and Health Hawke's Bay are represented on the Working Group and the SWBCG, and meet regularly with Council and other partners to discuss collaborative work on the Joint Alcohol Strategy (developed with HDC and NCC) and a range of other issues.

1.3 How are NGOs, Red Cross, retirement organisations, sports organisations, parent and school organisations involved in the SC/IP work?

A consultation meeting was held on 15 February 2012, to which around 80 people were invited. Subsequently, individual meetings with different organisations were arranged to discuss the Safe Communities application.

Te Taiwhenua o Heretaunga is involved on the Working Group, as they run numerous programmes (listed in section D2) predominantly for the Maori community in the Hastings area. A wide variety of NGOs have been invited to contribute to the accreditation process with information about their projects. The following table shows which community organisations have been contacted and wish to be involved with Safer Hastings.

Once accreditation is attained, a wider community reference group will be formed. This will ensure continued engagement with NGOs in the Safer Hastings programme.

"I... would like to highlight that the collaboration between various sectors in the community overall is high...and many further opportunities exist to develop safety initiatives across the Hastings Community..." – Age Concern Hastings

C1.2 Are the descriptions sufficient?
 Yes
 No
If no, what is missing?

C1.3 Are the descriptions sufficient?
 Yes
 No
If no, what is missing?



Community organisations engaged in the accreditation application

Age Concern Flaxmere	Age Concern Hastings	Age Concern Havelock North	Alcohol Accords	Atomic Youth Centre	CCS Disability Action	Citizen's Advice Bureau
Community Connections	Deaf Aotearoa	Directions Youth Centre	Disability Resource Centre	DOVE Hawke's Bay	Enliven	Family Works
Hastings Business Association	Hastings Parents Centre	Hastings Seniors	Hastings Women's Refuge	Idea Services	Lifeline	Leg Up Trust
Lusk Centre	New Zealand Red Cross	Parents As First Teachers (PAFT)	Parent to Parent Hawke's Bay	Parentline HB	Plunket HB	Problem Gambling
Purena Koa Rehu Youth Services	Returned Services Association	Riverslea Community Trust	RoadSafe Hawke's Bay	Roopu A Iwi Trust	Students Against Drunk Drivers (SADD)	Sport Hawke's Bay
St Johns	Te Ora Hou	U Turn Trust	Victim Support	Workbridge	YMCA Hastings	



1.4 Are there any systems for ordinary citizens to inform about risk environments and risk situations they have found in the community?

The community can use the emergency number 111 for Police, Fire or Ambulance, or can use email or out-of-hours telephone services to alert relevant organisations of risks they discover in the community. The Health and Safety in Employment Act 1992 requires the recording of accidents, which are broadly defined as any event that causes any person to be harmed; or in different circumstances, might have caused any person to be harmed. Employees or customers/clients can record accidents or near misses using the Accident Book on the premises where the incident took place.

In addition, Hastings District Council, Police and other government agencies regularly survey the community for their opinions on a range of issues; this may be for a specific project, or it may be data gathered to inform a new strategy or long term plan. Often these surveys are about community safety issues.

Here are three Case Studies of community surveys.

Case Study 1: Hastings CBD

In a 2011/2 a community survey in the Hastings CBD asked a question related to safety in the CBD. The question was “how do you rate the following statement about the Hastings CBD – “It feels safe at all times.”

Answers were given via a rating “strongly disagree” through to “strongly agree.”

The survey was undertaken via a telephone sample, face-to-face consultation using the Council’s “Voice Box Consultainer” – a converted shipping container used at community consultation events, and a survey with CBD retailers. Results are shown here:¹⁰



Council’s “Voice Box Consultainer”

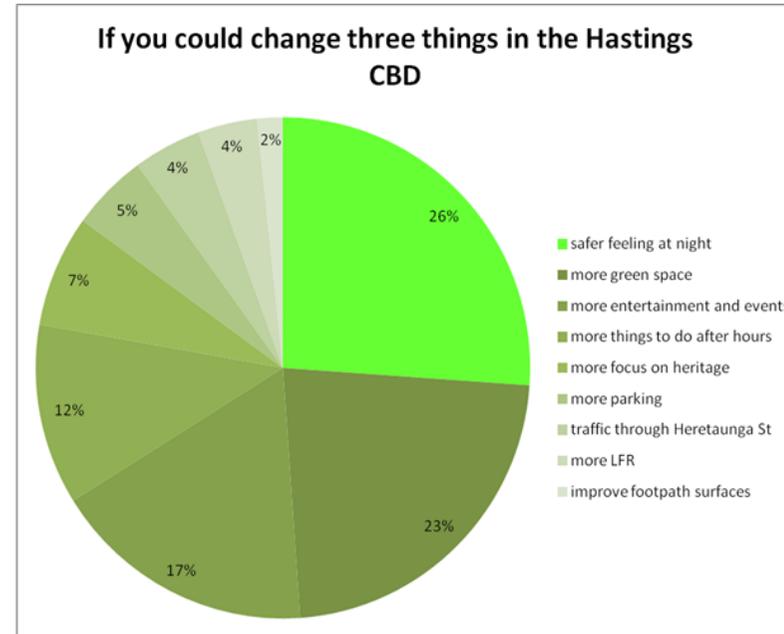
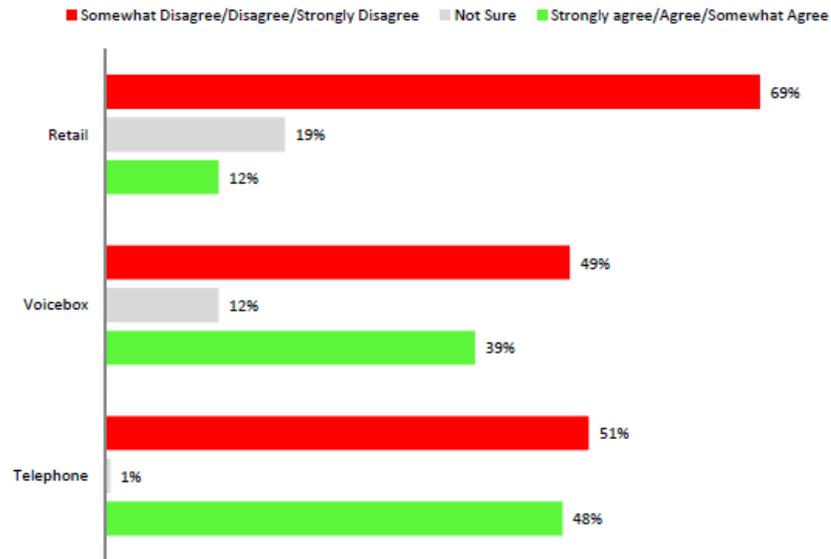
¹⁰ 2011/12 – HDC CONSULTATION DATA SOURCES

Major engagement activities December 2011: Voice box consultation, **281** completed survey responses and an estimated 600 people passed through voice box, Additional text commentary via whiteboards: Retail employees/owner operators surveys (Heretaunga Street East/West), **104** responses: Telephone survey (APR) • **400** responses; Total dataset **785** surveys

C1.4 Are the descriptions sufficient?
 Yes
 No
If no, what is missing?



CBD FEELS SAFE AT ALL TIMES ?



There is a trend evident in the feedback of a general feeling that the city centre is not safe at all times. Conversations were held in the voice box with young people, many of whom expressed not feeling safe largely due to gang presence; a sentiment also expressed by the elderly and retailers.

A Communitrak survey in 2005 identified feeling unsafe, a fear of crime and violence and worry about young ones hanging around, suggesting that a fear of crime and anti social behaviour in the CBD is prevalent.



Case Study 2: Youth Survey

A review of the Youth Connect Strategy (2007) by the Hastings District Council started by consulting with young people aged 12-24 in January 2012 and the wider community, including service providers, to gather opinions and feedback on priorities for youth related to five themes: Education, Employment, Feeling Safe, Fun, and Knowledge.¹¹ Findings of the Feeling Safe themes are provided below as an example.

Feeling Safe

Safety is critical to young people enjoying and engaging in the community whether for work, fun, or study. This includes moving around the District, using public spaces and facilities, and independent activities in environments outside of their home, school and more monitored spaces.

Key Issues

- Poor lighting in some public spaces, particularly town and parks
- Gangs: removal of patches; better management of their criminal activity; don't let them take over town; be more aggressive to gangs and don't let them get away with stuff; give gangs more consequences
- No-go suburbs, Camberley and Flaxmere. However, Flaxmere youth felt reasonably safe
- Don't cycle or walk at night - don't feel safe
- Not enough police presence, particularly police patrols
- Free self defence classes should be available
- Hastings needs a better reputation, maybe it's just perceived as bad, when it's good
- Frequency and routes of public transport. Doesn't feel safe enough, so don't use it.



¹¹ Over 770 people responded to the surveys: 473 people aged under 24; and 297 aged over 24. Surveys were distributed on-line and face to face, with separate surveys for each age group. Over 250 people participated in 6 focus group sessions. Four of these were within schools and one was with service providers that deliver programmes and services to young people. The service provider session was attended by over 60 individuals from 35 agencies



Key Strengths

- CCTV
- Police (when they are seen)

Key Actions Suggested

- Enhanced lighting in public areas (parks and streets)
- Greater policing on the streets and in public spaces
- Review CPTED plans and policies align to youth feedback
- Examine gang related policies and procedures. Range of ideas, banning gang patches, enhanced monitoring and removal from town etc
- Safety texting, a 111 text service
- Cheaper public transport at key safety times (evening, weekends etc)
- Especially at night, surveillance on buses (either physical, video etc)
- Subsidised self defence classes
- More training in anger management, reduce violence, bullying, improve relationship skills and parenting
- More CCTV

Case study 3: Flaxmere West Neighbourhood Policing Team Neighbourhood Engagement Surveys (NESt)



During September/October 2011 499 surveys were carried out by the Flaxmere West Neighbourhood Policing Team (NPT) members by way of door to door and face to face interviews with residents in the NPT area. Residents from 40 streets were surveyed in this process.

The NESt Survey was conducted using open questions in order to find out from the community the issues impacting on that area and some of the solutions that may be used to improve community safety.

The results of this survey will form part of the scanning phase of the Flaxmere West NPT in their development with the community of an Operational Policing Plan that will direct their activities in the years to come.



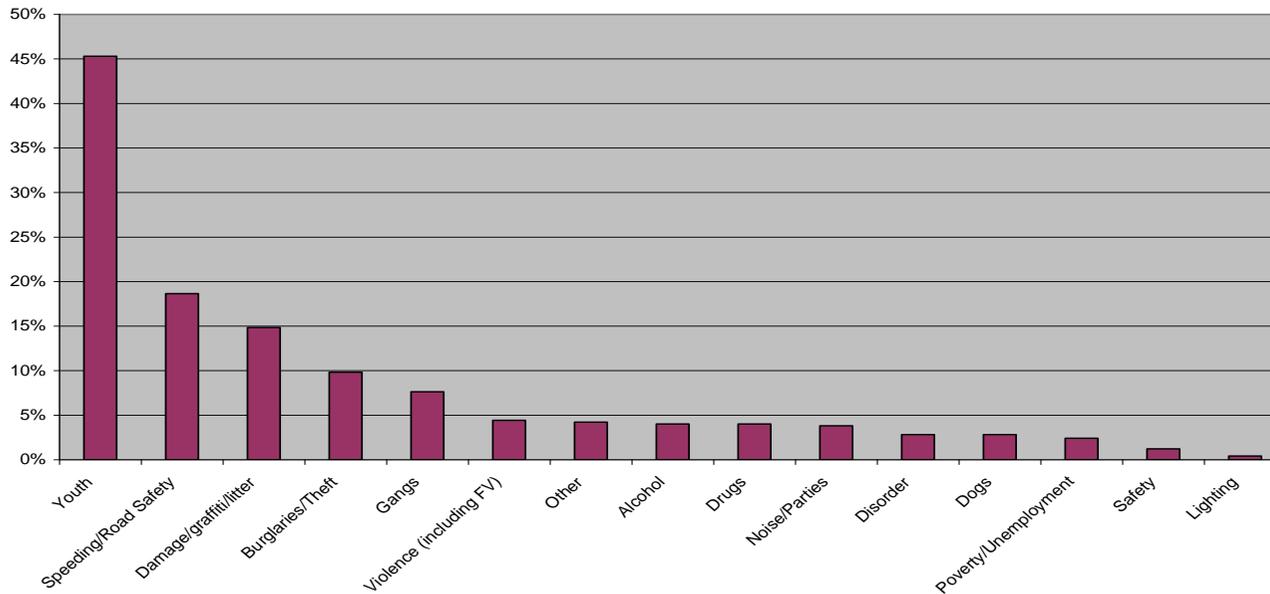
General Findings

Approximately 25% of respondent did not identify any problems. The remainder however gave over 600 responses/issues which have been placed into 15 broad categories. Youth related issues were identified as the top issue for Flaxmere West respondents.

The top issues were:

Youth issues	(45% n 226)
Speeding Vehicles and Road safety	(19% n 93)
Damage Graffiti and Litter	(15% n 74)
Burglary/Theft	(10% n 49)
Gangs	(8% n 38)

Percentage of Respondents



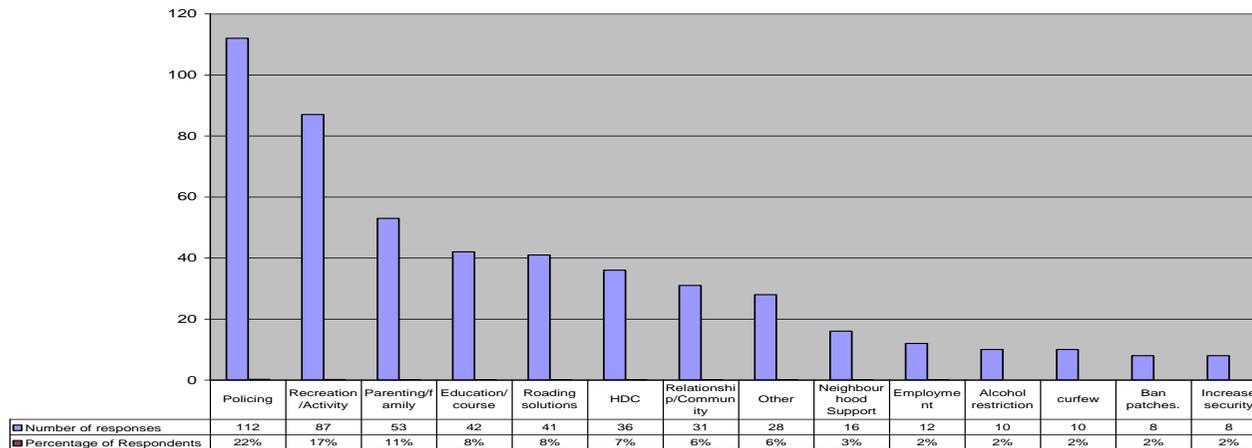


Solutions

Respondents were asked for their thoughts regarding solutions that could be used to improve the problems identified. Policing activity came out as the number one response from residents. This ranged from more police, more patrolling, and enforcement etc. The top solutions were:

- More policing (22% n112)
- Recreation and activity for youth (17% n 87)
- Parenting/Family (11% n 53)
- Education (8% n 42)
- Roading solutions (8% n 41)

Suggested Solutions



1.5 Describe how the work is organised in a sustainable manner

Safe Communities accreditation is viewed as the start of the process, not the end. The Memorandum of Commitment signed by the partner agencies will be reviewed annually to ensure that all agencies are working sustainably and ensuring the implementation plan (to be developed) is delivered efficiently, effectively and to the benefit of the whole community. Regional co-operation will strengthen this approach.

C1.5 Are the descriptions sufficient?
 Yes
 No
 If no what is missing?



Section C in summary

A partnership of statutory and non-statutory organisations is working together to complete the Safe Communities accreditation bid and have committed to continue working collaboratively post accreditation.

The community are regularly surveyed on a variety of safety issues and this information will be used to inform and direct Safer Hastings programmes in the future.

Recent surveys suggest a fear of crime and not feeling safe amongst a good cross section of the community.

Conclusion

The Safer Hastings programme will be delivered by a strong partnership made up of agencies committed to making Hastings, and Hawke's Bay, a safer place for its residents.



Section D Indicator 2: Long-term sustainable programme covering both genders and all ages, environments and situations

2.1 Describe the sustainable work in regard to SC/IP and how the different sectors including specific NGOs are involved in the work. Are some of these areas overseen by other organisations and/or agencies than from the community? How is the community involved?

The list of NGOs involved with Safer Hastings can be found in section 1.3 of this document, and programmes developed and funded by a range of government and non-government organisations are listed in the table below (page 40.)

2.2 Describe the work with genders, all ages and all environments and situations. Describe all activities like falls prevention and how the work is done.

The table below lists the long term programmes in the Hastings District managed by a range of partner organisations. They are listed by **target environment**, as defined in Criteria 1 (diagram shown again below.)

Programmes are listed under the most appropriate theme, although several programmes may relate to more than one target environment.



D2.1 Are the descriptions sufficient?
 Yes
 No
If no what is missing?

D2.2 Are the descriptions sufficient?
 Yes
 No
If no what is missing?



Key to programmes in Hastings for long-term sustainable programmes

	Safety in the Home
	Safety on the Roads
	Safety in Public spaces

Safety in the Home						
Theme	Programme	Target Demographic	Intervention Timeframe	Outcomes	Developer	Partner
Home Safety	Home Safety Checklist	Low Income families	On going	Reduce injuries in the home	HBDHB, ACC	NZFS TToH
Home Safety	Pepi Pods	Low income families Maori/Pacific Island	On going	Reduction in SUDI deaths	HBDHB	TToH, Choices, Midwives Plunket
Safe Sleep	Back your Baby Campaign to promote sleeping on their backs	Low income families	Developed 2012 – on going	Reduction in SUDI deaths	HBDHB	TToH, Choices, Midwives Plunket
Housing	Healthy Homes Programme	Low income families Criteria: NZDEP 8.9,10 low income homes; & where there have been hospital respiratory admissions.	On going	Improving health outcomes through better insulated, safer homes	Healthy Homes Coalition – HHB; HBRC; HBDHB; ACC TToH	Healthy Homes Coalition – HHB, HBRC, HBDHB, ACC TToH
Community Resilience	Flaxmere Heroes Calendar & community directory	Low Income families - Flaxmere based	Annually	Community directory of support services	U Turn Trust	Totara Health



Theme	Programme	Target Demographic	Intervention Timeframe	Outcomes	Developer	Partner
Youth Resilience	Turning the Tide – Wananga Project /Event	Youth	Annual Event – water based	Raising youth resilience using guardianship	Te Tai Timu Trust	HHB
Youth Resilience	Tu Te Mauri Youth violence	Youth	Completed 2010-2012	Collaborating with other agencies to reduce the level of offending in the community and wider	Te Ora Hou Hawkes Bay	HDC, Camberley Community
Sexual Health	Safe Sex Condom Card Scheme	Youth – predominantly	3 years	Less STIs & unplanned pregnancies. Fewer terminations	HHB & HBDHB collaborative	GPs
Home Safety	Party Register	Youth 15-25 years	On going	Increased number of parties registered with the Police	RoadSafe Hawke's Bay (NZTA)	Police, HHB
Family Violence/anger	Hastings Youth on Track Leadership programme	Youth	On going	Targeting potential leaders & giving them the skills to reach potential	PKR	Flaxmere College, MYD HDC



Theme	Programme	Target Demographic	Intervention Timeframe	Outcomes	Developer	Partner
Family Violence/anger	Boys Group/ Girls Group	Low income families	On going	Developing self esteem; Coping strategies for violence & anger issues	PKR	Schools, Family Works, SWIS
Falls	Tai Chi – a falls prevention strategy	Older People	On going	Increased balance and leg strength leading to a reduced incidence of falls & serious injury	ACC	Sport Hawke's Bay HBDHB
Falls	Vitamin D Supplement Programme	Older people – Rest Home facilities	On going	Aiming to have 75% of all rest home residents on Vitamin D supplement. To prevent falls	ACC HBDHB	Rest home facilities
Falls	Fall Prevention presentations/workshops/ Education; Awareness Month (May)	Older people	On going	Raised awareness on fall prevention& reduced numbers falling;	ACC Sports Hawke's Bay	Lusk Centre, Age Concern, Rest Home facilities, Heretaunga Seniors HBDHB, ACC HHB Hastings RSA



Theme	Programme	Target Demographic	Intervention Timeframe	Outcomes	Developer	Partner
Family Violence	Elder Abuse	Older People	Ongoing	Improved support for older person; raised community awareness of issues	Age Concern	HBDHB Hastings Health Centre-GPs
Winter Health	How to keep well & warm in winter – newspaper & mail drop campaign	Whole Population	One off – annually	Raising awareness of winter wellness	HHB, HBDHB	HHB, HBDHB
Safety in the Home	“Don’t drink & fry” - never leave the cooking unattended	Low income Families	On going	Reduced numbers of fires in the kitchen	NZFS	
Alcohol	Alcohol Brief Intervention-GP screening around alcohol abuse	Whole population	On going	To identify & address alcohol issues	HHB	ALAC
Home Safety	Re- integration Programme	Prisoner population	On going	Successful re-integration of released prisoners into the community	Choices	MoJ
Fire	Get Out Stay Out Get Down, Get low and get out	Whole population	On going	Fire safety awareness	NZFS	MoE – pre-schools



Theme	Programme	Target Demographic	Intervention Timeframe	Outcomes	Developer	Partner
Fire	Get Fire Wise- (morphed out of 'Stop Drop & Roll')	Whole Population	12 month programme delivered by teachers	Prevention – fire safety awareness including evacuation plans;	NZFS	MoE
Addiction	Addiction Services	Whole Population	On going	Support for addicted members of the community	HHB	
General Health	Green Prescription Programme (GRX)	Whole population	Ongoing – 6 weeks of supported activity; exited after 3 months	Improved activity levels leading to other health & nutrition benefits	Sport Hawke's Bay	HBDHB, HHB
Mental health	Light House Trust Programme	Whole Population - with complex mental health issues	On going to referred consumers	Well-being through exercise	Sport Hawke's Bay	HHB
Healthy Living	Te Haerenga Hauora	Targets people with a BMI of > 35	On going intervention	Achieving individual health goals	Sport Hawke's Bay	Tumeke PHO – now HHB
Suicide Prevention	Kia Piki Te Ora (Hawke's Bay wide)	Whole population	On going	Reduce suicide numbers in the community Promote mental health & well being for Maori	Te Kupenga Hauora	HBDHB, TToH, Police, Problem Gambling Victim Support. Dove HB, MoH



Theme	Programme	Target Demographic	Intervention Timeframe	Outcomes	Developer	Partner
Nutrition	Early Childhood programme ; Kohanga Reo programme	Pre-school	On going	Improved levels of physical activity & improved nutrition Based on Healthy Heart Awards & Sport NZ's Active Movement Programme	Sport Hawke's Bay	HHB
Child Health	B4 School Checks – comprehensive health checks for all children at 4 years of age	Pre-school	On going	Children start school life as well equipped and as healthy as possible	HHB	HBDHB
Safety of Tamariki & Rangitahi	After School Holiday Programme	Primary	On going	Learning social skills & coping skills in a safe place	MSD	PKR – provider MOE
Home Safety	Family Start	Low income families	On going	Referral system to appropriate services; Weekly visits until the age of 5 years Service to assist youth gain qualifications	MSD	TToH



Theme	Programme	Target Demographic	Intervention Timeframe	Outcomes	Developer	Partner
Family violence intervention	Tunu Tunu	Whole population	On going	Reduction in family violence in the Flaxmere area; promotion of community spirit	U Turn Trust	Unison
Youth Resilience	Boxing Academy	Whole population	On going	Improved self esteem and self confidence	U Turn Trust	
Childcare	After School Care	Whole school age population	On going through school terms	Healthy children engaged in activities to stay safe after school	YMCA	
Primary Health	Hauora Heretaunga Medical Clinic	Whole population	On going	Comprehensive integrated GP, Nursing and allied health services (e.g. podiatry, diabetes, sexual health)	TToH	HHB, HBDHB, Southern Community Laboratories
Primary Health	Hauora Heretaunga Oranga Niho	Adults and adolescents	On going	Mobile and fixed clinic whānau dental treatment and education.	TToH	HBDHB, Hastings Secondary Schools



Theme	Programme	Target Demographic	Intervention Timeframe	Outcomes	Developer	Partner
Community Health	Mobile Primary Care Nursing & Health Promotion	Whole population	Ongoing	Whānau community nursing and health promotion (e.g. schools, workplaces and community settings).	TToH	HBDHB, HHB, GPs, workplaces, Maraes
Community Health	Tamariki Ora	Children 0-5 and parents	On going	Home-based Well Child health screening, promotion and education.	TToH	HBDHB, Plunket, GPs, Family Start, Independent Midwives, Teen Parent Unit
Community Health	School Based Nursing	5-14 yr olds	On going	School Health clinics and whānau support.	TToH	HBDHB, Flaxmere, Irongate Peterhead Primary Schools
Community Health	Māori Disability Support	Whole population	On going	Advocacy, advice and support for disability Assessments	TToH	HBDHB, CCS and other disability agencies, Age Concern, Community Connections, GPs
Community Health	Aukati Kai Paipa	All ages, particularly Maori women over 18 yrs	On going	Smoking cessation and support	TToH	MoH, HHB, HBDHB, GPs



Theme	Programme	Target demographic	Intervention Timeframe	Outcomes	Developer	Partner
Safer Environments	Safer Environments for Whānau	All ages - children	On going	Community injury prevention promotion	TToH	HBDHB, MoH, ACC
Community Health	Whānau Tu Whānau Ora	All ages	On going	Community physical activity and nutrition programmes.	TToH	HBDHB, Te ORa Hou, Mayfair School, Camberley Community Centre, IronMaori, Tamatea Rugby Club
Community Health	Te Whare Oranga	All ages	On going	Community fitness and well-being centre.	TToH	Sport Hawke's Bay, HBDHB, IronMaori, Mental Health, Hohepa Homes
Mental Health	Oranga Hinengaro Te Matau a Maui	All ages	On going	Hawkes Bay wide Kaupapa Māori specialist clinical mental health services.	TToH	HBDHB, GPs, Kahugunu Exec (Wairoa), pharmacists, Central Health, other mental health providers and NGOs
Mental Health	Ngā Oranga o Te Rae – adults and children and youth	All ages	On going	Kaupapa Māori community mental health support and rehabilitation.	TToH	HBDHB, GPs, Central Health, other NGOs
Mental Health	Ararau Residential and Day Rehabilitation Programme	Adults on referral	On going	Residential rehabilitation services. Day activity rehabilitation programmes.	TToH	HBDHB, Pharmacists, GPs, Central Health, Kahugunu Exec, Other mental health providers and NGOs



Theme	Programme	Target demographic	Intervention Timeframe	Outcomes	Developer	Partner
Mental Health	Medication Support	All ages	On going	Medication support for whānau in their own homes.	TToH	As above
Mental Health	High Needs Packages of Care	All ages	On going	One to one support, up to 24 hour, 7 days per week.	TToH	As above
Child safety	Social Workers in Schools (SWIS)	Primary aged children	On going	Programme for children with challenging needs	Family Works	MSD, Flaxmere, Camberley, Irongate, Peterheads and Rimiora schools
Family safety	Parenting through separation	All ages	On going	Small group programme for parents recently separated/about to separate. Focuses on the child's well-being	Family Works	MoJ



Safety on the Road						
Theme	Programme	Target Demographic	Intervention Timeframe	Outcomes	Developer	Partner
Increasing the Safety of Young Drivers	Practice – on line driving programme	Youth 15-19yrs	Ongoing	Better prepared young drivers for the Restricted Test	ACC NZTA	ACC NZTA
Increasing the Safety of Young Drivers	SADD – programmes – Students	Youth 15-19 year olds	Ongoing	Raised awareness of consequences of drinking & driving	SADD	RoadSafe HB, ACC, NZFS Police
Impaired Driving: Drugs & Alcohol	Hawke's Bay Youth Alcohol Expo: Focus on -Impaired Driving: Alcohol or Drugs -Decision making and consequences -Risks of impaired driving for all road users -Sober Driver Messages -Host Responsibility	Youth: Year 11 Students Hawkes Bay Schools 15- 17 years	Yearly: Week Long Event	-Reduction in the incidence & severity of alcohol & drug related crashes -Raised awareness of the risks impaired driving has on all road users -Increased awareness of the true costs of alcohol & drug related crashes: social and physical -Improved road safety for all road users	RoadSafe HB Eastern Police HBDHB	Police ACC HBDHB Health HB



Theme	Programme	Target Demographic	Intervention Timeframe	Outcomes	Developer	Partner
Impaired Driving: Drugs and Alcohol	Blue Light Programmes	Youth 15 – 19 year olds referred by the Courts	Weekend programme usually x 2 a year	Raise awareness of consequences of drinking then driving; and raise the number of licensed drivers	Police – youth /community section	ACC; RoadSafe HB, EIT, St John's, Funeral Directors, Driving Instructors
Impaired Driving: Drugs and Alcohol	“Just Another Saturday Night” Youth Alcohol Education Resource: -Impaired Driving: Alcohol or Drugs -Decision making and consequences -Risks of impaired driving for all road users -Sober Driver Messages -Host Responsibility	Youth Parents/Caregivers Teachers Health Promoters Addiction Services Police	Ongoing Activities	-Raised awareness of the risks and consequences of driving impaired -Increased awareness of the risks of young drivers for all road users -Raised awareness of the risks for passengers of impaired drivers	Road Safe HB Eastern Police	Road Safe HB Eastern Police
Motorcyclists – returning to riding	Motorcycle Training /Open day	Whole Population	3 Training sessions offered throughout the year ; Open Day – Nov	Safe motorcycle riders on our roads; Higher visibility for motorcyclists	Motorcycle Reference Group ACC, RoadSafe HB, Police	Ericksen Honda, Pacific Motorcycle Rider Club, Ulysses Club,



Theme	Programme	Target Demographic	Intervention Timeframe	Outcomes	Developer	Partner
Impaired Driving: Drugs and Alcohol	Mothers Against Impaired Driving: -Mothers, aunts etc providing youth alcohol/drug road safety education	Youth / Young Adults	Ongoing Activities	-Raised awareness of the risks and consequences of driving impaired -Increased awareness of the risks of young drivers for all road users -Raised awareness of the risks for passengers of impaired drivers -Promoting sober driver messages and appropriate decision making	Road Safe HB	Road Safe HB
Cycle Safety	i Way	Whole Population	On going	Increased safety of vulnerable road users	HDC	NZTA



Theme	Programme	Target Demographic	Intervention Timeframe	Outcomes	Developer	Partner
Car Restraints	“Tamariki in the Car” -Resource Development: Restraint Education-Danny and Baillie’s Adventure -Education opportunities-correct fit for age, weight, height for infant/children -Correct installation of child restraints -Encourage the use of booster seats	-Early Childhood Centres -Play Groups -Kohanga Reo -Parents/Caregiver Whanau	Ongoing	-Increased use of booster seats -Increased numbers of correctly fitted restraints for age, weight and height. -Increased number of correctly installed child/infant restraints	RoadSafe HB	Plunkett NZ Police
Mobility Parking Programme	Mobility parking permits	persons with disability	Ongoing	People with disabilities are entitled to use mobility parking spaces for their convenience and safety	HBRC	CCS Disability Action



Safety In Public Spaces						
Theme	Programme	Target Demographic	Intervention Timeframe	Outcomes	Developer	Partner
Community Engagement	Street by Street	Low Income families	On going	Identifying safety issues & possible solutions; identifying a street 'champion'; working towards setting up neighbourhood support networks.	HDC	Police & Community Policing HBDHB, ACC, NZFS
Youth Resilience	Gang Youth Project – a project involving gang members	Youth Potential gang recruits	On going	Centred around youth resilience & aspiration choices	Te Tai Timu Trust	MoJ HDC
Water Safety	Waimarama Surf Life Saving Programmes – including Rookie Life Guarding; Senior Life Guarding; Board Training; Instructor training, Advanced Life Guarding	Youth Rookie Training 12 – 14 years Over 14 years - participation at the appropriate level; yearly refreshers;	Ongoing as and when required.	Saving & protecting Life; Patrolled beaches at high season and at the most vulnerable times; a reduction of drownings ; Increased awareness of water safety	Surf Life Saving NZ	Water Safety NZ



Theme	Programme	Target Demographic	Intervention Timeframe	Outcomes	Developer	Partner
Community safety	Community Patrols	Whole population	On going	Reduction in petty theft; reduction in disorderly street behaviour	HDC	Volunteers, Community patrols, Police, Alcohol Accords
Community safety	Neighbourhood Policing Programme	Whole population	On going	Increased safety in residential streets	Police	
Community safety	Liquor Bans	Whole population	On going	Reduction in alcohol related harm	HDC	Liquor Licencing Authority
Alcohol compliance	Controlled Purchase Operations - CPOs	Whole Population	As & when required	Reduction of illegal liquor sales by on & off Licenced premises	Police Hastings District Licencing Authority	RoadSafe Hawke's Bay, HBDHB, Alcohol Accords, ACC
Alcohol compliance	Host Responsibility	Whole Population	As & when required	On & Off Licence staff training in Host Responsibility key principles	HBDHB HDC	HANZ Alcohol Accords
Community safety	Activesmart – on line activity /nutrition injury prevention programme	Whole Population	On going	A healthy active work place resulting in fewer worker injuries & illness, and therefore increased productivity for the business.	ACC; School of Physical Education- Otago University	



Theme	Programme	Target Demographic	Intervention Timeframe	Outcomes	Developer	Partner
Community safety	Marae Fire Safety	Maori; venue based	On-going	Fire Prevention awareness & education	NZ Fire Service	Programme developed in partnership with Maori elders
Community safety	Smokefree cessation programmes- in schools, in general practices, in the workplace setting; & group based within the community;	Whole Population	On going	Reduce number of smokers	HBDHB – Public Health	HHB
Fire Safety - safety in public spaces	FAIP- Fire Awareness Intervention Programme	Pre-school, Primary & Secondary.	Intervention is immediate - programme is ongoing as required	Reduce the likelihood of fire lighting behaviour recurring.	NZFS	MoE – schools – both public & private
Alcohol compliance	Bar Safe	Whole population -but in particular youth	On going	Reduce the incidence of alcohol related harm by restricting access to Licenced premises.	Hastings & Havelock North Alcohol Accords	HDC HBDHB ACC, RoadSafe Hawke's Bay
Water Safety	Swim Heretaunga – Learn to swim & Water safety	Whole population	On going	Lift the standard of swimming in HB;reduce the number of drownings; Up skill students in water safety survival	Swim Heretaunga	HDC, Water Safety NZ, Funding Trusts



Below are highlighted two case studies of long-term sustainable programmes in Hastings that involve statutory agencies and NGOs.

Case Study 1: Pepi Pods

The initiative Preventing Sudden Unexpected Death in Infancy (SUDI) – Hawkes Bay Collaboration

Target In 2009/10 there was a significant increase in Hawkes Bay SUDI rates. Based on this intelligence, a group of health professionals sprang into action and quickly established initiatives to raise awareness of safe sleeping advice via consistent messaging, and the provision of safe sleep environments for vulnerable families.

Description The purpose was to identify, resource, co-ordinate and evaluate what would be required to enable safe sleep environments for all newborns. Key messages were determined to be “Face up, Face clear, Smokefree”.

By the end of 2011, 50 health professionals throughout the HBDHB, Maori and community agencies had been trained as Safe Sleep Champions to filter the message through their services and communities. Next a need to ensure all babies had access to space sleeping spaces saw the development of the Pepi Pod Project which distributes Pepi Pods with bedding packs to mothers and families with no identified separate space for their baby to sleep in. 300 of these have been provided to Mothers throughout Hawkes Bay. Funding has been secured for a further 800 pepi-pods to be distributed over the next two years.. An innovative text messaging service to new mothers with key messages for the early weeks of baby life is also in the development and adds to the suite of interventions Hawkes Bay has implemented to combat SUDI.

The project is being evaluated with information on referrals, partnerships; inter agency collaboration and mothers’ perceptions. Memorandums of Understanding and relationships underpin the project.

Key stakeholders Hastings distributors are Te Tai Whenua O Heretaunga, Choices Kahungunu Health Services, HBDHB Maternity Services and Plunket. All have committed to providing the pepi pods and safe sleep advice as part of their best practice approach to maternity and child services.





Case study 2: Fire House

The initiative Hastings Fire Station Safer Communities House

Target Hawke's Bay community groups, school aged children and their caregivers.

Description The Safe Communities House is located at the Hastings Fire Station. The aim of the programme is to increase awareness of the risk of fire and broader home safety messages. . Although located in Hastings, the Safer Communities Fire House will be used by schools and community groups across Hawke's Bay.

During 2011 the Hastings Fire Station community risk reduction team worked with local Hawke's Bay business to build an 80m² house to use as a practical tool in the education of children and community groups. The initial focus of the house was to demonstrate the risks of fire and be part of the "Firewise" program. The Fire House concept has proven to be very effective and experience shows the effect of fire is a very powerful education method.

The Fire Service wanted to broaden the safety message of the Fire House by working with other stakeholders. Resources have been added to the house to include broader safety messages. Fire fighters will take children, adults and caregivers through the house and re-enforce the Safe Community messages from partner agencies.

The house was built by fire fighters and local businesses and is a visual educational tool open to school and community groups. It includes two identical children's bedrooms – except in one, "Johnny" has been playing with matches. The house also includes a kitchen area where children can play 'spot the hazards' based on the Home Safety Action Week message "Fight the Five Home Hazards". These are five common home fall hazards - moss, puddles, power cords, rugs and chairs.

The Safe Communities House will be visited by approximately 2,000 children and caregivers each year, and has been funded by Safer Napier, Hastings District Council and ACC. This approach to community safety encourages greater cooperation and collaboration between non-government organisations, the business sector, and local and government agencies. This project has developed a unique way to engage with children, adults and care givers educating and re-enforcing important home safety messages.



Key stakeholders New Zealand Fire Service, local HB businesses, ACC, Safer Napier and Hastings District Council



Section E Indicator 3: Programmes that target high-risk groups and environments and programmes that promote safety for vulnerable groups

3.1 Identify all high risk groups and describe what is being done to increase their safety.

Focusing on specific groups within the community allows resources to be applied in a concentrated, directed manner. Drilling down to specific areas of concern allows partners to ensure resources are used to address issues of most need.

Three target groups have been identified: **youth, older people and low income families with dependent children**, as described in Section A4. These groups have been chosen based on demographic features of the District (see section B) and data from partners that identify these three groups in the population are important in terms of growing social well-being.

3.2 Give examples of high risk environments

Home

Areas that are deprived lack cohesion and social capital and, therefore, experience social tension and crime, have health issues, low employment and use far more than their share of allocated resources. These impacts have a negative effect on the areas of concern and on the Hastings District in its entirety.

One way to focus attention is to analyse the Hastings District on the basis of deprivation. In certain localities deprivation is higher and thus social well-being is constrained. Although certain segments of the community transcend specific localities it is helpful to target effort in those areas where social well-being issues are disproportionately evident.



Whenua Takoha Reserve, Raureka, Hastings

E3.1 Are the descriptions sufficient?
 Yes
 No
If no what is missing?

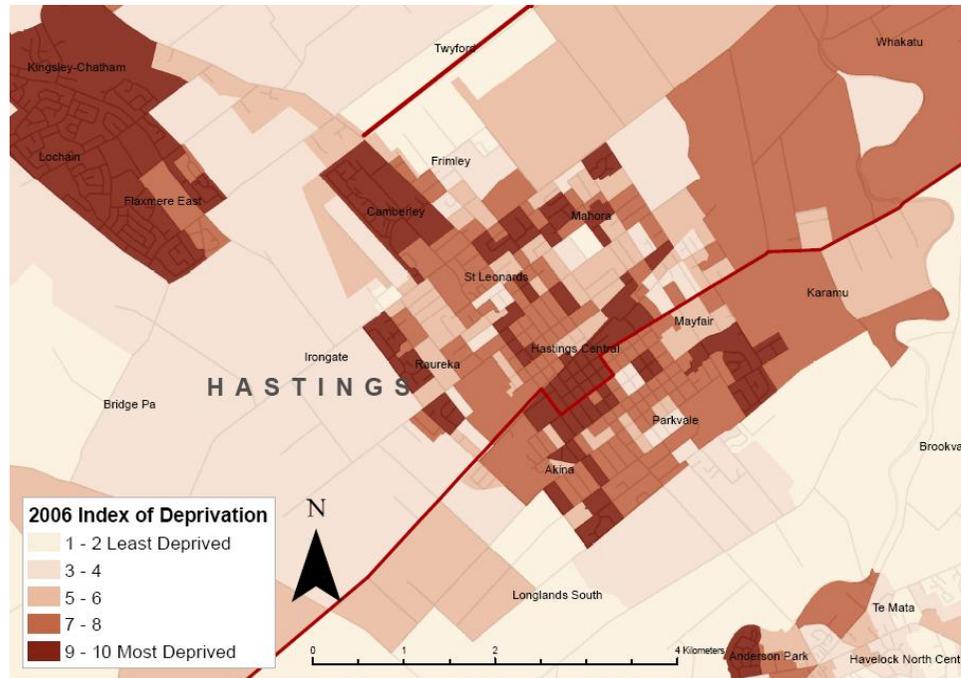


NZDep is one measure of deprivation (see map). It is a measure of the average level of deprivation of people living in an area at a particular point in time, relative to the whole of New Zealand.¹² There is a consistent and pervasive correlation between increasing deprivation and worsening health and risk factor measures. This includes shorter life expectancy, higher mortality rates and higher smoking rates.

The indicators used in defining deprivation include benefit usage, unemployment, low income-earning, access to car/telephone, sole parent families, lack of formal education, lack of qualifications, level of home ownership and living space within a home. The New Zealand population has roughly equal numbers of people living in areas at each level of deprivation.

It is estimated that 15% of the Hawke's Bay population are living in the most deprived group (deprivation level 10) compared with only 10% nationally - meaning Hawke's Bay has a more deprived population than the New Zealand average. The deprivation profile varies across Hawke's Bay with more skewed profiles in Hastings and Wairoa, indicating a more deprived populations that the NZ average.

If focus is placed on those most deprived areas of the Hastings District then from a geographical sense Flaxmere, Camberley, Whakatu, Omahu and Anderson Park are the areas where effort should be focused in order to generate optimal return. Within these geographic communities, our knowledge of specific social well-being areas (described above) and populations most at risk (identified as youth, older people and low income families) will together provide a concentrated and clearly defined target for working towards positive social well-being outcomes.



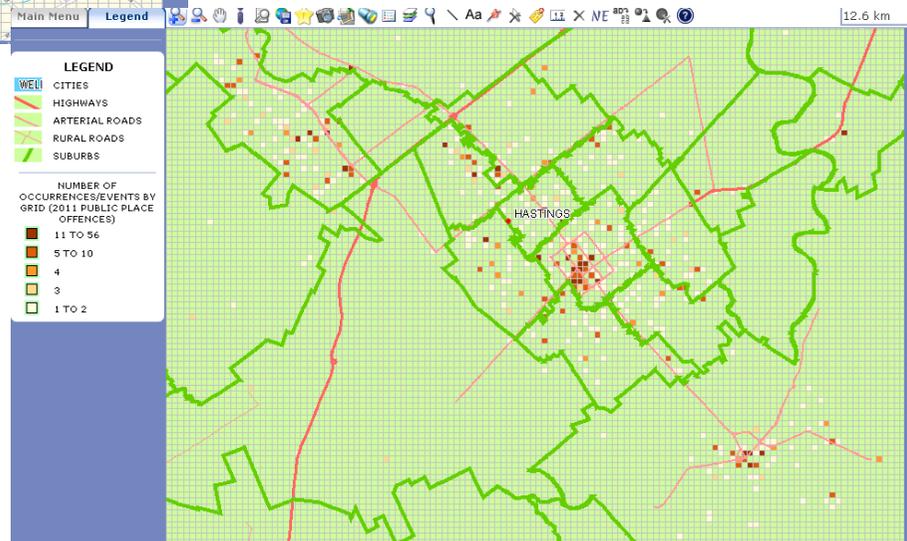
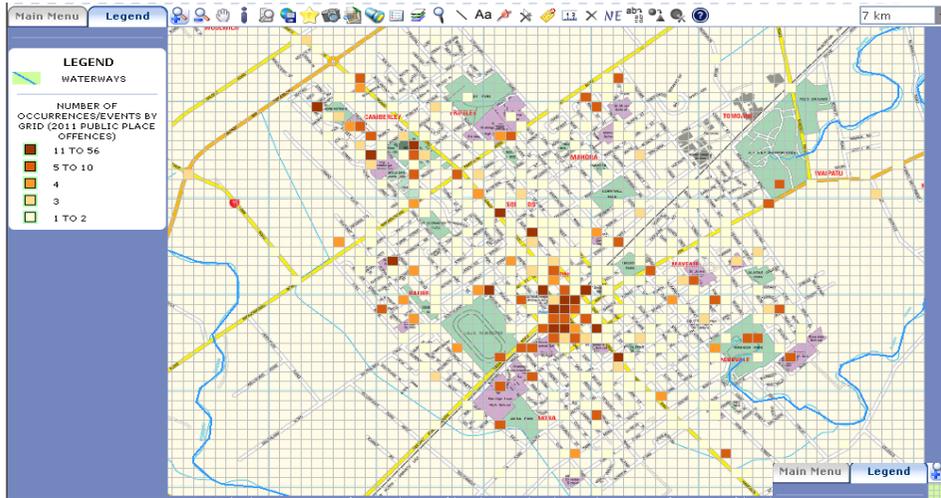
2006 index of deprivation for Hastings

¹² Source: *Healthy People, Healthy Places, HBDHB Health Status Review 2010. Socio-Economic Determinants of Health.*



Public Spaces

The following maps show thematically the density of offences that were reported in 2011 to Police in public places only.¹³



¹³ Note: This data is sourced from Provisional data and is subject to change. It is only as accurate as the information contained Police databases at the time that it is sourced. Statistics from provisional data are counted differently than official statistics.

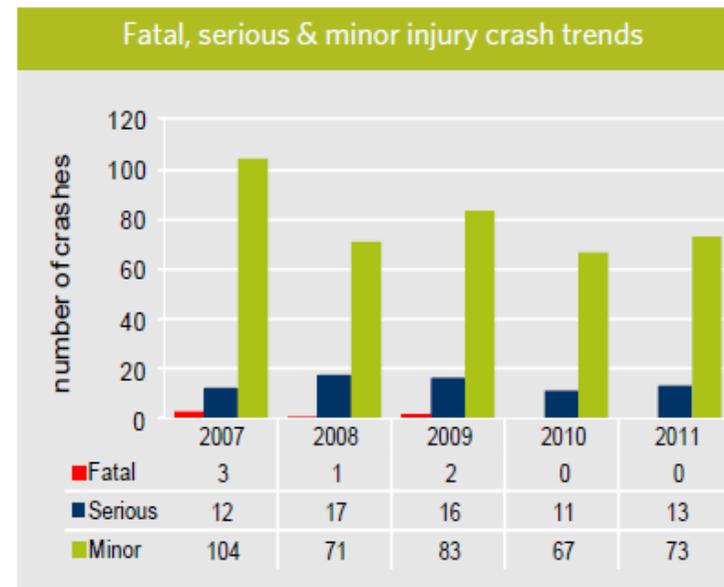


Roads

Intersections are a high strategic priority for the NZTA Safer Journeys. Locally, intersection crashes are a concern due to the number of deaths and/or serious casualties, which reflect a high level of collective risk. The following graph shows the fatal, serious and minor injury crash trends for Hastings District, and the intersections with a high number of such crashes.

Rivers, seas, lakes, ponds and swimming pools

Statistics for Hawke's Bay do not indicate these as high risk environments (One person drowned in the Hawkes Bay in 2011 – down from two in 2010¹⁴) however; the working group acknowledges water safety as an area of concern. This will be discussed in further detail during the implementation plan phase.



Intersections with a high number of fatal &/or serious injury crashes

Intersection road names	Number
SH 2 & SH 50A Paki Paki	4
Railway Rd South & Longlands Rd East	3
Mill Rd & Richmond Rd	3
Havelock Rd & St Georges Rd	2
SH 50 & Omahu Rd	2

¹⁴ Source: Water Safety New Zealand



What safety issues do we mean when we talk about high risk environments?

Home

- Alcohol and drug abuse
- Child abuse
- DIY accidents
- Elder abuse
- Falls
- Family violence
- Fire
- Mental health issues
- Poisonings, burns and falls
- Poor living conditions
- Problem gambling
- School attendance
- Sexual abuse
- Suicide
- SUDI

Public Spaces

- Alcohol induced disorder
- Arson
- Assault
- Dog attacks
- Drownings
- Gangs
- Graffiti
- Natural disasters
- Rural Fire
- Sports related injuries
- Vandalism

Road

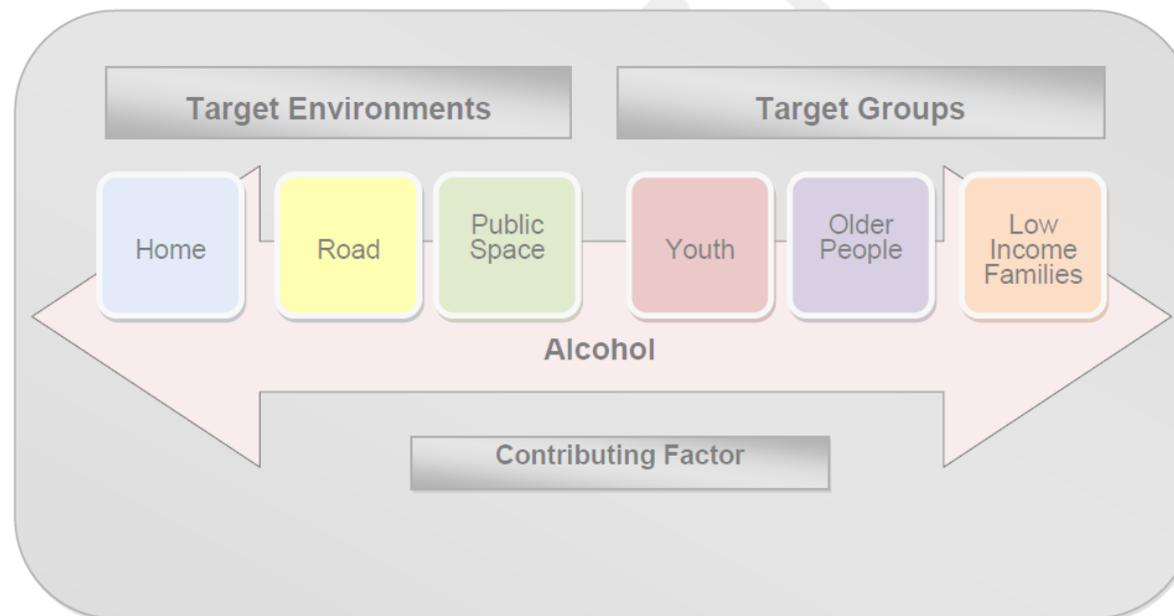
- Car restraints
- Cyclists and motor cycle safety
- Disqualified, unlicensed and forbidden drivers
- Driving under the influence of alcohol or drugs
- Long-term learners
- Loss of control (fatigue, driver distraction, speed, alcohol)
- Mobility scooter safety
- Older drivers
- Pedestrians
- Vehicle standards



High risk environments

The table below lists the programmes for high risk groups in the Hastings District managed by a range of partner organisations. They are listed by **target group**, as defined in Criteria 1 (diagram shown again below.).

Programmes are listed under the most appropriate theme, although several programmes may relate to more than one target environment.





Key to programmes in Hastings for high risk groups

	Youth
	Older people
	Low income families

Youth						
Theme	Programme	Target Demographic	Intervention Timeframe	Outcomes	Developer	Partner
Safety in public spaces	Hastings Youth on Track – mentoring programme. Leadership Programme at Flaxmere College	Youth	Ongoing 2012 is the third year of this programme	Identifying potential leaders and giving them the skills to develop into the leadership role	PKR	Flaxmere College, MYD, HDC
Safety in public spaces	Hip Hop Dance Flaxmere College	Youth 13 – 17 years	Ongoing	Building self esteem , confidence in our young people; Identifying talent	PKR	Flaxmere College
Safety in public spaces	College Boys Group	Pacifica Boys - youth 13- 17 years	Ongoing	Building mana; Being around men, connecting & mentoring	PKR	Flaxmere College, Dove Hawke’s Bay,



Theme	Programme	Target Demographic	Intervention Timeframe	Outcomes	Developer	Partner
Safety in public spaces	Waimarama and Ocean Beach Surf Life Saving Programmes – including Rookie Life Guarding; Senior Life Guarding; Board Training ; Instructor training, Advanced Life Guarding	Rookie Training 12 – 14 years Over 14 years - participation at the appropriate level; yearly refreshers;	Ongoing as and when required.	Saving & protecting Life; Patrolled beaches at high season and at the most vulnerable times; a reduction of drownings ; Increased awareness of water safety	Surf Life Saving NZ	Water Safety NZ
Safety in public spaces	Youth Services	Youth 16 – 17 year olds - NEET i.e. not in education or employment training	Ongoing	Assisting youth to find employment &/or training	Work & Income	TToH
Safety in the home/public spaces	Kia Piki Te Ora Suicide Prevention (Hawke's Bay wide)	Young people Older adults	Ongoing	Reduce suicide numbers in the community; Promote mental health & well being for Maori	Te Kupenga Hauora	MoH , DHB, TToH, Police, Problem Gambling, Victim Support, Dove Hawke's Bay



Theme	Programme	Target Demographic	Intervention Timeframe	Outcomes	Developer	Partner
Safety in the home	Big Brothers, Big Sisters	Youth	Ongoing	Identified young people aged up to 17 years of age supported & encouraged to engage & have fun	Police	Volunteer community mentors
Safety in the home	Sober Talent – Camberley	Youth	Ongoing	Safety messages for youth delivered by at risk youth through Drama	Te Ora Hou	HDC, MoE
Safety in the home	Teen Parent House	Young at risk Teenage Mums	Ongoing	Support for 6 months into independence	TToH	
Safety in the home	Youth 4 Youth	Young people	On going 4 nights a week	Young people gaining knowledge to assist in their personal development	YMCA	Police, Dove Hawke's Bay, Directions.



Theme	Programme	Target Demographic	Intervention Timeframe	Outcomes	Developer	Partner
Safety in the home	Joshua Benny Centre Programme. Mentoring young people with high & complex needs	Young people - 11 year olds upwards	Ongoing weekly programme for referred young people	Helping children to fit back into their communities addressing their high & complex needs with a wrap around service	Leg Up Trust	MoE; Police; Social workers; Mental Health; CYF
Safety on the road	Hawke's Bay Youth Alcohol Expo	Young people – aged 15- 17 years	Once a year for a week	Reduce the incidence & severity of alcohol related crashes; raise awareness of alcohol related harm & the social & physical cost of alcohol related crashes	RoadSafe HB; NZ Police; NZ Police TAG Team (Targeted to Alcohol)	St John's; ACC; HBDHB; SADD; AA; Community Organisations ; Red Cross; Dunstalls Funeral Directors
Keeping the young & vulnerable safe	Working with the horses – weekly programmes	Up to 6 children at a time who have been referred because of behavioural issues at school.	On going	Addressing behavioural, communication & anger management issues. giving them the tools to cope	Leg Up Trust	MoE
Safe during the holidays	School holiday programmes	Whole school age population	School holidays each term	Opportunities to experience group recreational activity	YMCA	



Theme	Programme	Target Demographic	Intervention Timeframe	Outcomes	Developer	Partner
Crime prevention	Alternative Action	Offenders aged 8-17	12 months	A program designed to work with youth who have been brought to the attention of police for minor offences. Program is designed to address offending and help youth avoid progressing to family group conference and further offending	TToH	
Crime prevention	Female offending	Teen female offenders	ongoing	Targeted at females involved in the youth justice system. Program designed to help address reasons for offending and implement systems to prevent re-offending.	TToH	MoJ
Crime prevention	Tiaki Tamariki	Youth offenders aged 8-13	Ongoing	Youth offenders' intervention programme for 8-13 yrs and whānau.	TToH	Police



Theme	Programme	Target Demographic	Intervention Timeframe	Outcomes	Developer	Partner
Community safety	Te Whare Karamu	Teen parents 12-20yrs	Ongoing	Supported living for teen parents and their children for a duration of 6 – 9 months. Focus is on providing a supported environment that allows teens to parent and transition into either independence or into supported whanau environment	TToH	MSD
Community safety	Teenage Parent advocacy	Teen parents 12-20yrs	ongoing	Integrated case management of teenage parents. Advocacy in regards to housing entitlements, access to services such as counselling and legal advice	TToH	MSD



Theme	Programme	Target Demographic	Intervention Timeframe	Outcomes	Developer	Partner
Community safety	Tuakana – Teina project	Teen mothers and fathers	ongoing	A community mentoring program designed to buddy up teen parents with a support person and “listening ear”. The program me includes a young teen dads group designed to offer support and fellowship for teen dads.	TToH	MSD
Community safety	Youth Services	Young people who are not engaged in employment, education or training receiving a youth payment or youth parent payment	ongoing	Support for Youth deemed NEET Intention of program is to transition clients into work, education or training. Also case management for clients receiving either a youth payment or a youth parent payment.	TToH	MSD



Theme	Programme	Target Demographic	Intervention Timeframe	Outcomes	Developer	Partner
Community Cultural Development Programme	Arts performance immersion program	Hawke's Bay unemployed youth aged 18 – 24.	4 months at a time as funding secured	Participants attend the Arts program for 15 hours a week and participate in a drama process to create and write a performance piece based on their own significant stories. Provide support in employability skills including communication, presentation and training opportunities.	Octopus Productions	MSD



Older People						
Theme	Programme	Target Demographic	Intervention Timeframe	Outcomes	Developer	Partner
Safety in public spaces	Marae Fire Safety	Kaumatua Marae members	On going	Fire Prevention awareness & education	NZFS	Programme developed in partnership with Maori elders
Safety in the home/ public spaces	Standing up to Falls	Older adults 60 +	On going	Reduction in the number of falls and reducing serious injury from falls through leg strengthening, balance & coordination	Age Concerns in Havelock North, Hastings, & Flaxmere; Heretaunga Seniors, Lusk Club	ACC HBDHB
Safety in the home	Elder Abuse	65 + years – vulnerable older people & whanau	On going	Improved support for older person; raised community awareness of issue	Age Concern	HBDHB Hastings Health Centre GPs
Safety in the Home	Fall Prevention for older adults	Older people Over 65; Over 55 years for Maori & Pacific Island people	On going	Increased leg strength; better coordination and Improved balance;	Enliven	ACC, HBDHB, Physiotherapists
Safety on the road	Mobility Scooter Training	Older immobile adults 65+	Ongoing as & when required	Increased knowledge of rules around mobility scooter riding	Flaxmere Age Concern	RoadSafe Hawke's Bay, Police



Theme	Programme	Target Demographic	Intervention Timeframe	Outcomes	Developer	Partner
Safety in the home	Kainga Tautoko	Kaumatua over 55yrs	On going	Positive aging Kaumatua nursing and social support. Nursing, clinical and social programme ensuring connectedness, fit and healthy	TToH	HBDHB, GPs, Age Concern,
Safety in the home	Kaumatua Ora	Kaumatua over 55 yrs	On going	Kaumatua health programmes.	TToH	ACC, MSD, HBDHB, GPs, Older Adult community organisations



Low Income Families						
Theme	Programme	Target Demographic	Intervention Timeframe	Outcomes	Developer	Partner
Safety in the home	“Don’t drink & fry” - never leave the cooking unattended	Low income Families	On going	Reduced numbers of fires in the kitchen	NZFS	
Safety in the home	‘Say Ahhhh’ NB Social worker provides the IP focus for this programme	Low Income families in Flaxmere	On going	Improvement in housing & social conditions of clients through social worker visits & liaison with other services	HBDHB	TToH, MOH, Flaxmere Schools
Safety in the home	Home Safety Checklist	Low Income families	On going	Improving the warmth & safety of the homes. Homes insulated & home safety devices fitted in the homes	HBDHB/ACC joint initiative	TToH
Safety in the home	Pepi Pods	Low income families Maori & Pacific Island vulnerable mothers & babies	On going	Reduction in SUDI deaths	HBDHB	TToH, Choices, Midwives, Plunket



Theme	Programme	Target Demographic	Intervention Timeframe	Outcomes	Developer	Partner
Safety in the Home	Family Start	Low income families	On going	Intensive in-home based child development and parental support services, 0-5 years and whanau. Includes Tane Manaaki (mans programme)	MSD (family and Community services)	TToH
Safety in the Home	Refurbishing homes	Low income families	On-going	Helps families in housing need, to eliminate sub-standard housing by building, renovating and selling simple, decent houses on an affordable basis.	Habitat for Humanity	HDC, Hawke's Bay Prison
Safety in Public Spaces	'Rock On Truancy' Based on a Hamilton. programme. An holistic approach to truancy	Lower decile areas Flaxmere based; all primary schools	On going	Intervention programme that prevents prosecution of parents as the end result of truancy. Intervention pathway agreed & planned	MoE, Police	HDC, CYF, HBDHB



Theme	Programme	Target Demographic	Intervention Timeframe	Outcomes	Developer	Partner
Safety in Public Spaces	Street by Street <i>Community engagement; Place-based plan.</i>	Families ; all ages Disengaged families; Lower decile areas; areas of high deprivation and high crime statistics	On going	Identifying safety issues & possible solutions; identifying a street 'champion'; working towards setting up neighbourhood support networks.	HDC	Police & Community Policing, HBDHB, ACC, NZFS, WINZ
Safety in Public Spaces	Camberley Community Project	Low Income families – areas of high deprivation	Ongoing to 2015	Based on social & environmental goals of the Camberley Community Plan focusing on community engagement and beautification projects to empower the community to implement the Community plan	Te Ora Hou	HDC



Theme	Programme	Target Demographic	Intervention Timeframe	Outcomes	Developer	Partner
Safety on the Road	Child Restraints	Low income families Targeting areas of high deprivation	Ongoing – focussed usually around the Police National & local Calendar of work Feb April, Sept, December	Increase awareness of the correct installation of child restraints. Increased compliance	RoadSafe Hawke's Bay	ACC, Police, NZTA, Plunket, Community groups
Safety in the Home	Whānau Placement	Children in the care of Child Youth and Family	Ongoing	Facilitating permanent placement for care and protection of children into extended whānau.	TToH	MSD, CYF



Below are highlighted two case studies of projects in Hastings for high risk groups that involve statutory agencies and NGOs.

Case Study 1: The Leg-Up Trust

The Initiative: Giving at-risk youth a 'leg up' in life.

Target: At-risk youth

Description: The Leg-Up Trust reaches out to disadvantaged youth who suffer social, behavioural or emotional problems by teaching them how to work and communicate with horses. These people have been put in the 'too hard' basket and Leg-Up Trust gives them a second chance in life; increased confidence, life skills and something to get up for in the morning. These young people have often been through incredibly difficult times; some have suffered abuse, are at risk of suicide or are young offenders. Leg-Up provides strong and clear boundaries so that the young people develop a sense of right and wrong and learn to focus on positive attributes. There is no room for political correctness – we are considered 'old-fashioned' by some - but the children are all nurtured and unconditionally loved. All other avenues have failed with these children so we have to dare to be different.

1) Leadership Programme: These are for young people with leadership potential and these students make our hearts beat faster with their positive outlooks and aspirations to be the best they can be.

2) Horse Sense Programme: These cater for those children with anger management issues, communication problems, are neglected, are bullies or being bullied. They can be very challenging but after a few weeks most participants start to come around and accept our discipline. The horses respond when the students begin to soften and defences are broken down, and some great relationships form between student and horse. In addition several boys come one day a week to have time out from their mainstream school and they are required to do some schoolwork before engaging in other, more physical activities. Huts are appearing in trees, tables and chairs being built, lawnmowers pulled apart, gardens dug (unpopular since winter set in) and delicious cooking smells emanating from the client room.

3) The Joshua Bennie Centre promises a wrap-around service for children who cannot be at school for whatever reason, be it behavioural problems, victims of sexual abuse, or learning difficulties – those with high & complex needs. They come for the school week and the goal is to transition them back to school, having gained very valuable life skills.

Key stakeholders: Ministry of Education; Mental Health; Police; Social Workers.





Case Study 2: Rock On Truancy

The Initiative: To reduce truancy and youth offending and increase engagement in education

Target: Young people under 16 who are identified as showing any pattern of absence from school (chronic truants are usually also known to the Police).

Description: Increasing participation in school is key to reducing anti-social behaviour and offending, as there is a clear link between disengagement in education and youth offending. Truancy has been related to substance abuse, gang activity, burglary, auto theft, and vandalism. Attendance at school is regarded as one of the “big four” factors that can produce resilience in a young person. The longer term consequences of truancy include worse employment opportunities, lower earnings, greater welfare dependence, homelessness and limited housing options, higher involvement in crime, worse mental health, suicidal thinking and early pregnancy.

Partners in the programme sign an MOU committing to the provision of a high quality, integrated services to combat truancy. The sharing of relevant information is central to the effectiveness of this process. The Rock On truancy protocol is implemented when normal avenues of school intervention have failed to have an impact; when all school processes have been used, then there is a formal referral to Rock On.

The Police visit the family to hand-deliver a Rock On letter, and talk with parents/caregivers (and student) to gather information about the issues and causes of truancy. If there is no improvement in school attendance, an informal family meeting is held at the school with all people involved, to put together a plan. If a prosecution for non-attendance is eventually made, at least all parties have worked together to support the family to resolve the issue.

Key Stakeholders: Police, MoE, CYF, local schools, HBDHB





Section F Indicator 4: Programmes that are based on the available evidence

4.1 Describe the evidence based strategies/programmes that have been implemented for different age groups and environments

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

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

Additionally, the Safe Communities House at Hastings Fire Station project is substantiated by the following research¹⁵:

- CRF Report #9, Fire Safety as an Interactive Phenomenon, Victoria University of Wellington.
- CRF Report # 25, Vulnerability and the Translation of Safety Knowledge, Victoria University of Wellington.
- CRF Report # 46 Adolescent Fire setting: a NZ case-controlled study of risk factors for adolescent fire setters, University of Auckland.

Also, the ACC Falls prevention programme (Otago Exercise Programme) a home based individually tailored strength & balance retraining programme, based on the 2003 University of Otago research by Professor A John Campbell, Professor of Geriatric Medicine, and M Clare Robertson PhD - Senior Research Fellow.

¹⁵ All research quoted, sourced from, NZ Fire Service National Fire Risk Management Strategic Plan 2012.

F4.1 Are the descriptions sufficient?

Yes

No

If no what is missing?



4.2 Have any contacts been established with ASCSCs, WHO CCCSP, other scientific institutions or knowledgeable organisations about the development and/or implementation of evidence based strategies? Which ones? What has been the extent of their counsel?

Through attendance at the National Safe Communities forums held annually and organised by SCFNZ in its capacity as an Affiliate Support Centre for Safe Communities (ASCSC) we have had contact with other ISC Affiliate Support Centres based in Australia, America and Canada. The ASCSC based within the ISC regional Pan Pacific Safe Community Network has resulted in a sharing of information on proven and promising strategies. The SCFNZ also distributes relevant information and sources of knowledge identified through its work with other ASCSC and the WHO CCCSP.

Additionally, we draw on work from a range of New Zealand academic and institutions including the Universities of Auckland, Otago, Canterbury and Massey. Each offers different expertise, for example SHORE based at Massey has many useful resources related to preventing alcohol related harm. Canterbury, Otago and Auckland have for a long time had a focus on self-harm and suicide prevention and have undertaken extensive research in this and many other areas of injury prevention, e.g. Falls Prevention, Motor Vehicle Traffic Crashes.

For specific age groups, e.g. Child Safety we also access the evidence provided locally by SafeKids New Zealand which is part of Safe Kids Worldwide – another ASCSC for ISC. Other institutions and organisations contacted by Safer Hastings partners are listed below.

Who	What institutions
HDC	Wanganui District Council – Safer Wanganui Central Hawke’s Bay District Council – Safer CHB Napier City Council – Safer Napier Wairoa Safe Communities Initiative Society of Local Government Managers (SOLGM)
ACC, HBDHB	University of Otago Injury Prevention Research Unit (IPRU) IPNANZ
Police	Crime and Justice Research Centre
MSD	MSD works closely with all other social sector agencies, both government and non-government including territorial local authorities to seek information and support. Some of this is by way of our involvement with forums such as Safe Communities, Community Response Forum, Strengthening Families Local Management Group as well as business groups.

F4.2 Are the descriptions sufficient?

Yes

No

If no what is missing?



Section G Indicator 5: Programmes that document the frequency and causes of injury

5.1 What local data is used to determine the injury prevention strategies? Which methods are used in the community?

New Zealand Public Hospital Injury Discharges Data for Hastings from 2007 to 2011 can be found on the University of Otago IPRU website <https://blogs.otago.ac.nz/ipru/statistics>

This table, taken from the IPRU website, shows all non fatal external causes, all intents, both genders, 0 to 24 year olds, for the Hastings Territorial Local authority (TLA) area.

Age Group	Number of Discharges	Crude Rate (per 100,000 persons)
0-4	357	1,267.3
5-9	323	1,143.4
10-14	311	1,026.1
15-19	431	1,536.5
20-24	352	1,683.4
TOTAL	1,774	1,307.4

G5.1 Are the descriptions sufficient?

Yes

No

If no what is missing?



This table, taken from the IPRU website, shows all non fatal external causes, all intents, both genders, 60 years old and above from 2007 to 2011, for Hastings TLA

Age Group	Number of Discharges	Crude Rate (per 100,000 persons)
60-64	258	1,288.1
65-69	246	1,578.9
70-74	241	2,032.0
75-79	247	2,594.5
80-84	264	3,651.5
85+	448	6,892.3
TOTAL	1,704	2,409.5

Data can also be gathered from the Statistic New Zealand website

http://www.stats.govt.nz/browse_for_stats/health/injuries.aspx and publications produced by the World Health Organisation, such as the world report on road traffic injury prevention

http://www.who.int/violence_injury_prevention/publications/road_traffic/world_report/en/index.html or the world report on Child injury prevention, http://whqlibdoc.who.int/publications/2008/9789241563574_eng.pdf



Locally, data is collected by statutory agencies in order to target resources, provide reports and improve service delivery. Below are some examples of the injury and safety data collected by Safer Hastings partners.

Police

Understanding and Responding to the Drivers of Crime

Police understand in-depth and respond purposefully to the drivers of crime in the Hawke's Bay. In particular we focus on prevention and the needs of victims. Partnerships are an essential component of our area. They focus on key tactical strategies of organised crime, gangs and drugs, reducing the impact of alcohol misuse, reducing youth offending and victimisation, in particular family violence and child protection, policing the roads and burglary. Hawke's Bay area will ensure that existing Neighbourhood Policing Teams address the underlying causes of crime in the communities that they serve.

Police aggregate statistics by Police area boundaries not by local authority area boundaries. For the purpose of this document Hastings include the following Police Stations: Clive, Flaxmere, Hastings, Havelock North, Porangahau, Waipawa and Waipukurau. Police do not produce statistics identifying apprehensions where alcohol was a factor.

Below are the following tables for Hastings for the years 2007 - 2011:

- Number of family violence investigations and proportion where alcohol was involved
- Recorded apprehensions for offenders aged 15-24 by gender and Offence division
- Recorded offences in public places by Offence division

Please note that Family Violence Investigations are jobs Police deal with as family violence.

A given family violence investigation may relate to one or more offences and/or non-offence incidents. Only one of these (usually the most severe) is used to categorise the investigation. Please note that these data are provisional and drawn from a dynamic operational database. They are subject to change as new information is continually recorded.

No. of Family Violence Investigation and Proportion where alcohol was involved in Hastings, CY 2007- 2011			
Calendar Year	No. of FV Investigations	FV Investigations where Alcohol was involved	% where Alcohol was Involved
2007	1,670	437	26.20%
2008	1,705	455	26.70%
2009	1,934	512	26.50%
2010	2,358	627	26.60%
2011	2,550	614	24.10%



Also, many factors influence Police decisions to undertake Family Violence investigations and these change over time. Police statistics for Family Violence Investigations should therefore not be used to make inferences about trends in the incidence of Family Violence over time.

Recorded Apprehensions for offenders aged 15 -24 in Hastings by Gender and Offence Division, Calendar Year 2007 - 2011

			2007	2008	2009	2010	2011
Female	1	HOMICIDE AND RELATED OFFENCES		1			
	2	ACTS INTENDED TO CAUSE INJURY	53	67	52	90	74
	3	SEXUAL ASSAULT AND RELATED OFFENCES	1			1	
	4	DANGEROUS OR NEGLIGENT ACTS ENDANGERING PERSONS	2	6	1	1	
	5	ABDUCTION, HARASSMENT AND OTHER RELATED OFFENCES AGAINST A PERSON	7	7	16	8	19
	6	ROBBERY, EXTORTION AND RELATED OFFENCES	5	5	4	1	2
	7	UNLAWFUL ENTRY WITH INTENT/BURGLARY, BREAK AND ENTER	22	15	21	5	23
	8	THEFT AND RELATED OFFENCES	134	131	192	232	158
	9	FRAUD, DECEPTION AND RELATED OFFENCES	40	15	17	37	65
	10	ILLICIT DRUG OFFENCES	23	33	22	34	38
	11	PROHIBITED AND REGULATED WEAPONS AND EXPLOSIVES OFFENCES	1	5	5	5	7
	12	PROPERTY DAMAGE AND ENVIRONMENTAL POLLUTION	26	18	31	49	27
	13	PUBLIC ORDER OFFENCES	176	146	186	148	120
	15	OFFENCES AGAINST JUSTICE PROCEDURES, GOVERNMENT SECURITY AND GOVERNMENT OPERATIONS	28	27	26	21	27
	16	MISCELLANEOUS OFFENCES		2	5	2	3
Female			518	478	578	634	563



			2007	2008	2009	2010	2011
Male	1	HOMICIDE AND RELATED OFFENCES	1		4	1	1
	2	ACTS INTENDED TO CAUSE INJURY	243	249	255	303	237
	3	SEXUAL ASSAULT AND RELATED OFFENCES	15	3	8	4	10
	4	DANGEROUS OR NEGLIGENT ACTS ENDANGERING PERSONS	1	4	2	2	1
	5	ABDUCTION, HARASSMENT AND OTHER RELATED OFFENCES AGAINST A PERSON	39	26	37	58	46
	6	ROBBERY, EXTORTION AND RELATED OFFENCES	15	19	12	12	20
	7	UNLAWFUL ENTRY WITH INTENT/BURGLARY, BREAK AND ENTER	226	149	165	133	144
	8	THEFT AND RELATED OFFENCES	355	305	375	276	256
	9	FRAUD, DECEPTION AND RELATED OFFENCES	24	19	23	47	20
	10	ILLICIT DRUG OFFENCES	123	135	176	124	131
	11	PROHIBITED AND REGULATED WEAPONS AND EXPLOSIVES OFFENCES	64	67	75	84	79
	12	PROPERTY DAMAGE AND ENVIRONMENTAL POLLUTION	198	269	215	382	195
	13	PUBLIC ORDER OFFENCES	681	546	716	472	459
	15	OFFENCES AGAINST JUSTICE PROCEDURES, GOVERNMENT SECURITY AND GOVERNMENT OPERATIONS	130	111	133	165	107
	16	MISCELLANEOUS OFFENCES	4	2	2	3	2
Male			2,119	1,904	2,198	2,066	1,708



Recorded Offences in Public Places in Hastings by Offence Division, Calendar Year 2007 - 2011

	2007	2008	2009	2010	2011
1 HOMICIDE AND RELATED OFFENCES	2		2		
2 ACTS INTENDED TO CAUSE INJURY	288	277	295	276	247
3 SEXUAL ASSAULT AND RELATED OFFENCES	13	9	10	7	14
4 DANGEROUS OR NEGLIGENT ACTS ENDANGERING PERSONS	9	10	8	12	4
5 ABDUCTION, HARASSMENT AND OTHER RELATED OFFENCES AGAINST A PERSON	49	44	48	53	49
6 ROBBERY, EXTORTION AND RELATED OFFENCES	29	45	33	37	41
7 UNLAWFUL ENTRY WITH INTENT/BURGLARY, BREAK AND ENTER	14	7	9	9	15
8 THEFT AND RELATED OFFENCES	905	855	775	558	585
9 FRAUD, DECEPTION AND RELATED OFFENCES	25	11	30	31	21
10 ILLICIT DRUG OFFENCES	126	145	152	97	119
11 PROHIBITED AND REGULATED WEAPONS AND EXPLOSIVES OFFENCES	94	95	94	101	88
12 PROPERTY DAMAGE AND ENVIRONMENTAL POLLUTION	390	362	315	413	285
13 PUBLIC ORDER OFFENCES	1010	853	1075	751	692
15 OFFENCES AGAINST JUSTICE PROCEDURES, GOVERNMENT SECURITY AND GOVERNMENT OPERATIONS	198	182	159	177	136
16 MISCELLANEOUS OFFENCES	9	3	6	6	4
	3161	2898	3011	2528	2300



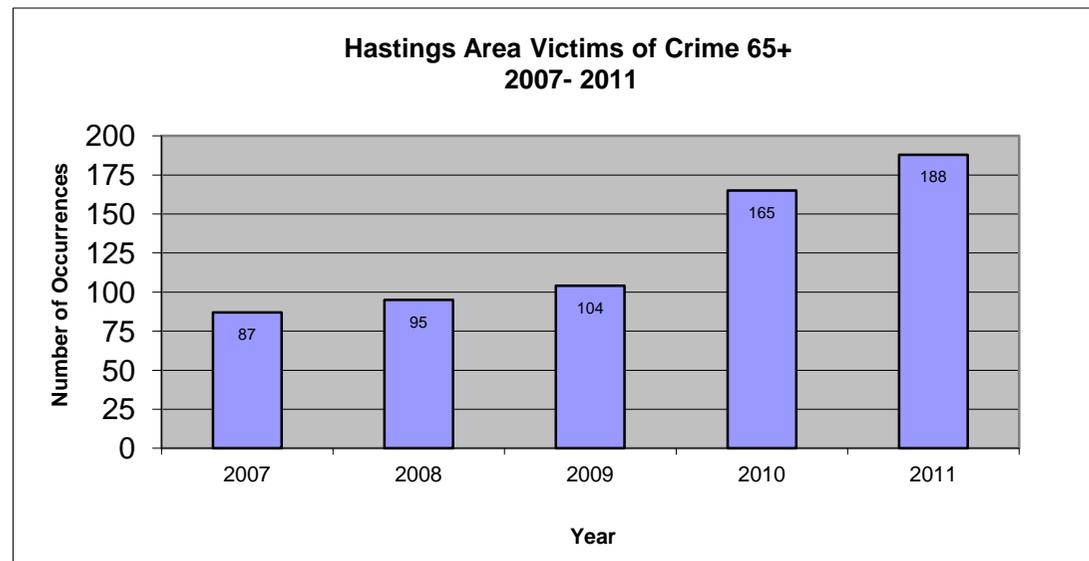
Hastings Area Victims of Crime Over 65

Note: This data is sourced from Provisional data and is subject to change. It is only as accurate as the information contained Police databases at the time that it is sourced. Statistics from provisional data are counted differently than official statistics.

Year	2007	2008	2009	2010	2011
Number of Occurrences	87	95	104	165	188

The increase in the number of victims recorded in 2009 compared to that in 2010 is most likely due to the change in recording practices of Police . This is shown by an increase recorded across all victims at this time (not just 65+years).

Age at time of Occurrence	2007	2008	2009	2010	2011
Under 65	2202	2315	2453	2980	3412
65 +	87	95	104	165	188
Grand Total	2281	2405	2550	3140	3596
65+ % of Total	4%	4%	4%	5%	5%

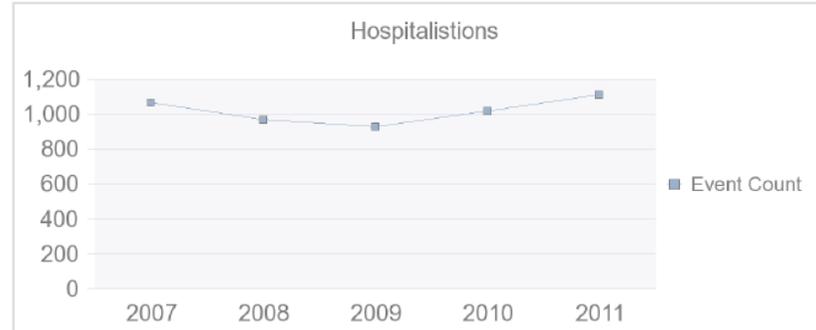




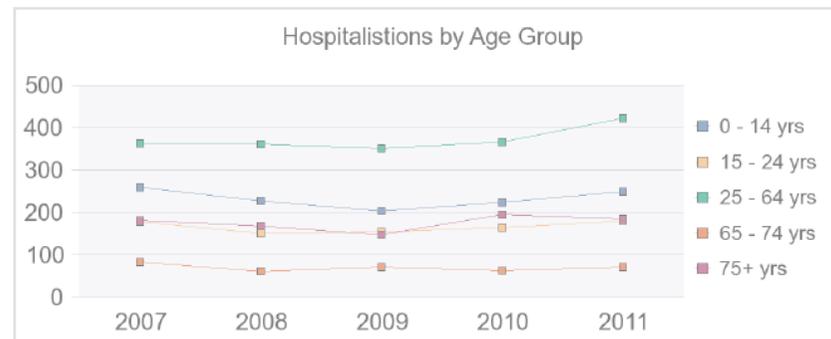
Hawke's Bay District Health Board

These charts show injury hospitalisations 2007-2011 for Hastings District residents (excluding 3hr rule admissions.)¹⁶

	2007	2008	2009	2010	2011
Total	1,066	969	929	1,016	1,109



	2007	2008	2009	2010	2011
0 - 14 yrs	259	227	204	225	250
15 - 24 yrs	179	151	155	165	180
25 - 64 yrs	363	361	351	367	423
65 - 74 yrs	83	62	71	63	71
75+ yrs	182	168	148	196	185



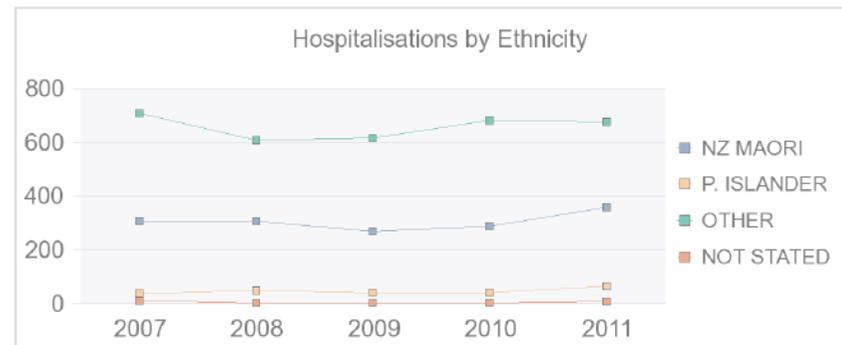
¹⁶ See graph on following page: A quintile is a measure of deprivation using NZDep scores - used to have fewer categories. The most vulnerable is Quintile 4 & 5 which represents NZDep 7,8,9 & 10



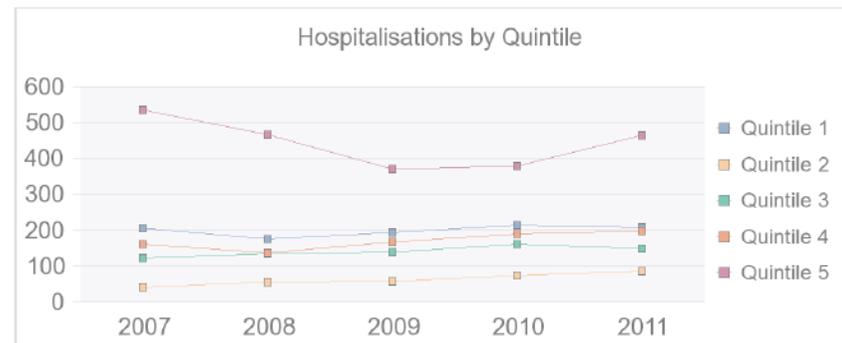
	2007	2008	2009	2010	2011
FEMALE	460	403	409	417	425
MALE	606	566	520	599	684



	2007	2008	2009	2010	2011
NZ MAORI	306	308	269	288	360
P. ISLANDER	40	49	41	42	65
OTHER	708	609	616	681	675
NOT STATED	12	3	3	5	9



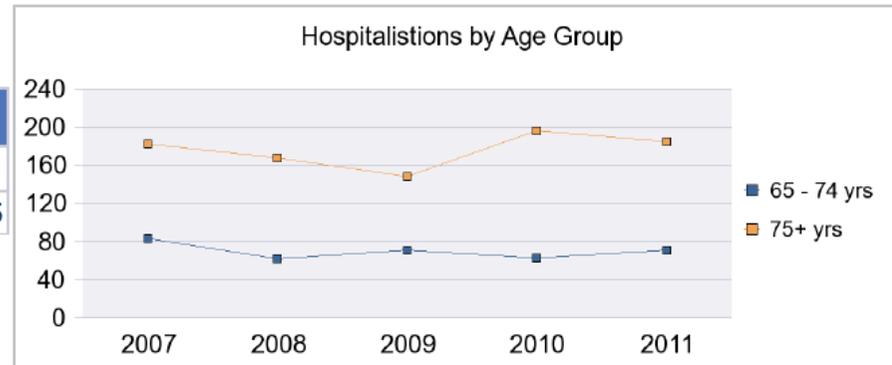
	2007	2008	2009	2010	2011
Quintile 1	206	176	194	214	209
Quintile 2	41	56	58	73	87
Quintile 3	122	135	138	161	150
Quintile 4	161	136	168	190	198
Quintile 5	536	466	371	378	465





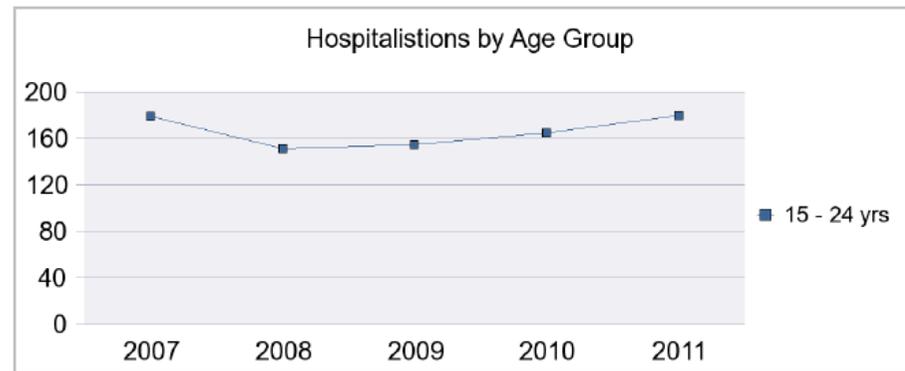
Demographics Older People (65+ yrs)

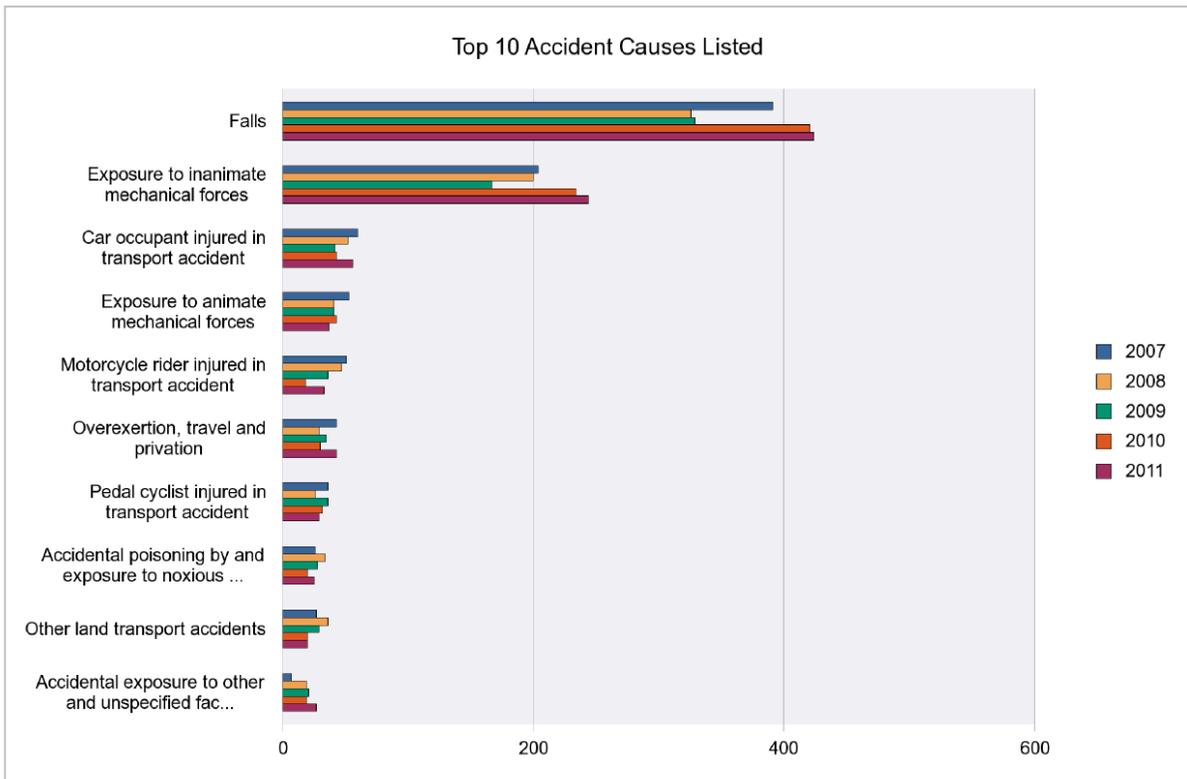
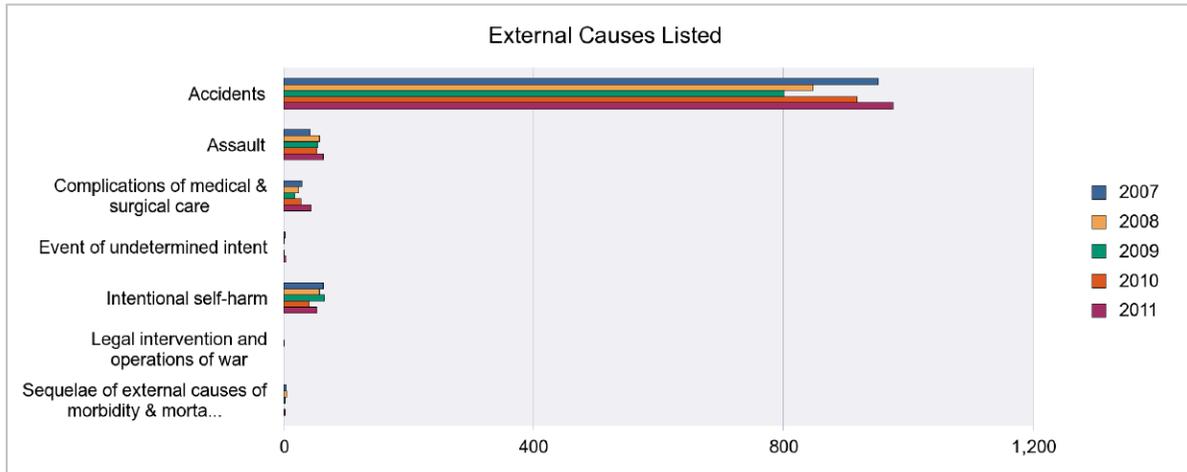
	2007	2008	2009	2010	2011
65 - 74 yrs	83	62	71	63	71
75+ yrs	182	168	148	196	185

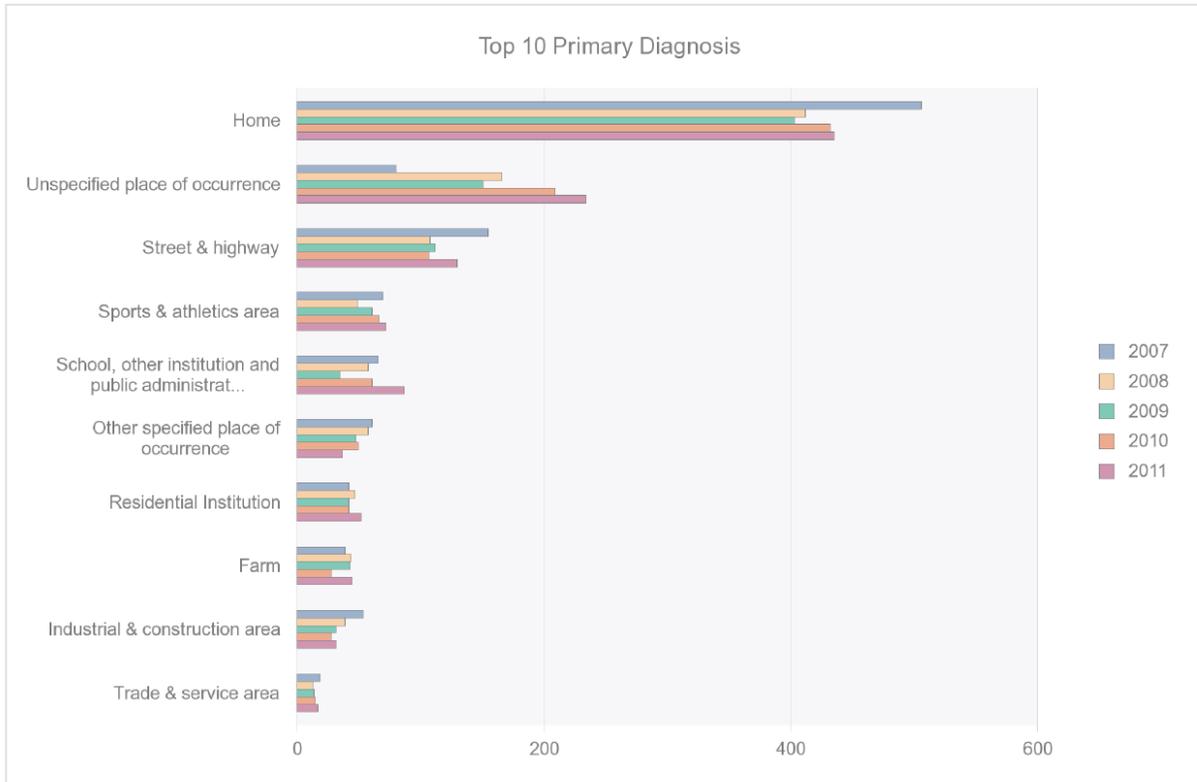


Demographics Youth (15 - 24 yrs)

	2007	2008	2009	2010	2011
15 - 24 yrs	179	151	155	165	180









ACC

- Slips, trips, & falls are the highest cause of injury & claims made to ACC. Most of these injuries happen in the home.
- There were 2,296 new claims for home falls with the cost of active claims totalling \$2,035,381
- Lifting & carrying injury claims are the second highest in the Hastings District.
- Most work related claims for injury are in the agriculture industry, followed by the construction industry and food/beverage industry.

This correlates with the HBDHB data shown above.

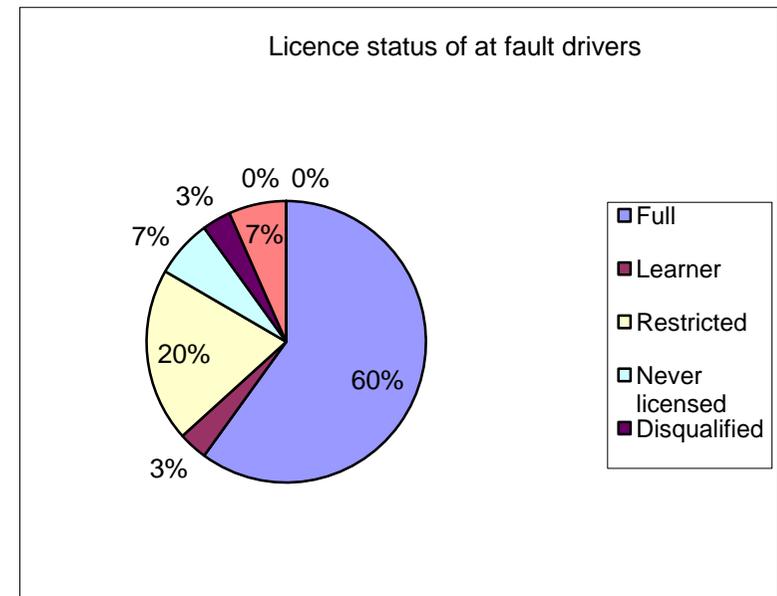
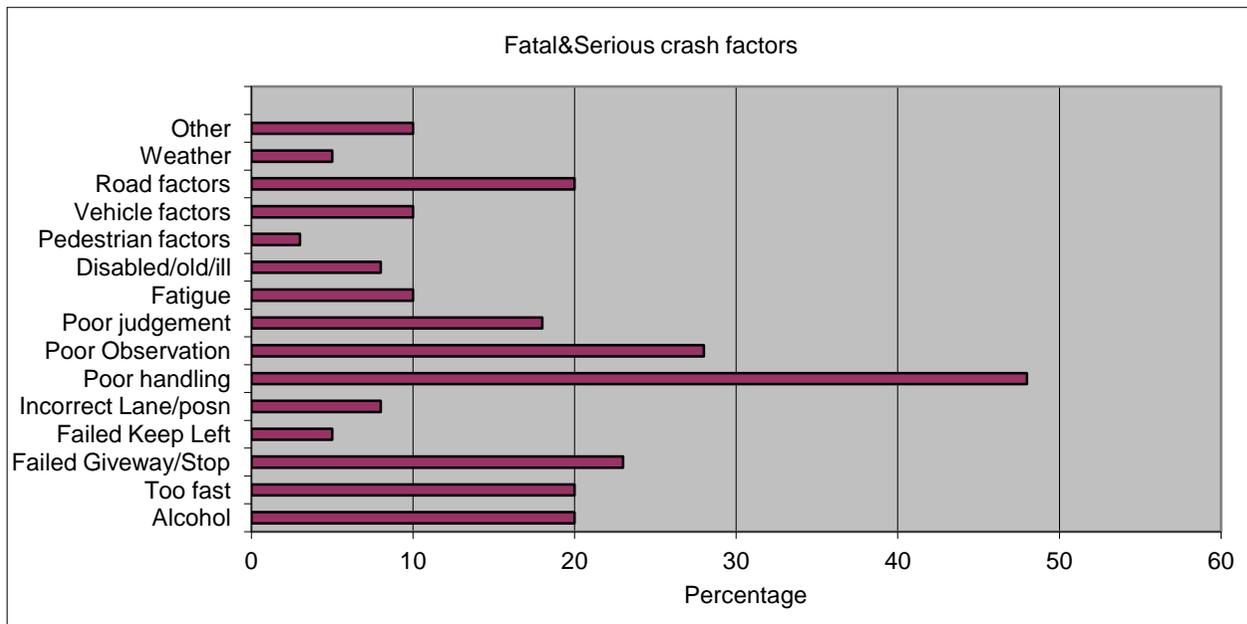
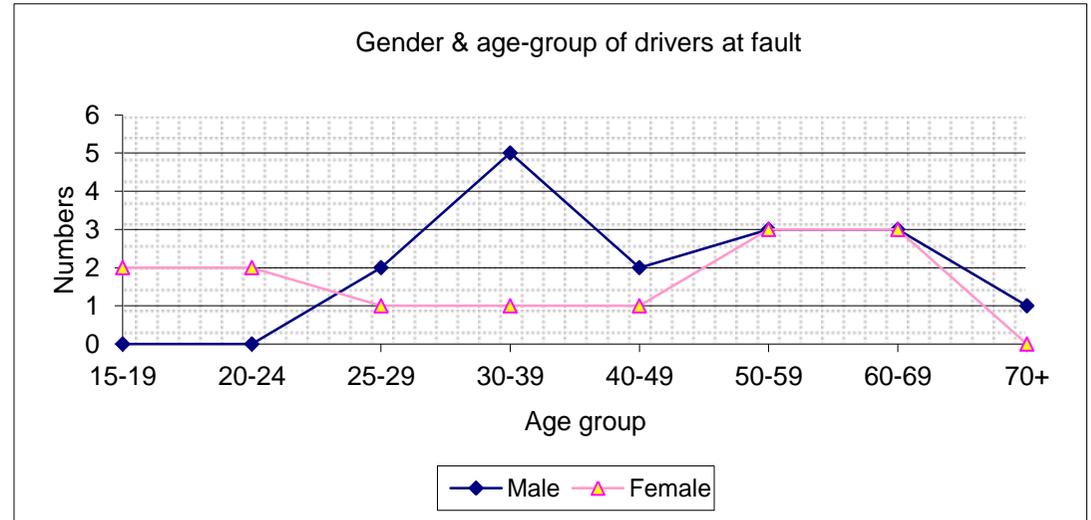
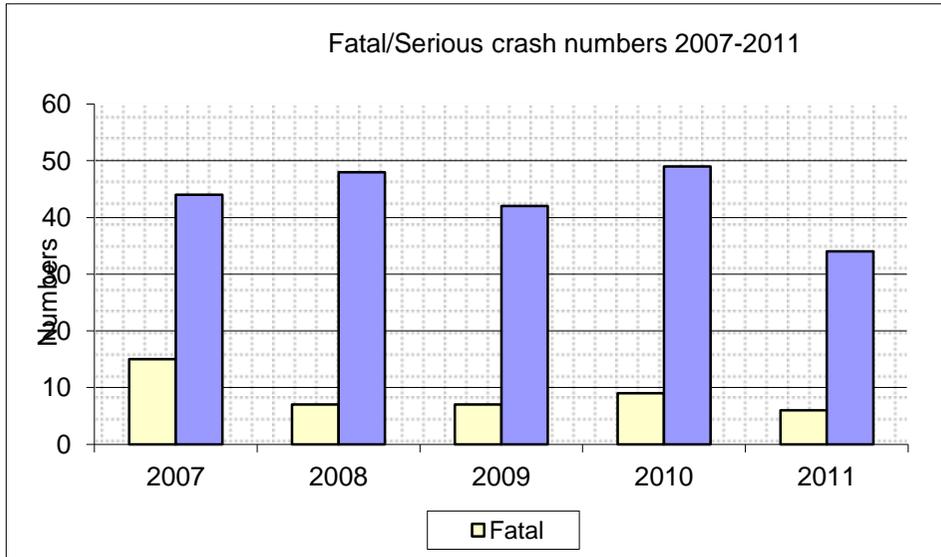
New Zealand Transport Agency

- In 2011 there were 7 deaths, 40 serious injuries and 199 minor injury casualties in the Hastings District.
- There were 6 fatal crashes, 34 serious injury crashes, 155 minor injury crashes and 421 non-injury crashes.
- Over the last 5 years there have been 3746 crashes in the Hastings District (all types) with a total social cost of over \$513m. The estimated cost includes loss of life, loss of output due to injuries, medical & rehabilitation costs, legal & court costs and property damage.

Areas of high concern for Hastings District are:

- Speed
- Intersections
- Rural Loss of Control
- Cyclists
- Motorcyclists
- Young Drivers
- Alcohol and Drugs

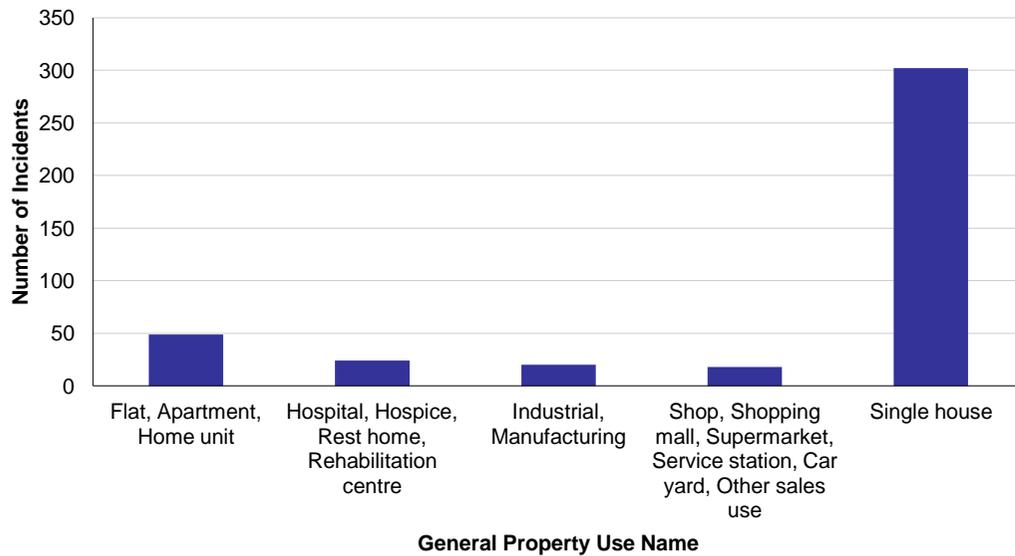
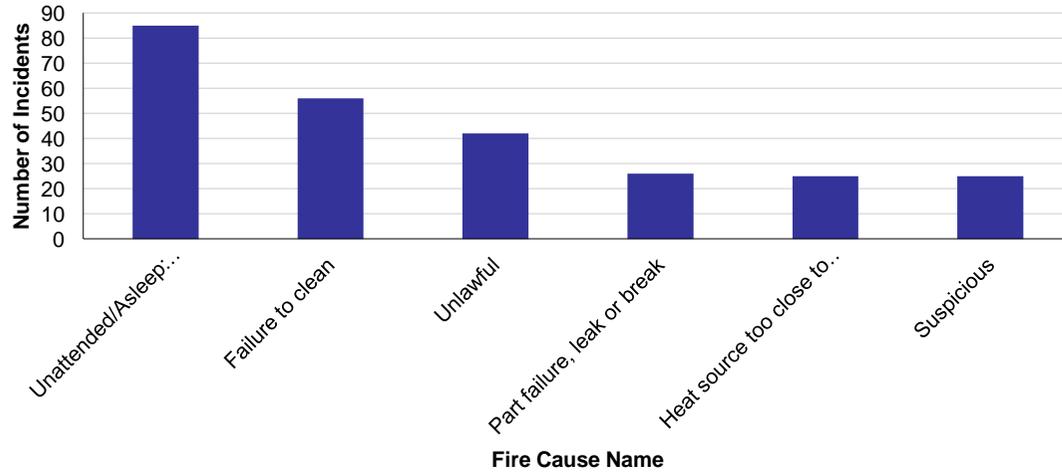
Hastings District crash data for fatal and serious crashes 2011 is shown below:





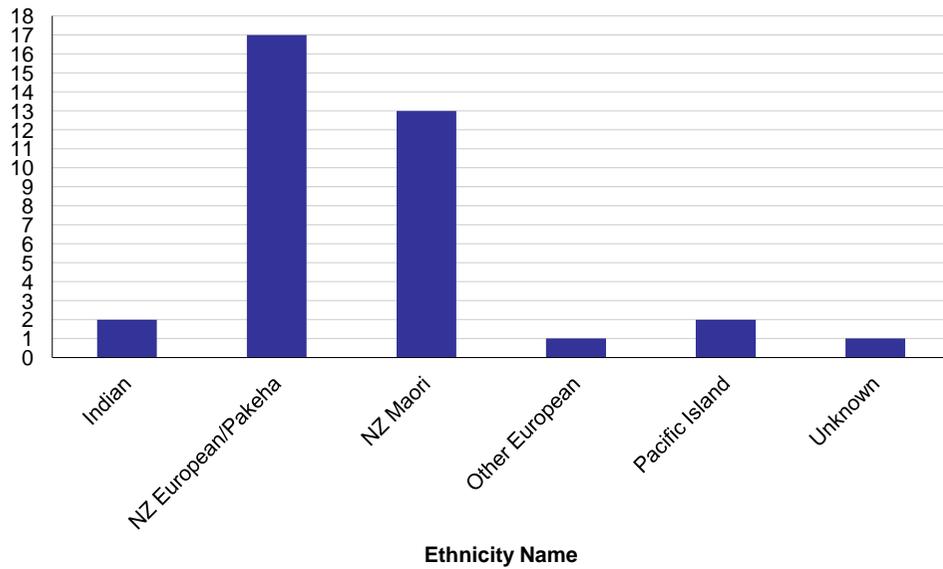
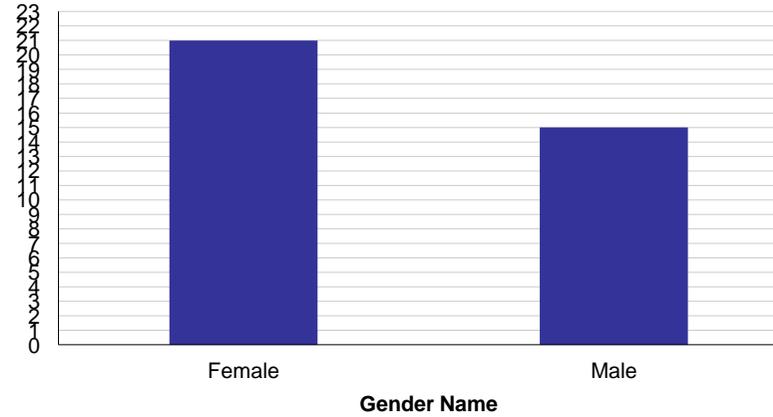
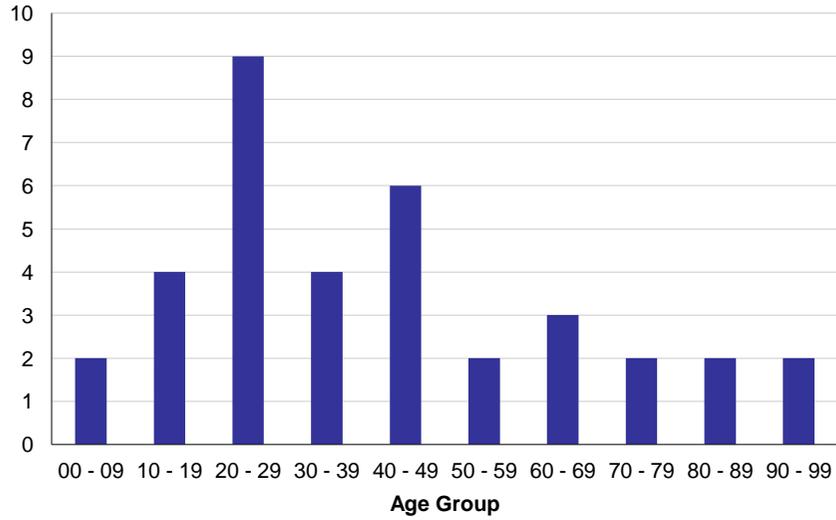
Fire Service

These graphs show structure fires in Hastings from 1 July 2007 to 30 June 2012





These graphs show injuries caused by fire in Hastings





5.2 Describe how data is presented in order to promote safety and prevent injuries in the community

Information is shared with the community by a variety of methods, such as through local media (newspapers, radio) and through promotions such as the ACC Home Safety Week.

5.3 Describe how the community documents and uses knowledge about causes of injuries, groups at risk and risky environments. How does the community document progress over time?

Information collected at a national and local level is used by partners to determine high risk environments and groups (as described in section A4), and to implement programmes or interventions to prevent injuries and reduce risk.

For example, road crash data may identify dangerous intersections or sections of road where high speeds are possible. Injury data may determine public spaces such as parks where crime is likely to occur. This information can be shared between agencies to determine the agency best placed to remedy particularly high risks.

During the implementation plan process, a priority will be to monitor progress and evaluate Safer Hastings programmes (discussed further in section H.).



G5.2 Are the descriptions sufficient?

Yes

No

If no what is missing?

G5.3 Are the descriptions sufficient?

Yes

No

If no what is missing?



Section G in summary

Safer Hastings Partners have access to a wide range of data recording injuries and accidents in the Hastings District, which can be used to further refine the high risk groups and environments.

Conclusion

During the Implementation Plan phase, data from partners will be examined in greater detail to identify priority areas and set targets.



Section H Indicator 6: Evaluation measures to assess programmes, processes and the effects of change

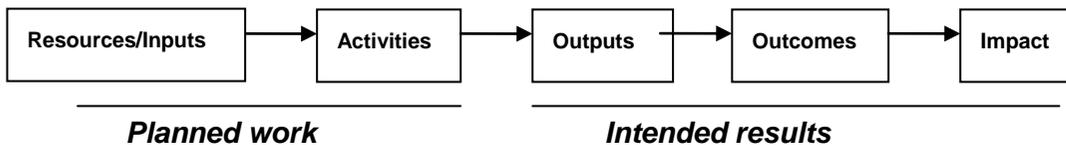
6.1a How does your community analyse results from the injury data to track trends and results from the programmes? What is working well and has given you good results?

Each partner is responsible for their own evaluation and analysis. There is no consistent model applied across agencies. Examples are:

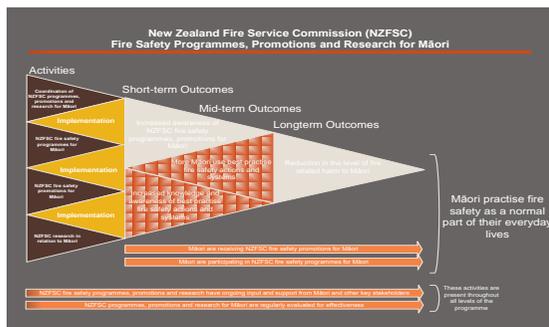
Logic Model

A programme logic model links outcomes with programme activities/processes and the theoretical assumptions/principles of the programme. The model facilitates thinking, planning, and communications about objectives and actual accomplishments.

A logic model is basically a systematic and visual way of presenting and sharing understanding of the relationships among the resources operating a programme, the planned activities, and the anticipated changes or result:



Below is an example of a Logic Model for New Zealand Fire Service Commission programmes and promotions for Maori.



H6.1a Are the methods used sufficient?
 Yes
 No
 If no what is missing?



NZFS

Strategies or initiatives don't come in the form of a project per say, rather they are continually monitored within their own systems. As an example, they use the census data as a starting place to determine:

- the population
- density
- rental property
- demographic age
- demographic ethnicity
- deciles etc

The Fire Service then overlay their own fire incident data which is gathered at the time of incidents and they use in-house software to look for trends. In areas of overlaps or trends these areas are targeted with focused campaigns. Some campaigns remain a focus continually, others for:

- a fixed period of time
- seasonal
- annual campaign

While a campaign is in progress results are continually (overnight) monitored for the results of fire incident data and look for a reduction in the types of incidents they are looking at. The NZFS considers a reduction in the number of that type of incident, as a positive outcome. The Fire Service is continually monitoring key organisational objectives which are:

- to reduce the incidence and consequence of fire (measured in % of property saved)
- to reduce fire fatalities (measured on % per 100,000 people)
- to reduce the total rural area lost due to fire (measured in total hectares)

This work is made in conjunction with ongoing fire and injury prevention campaigns. These are focused on at risk groups like:

- teenage drivers
- the elderly
- smoke alarm promotions
- home fire safety checks
- kitchen demonstrator units at public displays
- school get Firewise
- rental property
- commercial risk and involves risk planning and building scores to maintain a register





MSD

Many MSD contracts would use the RBA model to measure outcomes. Some contracts are related to employment or training outcomes. Some formal evaluation is undertaken at a national level as part of the review of service models.

HBDHB

The HBDHB uses Outcomes Frameworks typically achieved by logic modelling or RBA. Other forms of evaluation include Impact Evaluation, Anecdotal Evaluation and Participant Evaluation/Survey Pre and Post evaluations, and HEAT.

HEAT

The Health Equity Assessment Tool (HEAT) helps users to tackle health inequalities when making health decisions. The challenge is to reduce inequalities and, therefore, to create greater opportunity for all New Zealanders to enjoy good health. HEAT is a planning tool that improves the ability of mainstream health policies, programmes and services to promote health equity. It was developed in 2002 as a set of 12 questions which were then trialled and reviewed. The present tool consists of 10 questions. HEAT enables health initiatives to be assessed for their current or future impact on health equity. The questions challenge users to think broadly about equity issues. The 10 questions are listed below:

- 1 What inequalities exist in relation to the health issue under consideration?
- 2 Who is most advantaged and how?
- 3 How did the inequalities occur? What are the mechanisms by which the inequalities were created, maintained or increased?
- 4 Where/how will you intervene to tackle this issue?
- 5 How will you improve Maori health outcomes and reduce health inequalities experienced by Maori?
- 6 How could this intervention affect health inequalities?
- 7 Who will benefit most?
- 8 What might the unintended consequences be?
- 9 What will you do to make sure the intervention does reduce inequalities?
- 10 How will you know if inequalities have been reduced?

These questions prompt users to consider the health inequalities that exist in a particular area of health, how to intervene to address them, and finally to evaluate whether the intervention has been successful in reducing health inequalities.



6.1b What are the plans to continue? What needs to change?

Safer Hastings partners will use a common method of evaluating projects and other work. Post accreditation, Safer Hastings programmes will be evaluated using the Results Based Accountability (RBA) evaluation framework.

Results Based Accountability (RBA)

A results based accountability system includes a strategic planning process, goals and indicators, benchmarks or targets, and mechanisms for regular reporting. It is a structured, disciplined way of thinking and planning collaborative action to improve the well-being of populations and/or the performance of specific programmes, service systems or service types. The level of the goals dictates responsibility for achievement of results. All partners will be responsible for meeting the goals that will be set in the implementation plan.

The RBA model aims to use a common language as a way of sharing information that has the same meaning for all of the partners. Safer Hastings recognises the need for an effective, useful and relevant and evaluation tool to evaluate the effect our programmes are having on social, behavioural and environmental changes. Using RBA will align Safer Hastings to Safer Napier and Safer CHB, which means that these communities will be able to effectively share evaluation results meaningfully on collaborative programmes.

Below are three example of results cards, used to evaluate programmes using the RBA method, that could be adopted for Safer Hastings programmes post accreditation.

H6.1b Are the methods used sufficient?
 Yes
 No
If no what is missing?



Example

ROADS
Safer Hastings Result Card

What do we want to achieve?

Hastings roads are safe for all to use

Our target population

Hastings young people 16 – 24yrs

How will we measure success?

Police and HBDHB data for the calendar year

What does the data tell us?

On a percentage basis, young people are over represented in car fatalities as both victims and offenders.

The story behind the data

Young people with modified cars are drinking, speeding and crashing.

Our partners

Police, HBDHB, RoadSafe Hawke's Bay, schools & community groups

Our performance measures

Projects

Example

PUBLIC SPACES
Safer Hastings Result Card

What do we want to achieve?

Residents feel safe in public places

Our target population

All Hastings residents

How will we measure success?

A % of the population residing in different areas will be surveyed

What does the data tell us?

33% of Hastings residents do not feel safe in town

The story behind the data

There have been serious assaults within the CBD and in some parks.

Our partners

Police, CPNZ, Maori Wardens & community organisations.

Our performance measures

Surveys

Example

HOME
Safer Hastings Result Card

What do we want to achieve?

People are free from accidents in their homes

Our target population

All age groups in Hastings

How will we measure success?

ACC new injury falls claims in Hastings

What does the data tell us?

Women are more likely to fall than men but male falls result in more serious injuries

The story behind the data

Women rush & men do DIY

Our partners

ACC, HBDHB & community organisations

Our performance measures

Statistic & impact evaluations



6.2 Describe how the results from the programme evaluations are used

Partners use their results to change programmes, celebrate successes, develop new programmes add value or seek continuation funding.

6.3 Describe the changes in the pattern of injuries, attitudes, behaviour and knowledge of the risks for injuries as a result of the programmes.

Key findings from some evaluations conducted to date include:

- Increased awareness of fire safety with Youth as a result of Get Out Stay Out, Fire Wise and Party at our Place programmes
- Decrease in the number of home fires as a result of the Home Fire Safety Checklists
- Improvements in strength and balance in the 65+ age group as a result of the Modified Falls Prevention programme
- Increased awareness of Family Violence as a result of the White Ribbon Ride – Maori Fellas on Bikes
- Networking and sharing of information has increased as a result of the formation of the CHB Family Violence Intervention Network
- Increased awareness of youth drink driving crashes as a result of the Youth Alcohol Expo, and a decrease in the number of youth crashes.

H6.2 Are the descriptions sufficient?

Yes

No

If no what is missing?

H6.3 Are the descriptions sufficient?

Yes

No

If no what is missing?



Section I indicator 7: Ongoing participation in national and international Safe Communities networks

7.1 Describe how the community has joined in and collaborates in national and international safe community networks

The partner organisations are committed to continuing a collaborative approach to community safety, and intend to develop a process by which a regional (Hawke’s Bay) approach to governance is taken, with a view to regional accreditation. This will strengthen the partnership, provide greater leadership within the region and better align the strategies and projects of partners with the needs of the community and with each partner agency.

In addition to Safe Communities training and networking both nationally and internationally, to gain an understanding of, and apply best practice models from around the worlds, the following organisations are committed to attending or being members of the following meetings/bodies:

Organisation	Community Safety reference groups attended
Hastings District Council	World Safety Conference, Wellington 2012 Regional Safe Communities meetings Pan Pacific Safe Communities network International Safe Communities network
HBDHB	Health Promotion Forum NZ NZ Public Health Association National Committee for Addiction Treatment Safekids Coalition
ACC	Injury Prevention Network Aotearoa NZ (IPNANZ) LIVE Hawke’s Bay Age Concern NZ
MSD	MSD Community response forum

17.1 Are the descriptions sufficient?
 Yes
 No
 If no what is missing?



7.2 Will the designation ceremony coincide with any international conference, seminar or other forms of international or national exchange?

Unfortunately SCFNZ are unable to align the designation ceremony for Hastings with any national or international meeting or event.

7.3 Which already designated Safe Community will be invited for the designation ceremony?

All designated Safe Communities in New Zealand and within the Pan Pacific Safe Community Network will be invited to attend the designation ceremony. It is anticipated that the most likely to attend will be the designated Safe Communities of Napier and Central Hawke's Bay. In addition, Wairoa will be invited, who will still be working on their accreditation bid.

7.4 Which international conferences and national Safe Community conferences has the municipality participated in?

- SCNZ training, Wellington, December 2011
- Safer Wanganui RBA Training Napier March 2012
- Safer CHB Designation Ceremony and site visit June 2012
- Safer Napier community workshop August 2012
- Pan Pacific Safe Communities Network Update Webinar September 2012
- World Safety Conference Wellington October 2012

7.5 In which regional network for Safe Communities is the community a member of or planning to seek membership?

Safer Hastings is seeking accreditation as a World Health Organisation Collaborating Centre International Safe Community and membership of the Pan Pacific Safe Communities Network.

H7.2 Are the descriptions sufficient?

Yes

No

If no what is missing?

H7.3 Are the descriptions sufficient?

Yes

No

If no what is missing?

H7.4 Are the descriptions sufficient?

Yes

No

If no what is missing?

H7.5 Are the descriptions sufficient?

Yes

No

If no what is missing?