

International Safe Community  
APPLICATION  
PALMERSTON NORTH

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**FORM A**



# CONTENTS

## ENDORSEMENT LETTER

Mayor of Palmerston North 6

## ENDORSEMENT LETTER

Chairperson of the Palmerston North Safety Advisory Board 7

## SECTION A Community Overview

**A.1** Briefly describe the community and its historical development. 9

**A.2** 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. 13

**A.3** How is the mayor (or similar function of the community) and the executive committee involved? Who is chairing the cross-sector group? 16

**A.4** Describe the injury risk-panorama in the community. 17

## SECTION B Structure of the Community

**B.1** Describe the demographic structure of the community 43

**B.2** Describe the SC/IP at present and the plans for the future. 45

**B.3** Describe the support for sustained injury prevention of the local politicians in the community and which parts of the

program have been undertaken and/or supported by the regional government? 46

**B.4** Describe the strategic program concerning the safety promotion and injury prevention work, which has been formulated 49

**B.5** Who is responsible for the management of the SP/IP program and where are they based in the local political and administrative organization? 50

**B.6** Which is the lead unit for the SP/IP program? 50

**B.7** Is the Safe Communities initiative a sustained program or a project? 50

**B.8** Are the objectives decided by the local politicians covering the whole community? Which are they? 52

**B.9** Who have adopted these objectives? 53

**B.10** How are the Safe Community objectives evaluated and to whom are the results reported? 53

**B.11** Are economic incentives in order to increase safety used? If yes, how are they used? 54

**B.12** Are there local regulations for improved safety? If so, describe them 55

## SECTION C Indicator 1

**1.1** Describe the cross-sector group responsible for managing, coordinating, and planning of the SP/IP program. 57

# CONTENTS

<b>1.2</b>	Describe how the local government and the health sector are collaborating in the SC/IP work.	<b>58</b>
<b>1.3</b>	How are NGOs: Red Cross, retirement organisations, sports organisations, parent and school organisations involved in the SC/IP work?	<b>59</b>
<b>1.4</b>	Are there any systems for ordinary citizens to inform about risk environments and risk situations they have found in the community?	<b>60</b>
<b>1.5</b>	Describe how the work is organized in a sustainable manner.	<b>64</b>

## SECTION D Indicator 2

<b>2.1</b>	Describe the sustainable work in regard to SC/IP in following areas and how the different sectors including specific NGOs are involved in the work.	<b>67</b>
1.	Alcohol and Drug Reduction	<b>68</b>
2.	Crime Prevention and Reduction	<b>70</b>
3.	Elderly	<b>74</b>
4.	Emergency Preparedness	<b>75</b>
5.	Family / Whanau	<b>76</b>
6.	Road Safety	<b>80</b>
7.	Sport and Leisure	<b>82</b>
8.	Workplace Safety	<b>84</b>
9.	Youth	<b>84</b>

Are some of these areas overseen by from other organizations and/or agencies than from the community? How is the community involved?

<b>2.2</b>	Describe the work with genders, all ages and all environments and situations. Describe all activities like falls prevention and how the work is done.	<b>89</b>
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## SECTION E Indicator 3

<b>3.1</b>	Identified high risk groups in Palmerston North City.	<b>91</b>
<b>3.2</b>	Give examples of high risk environments	<b>98</b>

## SECTION F Indicator 4

<b>4.1</b>	Describe the evidence-based strategies/programs that have been implemented for different age-groups and environments.	<b>107</b>
<b>4.2</b>	Has 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?	<b>109</b>

## SECTION G Indicator 5

<b>5.1</b>	What local data is used to determine the injury prevention strategies?	<b>111</b>
<b>5.2</b>	Describe how data are presented in order to promote safety and prevent injuries in the community.	<b>118</b>

# CONTENTS

- 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? **119**

## SECTION H Indicator 6

- 6.1** How does your community analyze results from the injury data to track trends and results from the programs? What is working well and has given you good results. What are the plans to continue? What needs to be changed? **121**
- 6.2** Describe how the results from the program evaluations are used. **126**
- 6.3** Describe the changes in pattern of injuries, attitudes, behaviour and knowledge of the risks for injuries as a result of the programs. **129**

## SECTION I Indicator 7

- 7.1** Describe how the community has joined in and collaborates in national and international safe community networks. **133**
- 7.2** Will the designation ceremony coincide with any international conference, seminar or other forms of international or national exchange? **133**
- 7.3** Which already designated Safe Communities will be invited for the designation ceremony? **133**
- 7.4** Which international conferences and national Safe Community conferences has the municipality participated in? **134**

- 7.5** In which Regional Network for Safe Communities is the community a member or planning to seek membership? (Asian, European, Pan-Pacific, African or Latin-American Regional Network for Safe Communities) **134**

This application is prepared by the Palmerston North City Council. Information here is drawn from a variety of government and non-government sources. The Palmerston North City Council acknowledges and thanks all those agencies who have contributed to this application.

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# ENDORSEMENT LETTER

## Mayor of Palmerston North

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### **I am proud to support Palmerston North's application for designation as an International Safe Community.**

This Council sees safety as a top priority for Palmerston North. We have taken a lead in the journey towards Safe Communities designation. Council representatives are active on the Palmerston North Safety Advisory Board, which oversees the project.

To achieve improvements in safety in a variety of environments and locations requires a collaborative approach. Council employs a City Safety Coordinator to facilitate and coordinate a shared approach to community safety with key stakeholders.

This application has been brought together by a committed group formed from the Palmerston North Safety Advisory Board, a partnership of eighteen government and non-government organisations who have a common purpose of keeping Palmerston North a safe city to live and work in. It highlights the dedication of many members of our community who are striving towards making Palmerston North an even better place to live, work and play.

Implementing the Safe Communities model will enhance the services already being provided to make a positive difference for our community. There have already been some great gains in recent years in Palmerston North with the reduction of crime statistics and the formation of interagency groups such as the Youth Network Steering Group.

Designation as an International Safe Community will further demonstrate our commitment to ensuring Palmerston North is a vibrant, caring, innovative and sustainable community.



**Jono Naylor**

Mayor  
Palmerston North



**We are committed to working together with a broad range of organisations, Iwi representatives and community groups to enhance safety.**

# ENDORSEMENT LETTER

## Chairperson of the Palmerston North Safety Advisory Board

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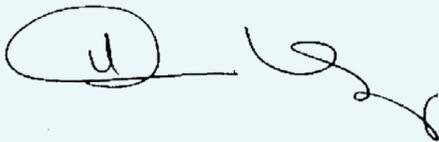
**As the Chairperson of the Palmerston North Safety Advisory Board, I strongly endorse this application for accreditation as an International Safe Community.**

As a community we are very fortunate to have a large number of organisations and individuals who work tirelessly to ensure that Palmerston North is a safe place to live, work and play. We are also fortunate that all of the organisations that are responsible for safety in the city work together cohesively and amicably with shared goals and common purpose under the umbrella of the Safety Advisory Board.

The Safety Advisory Board is a key part of the cities overall safety strategy. The board is a partnership of eighteen Key organisations within the city that all work together make the city a safer place by using a multi-agency approach to problem solving. The organisations that make up the Safety Advisory Board all recognise that partnership, collaboration and information sharing are the key ingredients that help us solve any problem that we are confronted with as a team.

This application for Safe City status is a testament to all of the wonderful achievements of the Safety Advisory Board, the participating organisations, community groups and individuals who are all working together to ensure that Palmerston North a safe place to grow up and grow old for many years to come.

I hope that you look favourably upon this application and recognise our passion, commitment and dedication to our community.



**Pat Handcock**

Chairperson  
Safety Advisory Board | Palmerston North



**Palmerston North  
is a safe and caring  
community that  
continually strives to  
produce better outcomes  
for all residents across  
the city.**



# SECTION A | COMMUNITY OVERVIEW

Questions to be answered by the community

Questions to be answered by the certifiers

## A.1 Briefly describe the community and its historical development.

### Geographic

Palmerston North City is situated about 140km north of the capital, Wellington, in the eastern part of the Manawatū Plains, and close to the northern bank of the Manawatū River. It is 35km from the river's mouth and 12km from the end of the Manawatū Gorge. Palmerston North covers an area of 32,594 hectares and one million people live within a two hour (200km/120 mi) radius.

The official limits of the City take in rural areas to the south and northeast of the main urban area, extending to the Tararua Ranges and including the town of Ashhurst at the mouth of the Manawatū Gorge. This is a rich and fertile agricultural area. The City as a whole covers some 350km<sup>2</sup>.

In 2012 Palmerston North was estimated to have a resident population of 85,300<sup>1</sup>. Compared to the demographics of the rest of New Zealand, Palmerston North has a young population (especially high in the 15-29 year old category). This reflects the City's educational strengths.

### Historical Overview

On 23 July 1864 a block of approximately 250,000 acres, known as Te Ahu-a-Turanga, was sold by the Rangitāne people to the Government as a means of opening up the Manawatū for

settlement. The land stretched from Apiti in the north, to north of Shannon in the south, and was bound by the ranges in the east and the Oroua River in the west. As part of the Wellington Provincial Council, the land was subdivided and surveyed, and a town was laid out. The town site chosen was ideally situated in the south of the block, on a flat, open clearing named Papaioea, sufficiently away from the river to avoid flooding.

The township officially came into existence 3 October 1866 and was given the name Palmerston, after a British statesman, the 3rd Viscount Palmerston. Confusion, however, due to another Palmerston in the South Island, resulted in 'North' being added by the postal authorities in 1871. This became a permanent addition in 1877.

As the population grew so too did local interest in self-governance. First, requests to the Wellington Provincial Council resulted in the elevation of the town to a Local Board District in 1876, with limited powers of control. Not seen as satisfactory, hopes were again raised later that year when the Government abolished provinces and replaced them with counties and boroughs. However, when Palmerston North found itself placed within the Manawatū County Council, administered from Foxton, an even greater desire for autonomy was fuelled. Finally,

Are the descriptions sufficient?

YES NO

If NO, what is missing?

<sup>1</sup> Demographic Trends, (2013 September 24) Statistics New Zealand from <http://www.info@stats.govt.nz>

# SECTION A | COMMUNITY OVERVIEW

## Questions to be answered by the community

a petition to the Governor resulted in Palmerston North being declared a Borough in its own right 12 July 1877. When the first Borough Council was elected 9 August 1877, George Snelson became Mayor of a small but growing, isolated but developing town, with a population of about 800. This was to become the transport hub and service centre for the developing district.

The population grew steadily over the years and a milestone was reached on 1 August 1930, when Palmerston North, on attaining a population of 20,000, became the 7th City in New Zealand.

Throughout the 1950s -1960s the Palmerston North City Council expanded its boundaries, pulling in parts of the surrounding Kairanga County Council, including the areas of Milson and Kevin Grove in 1950, Awapuni in 1953, Highbury in 1961, and a number of small areas, including Aokautere, in 1967. In 1989, under a New Zealand wide Local Government restructuring, Palmerston North absorbed much of the Kairanga County Council and a small portion of the Oroua County Council.

With a growth in population and 8 fold increase in size, this new Palmerston North became a legal entity on 1 November 1989 with an area including Ashhurst, Linton Military Camp, Fitzherbert and Whakarongo<sup>2</sup>. In 2011/12 Palmerston North expanded further to include Bunnythorpe and Longburn from the Manawatū District Council.

## Tangata Whenua

At the 2006 census 12,400 people identified as Māori from a diverse range of iwi affiliations. This represented 15.8% of the total population.

Rangitāne O Manawatū are mana whenua for an area that encompasses the City of Palmerston North. The City Council works closely with Rangitāne O Manawatū in matters related to their cultural and spiritual relationships with the environment. Rangitāne play a key role with membership on the safety Advisory Board and Korowai Kahui, who are a Māori network who advise and support the regional police force, including providing tikanga training to officers and cultural support at critical incidents. The Government and Rangitāne are currently in a negotiation process to resolve historic Treaty claims. Rangitāne aspirations in the claims process are for much greater recognition and a more active role in decision-making in the region, particularly in resource management issues.

In 2012 the Council adopted the Māori Community Strategy. The Strategy aims to ensure the Council works more effectively with Rangitāne and the wider Māori community, and with government and community partners, in the development of a City which reflects the social, cultural, spiritual and economic aspirations of Māori people. The Māori Community Strategy guides the Council in how it will play its role in a collaborative effort to ensure an

## Questions to be answered by the certifiers

Are the descriptions sufficient?

YES

NO

If NO, what is missing?

<sup>2</sup> Palmerston North City Council – a brief history. Retrieved September 2, 2013, from <http://www.pncc.govt.nz/Your Council>

# SECTION A | COMMUNITY OVERVIEW

Questions to be answered by the community

increase in the level of participation and influence of Māori in shaping our City. The Strategy demonstrates a strong desire by the Council to make a genuine and significant contribution to improve Māori well-being in the City.

## Economy

Palmerston North City plays a significant role in national economic activity, a fact that may be overlooked when population data is used to compare major urban centres. While 1.9% of New Zealand's population lives within the city boundary, 2.4% of New Zealand's workforce is employed in the city.

The tertiary education, health services, research and central government (including defence forces) sectors play a big part in the city's economy. However, businesses that support both the rural sector and nationwide wholesale and retail operations, coupled with industry-leading distribution & logistics businesses also make a significant contribution to the local economy.

The city also has a major role as a service centre in the lower half of the North Island. This is reflected in its 2.7% share of national retail sales. The largest employer in the city is the health care and social assistance sector, with 14.9% of all employees in the city. The sector accounts for just 10.8% of national employment.

The tertiary education sector provides around NZ\$500 million dollars a year to the local economy while the total education and training sector accounts for 12.0% of the Palmerston North workforce<sup>3</sup>.

## Education

A vibrant university city, Palmerston North is home to a number of educational and research institutions, including New Zealand's fastest expanding university, Massey University; Universal College of Learning (UCOL), Te Wananga o Aotearoa and the International Pacific College. These institutions accounting for 15,054 student enrolments in 2011 (full time and part-time) including 2,557 international students<sup>4</sup>.

## Settlers Community

Palmerston North is home to people from all over the world. In 2006 17% of Palmerston North's population was born overseas, a smaller proportion than the national average of 23%. As at the 2006 Census the overseas born population of Palmerston North came from 138 different birthplaces. In the 10 year period from 2000-2010 there has been an average of 1,397 people per annum who have chosen to live in Palmerston North, either on a long term or permanent basis.

A number of the new city residents are refugees. In 2006, Palmerston North City was designated as refugee resettlement location, one of 9 such locations throughout the country and has since that date received between 57 and 100 refugees annually<sup>5</sup>.

## Tourism

<sup>3</sup> Economy of Palmerston North. Retrieved September 2, 2013, from <http://www.pncc.govt.nz> Our City

<sup>4</sup> Crawford P. (2012). Education. Sector Profile Manawatu Region, Retrieved September 2, 2013 from [http://www.pncc.govt.nz/education\\_sector\\_profile](http://www.pncc.govt.nz/education_sector_profile)

<sup>5</sup> Palmerston North Settlers Profile 2011. Retrieved September 2, 2013 from <http://www.pncc.govt.nz/media/17269561/settlers>

Questions to be answered by the certifiers

Are the descriptions sufficient?

YES NO

If NO, what is missing?

# SECTION A | COMMUNITY OVERVIEW

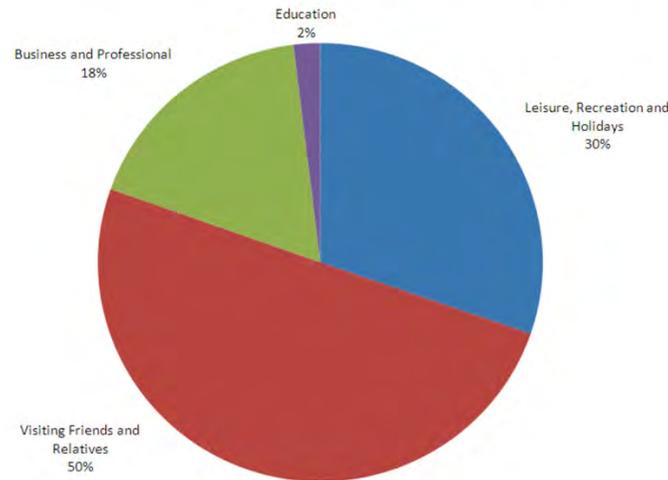
Questions to be answered by the community

Palmerston North is a major destination for domestic visitors, with 1.1 million day visitors in the year to December 2010 (4.0% of the national total) and close to 0.4 million overnight visits (2.5% of the national total). In 2010 30% of overnight visits to Palmerston North (121,000 visits) were for leisure, recreation and holidays, 18% (70,000 visits) were for business or professional reasons and 50% (200,000) were for visits to friends and relatives.

The number of overnight trips to the city compares very favourably with other centres recognised as significant tourism destinations. For example the 399,000 overnight visits to Palmerston North was only slightly below the 410,000 overnight visits to Dunedin and 453,000 visits to Tauranga, and higher than overnight visits to destinations such as Napier, New Plymouth, Hastings and Queenstown<sup>6</sup>.

The share of international visitor numbers to the region is lower than the national average but they still contribute a significant proportion of total visitor numbers in the region, with an estimated 90,000 international visitors staying in commercial and private accommodation (for example with friends and family) in the region during 2010. International cardholder spending through the Paymark network for the year to June 2011 accounted for \$5.7 million of retail spending in Palmerston North, also around 1% of total retail expenditure on the network.

**Purpose of Visit by Domestic Overnight Visitors to Palmerston North**  
Year ended December 2010



Questions to be answered by the certifiers

Are the descriptions sufficient?

YES NO

If NO, what is missing?

<sup>6</sup> Tourism and Visitor. Sector Profile 2011 Manawatū Region, Retrieved September 2, 2013 from <http://www.pncc.govt.nz/media/31860/sector>

# SECTION A | COMMUNITY OVERVIEW

Questions to be answered by the community

Questions to be answered by the certifiers

## A.2 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.

Are the descriptions sufficient?

YES NO

If NO, what is missing?

The Palmerston North Safety Advisory Board (PNSAB) was formed in 2004. The PNSAB provides information and guidance in the formulation and implementation of the Strategic Partnership Agreement between Palmerston North City Council (PNCC) and the Ministry of Justice (MoJ).

### Palmerston North SAFETY ADVISORY BOARD

#### Context

- The PNCC has a contract with Provider and Community Services, MoJ to implement activities that support a reduction in crime, reoffending and further victimisation. Oversight of these activities is administered by the PNSAB.
- The MoJ currently provides \$57,777 incl G.S.T for the City's crime prevention programme. The Safety Advisory Board is not a legal entity and reports to the PNCC. The Council reports annually on the 31st July to the MoJ.
- The contract agreement between the PNCC and the MoJ required the PNCC to set up the Safety Advisory Board to advise and make recommendations concerning community safety in line with the crime prevention plan. The MoJ provides

a representative from the CPU who acts in an advisory role on the PNSAB.

- The agreement provides for the position of a full time City Safety Coordinator (CSC) whose function is to communicate with board members as well as network with the wider community of Palmerston North. The position of CSC reports directly to the General Manager of Library & Community Services within PNCC.
- A critical element of the PNSAB is networking between agencies and community with a focus on crime prevention throughout Palmerston North.

#### Membership

- The Palmerston North Mayor (ex-officio member)
- PNCC senior management representative
- New Zealand Police (Palmerston North Area Commander)
- Tangata Whenua (Rangitāne Iwi)
- Child Youth and Family
- Ministry of Social Development
- Principals Association

# SECTION A | COMMUNITY OVERVIEW

## Questions to be answered by the community

- Department of Corrections
- New Zealand Fire Service (Manawatū Area)
- ACC - Accident Compensation Corporation
- Massey University (Student Hostel Manager)
- Palmerston North Safe City Trust representative
- City Safety Coordinator (PNCC)
- MidCentral Health Board
- NZDF (New Zealand Defence Force) Linton
- NZDF (New Zealand Defence Force) Ohakea
- St John Ambulance
- Ministry of Justice

## Goals/Aims

### 1. To assist PNCC, Central Government Agencies and the Community to set Strategic Direction:

- Implementation of the Crime Prevention Plan (CPP).
- Ensure strategic planning works on the principle of a holistic approach.
- Select priorities, projects and activities and oversee their planning and implementation.
- Monitoring of projects and activities by Key Performance Indicators (KPI's).

- Report to MoJ on the performance outcomes as contracted in the CPP on the 31st July annually. Report to PNCC twice yearly.
- Membership of the PNSAB will be reviewed annually to ensure that forward momentum is maintained and goals are achieved.

### 2. Advice - provision of:

- Professional and operational expertise.
- Data analysis of information.
- Provide information to Community groups engaged in Community development.
- Problem solving.

### 3. Partnerships

- Facilitate the development of partnerships with statutory and Community agencies / groups.
- Explore options for additional funding and resources.

### 4. Crime prevention plan

- Identification and monitoring of crime issues and trends.
- Alignment and monitoring of PNCC strategic policies, planning, operations and services.
- Collaboration with central and local government and Community agencies/groups.

## Questions to be answered by the certifiers

Are the descriptions sufficient?

YES

NO

If NO, what is missing?

# SECTION A | COMMUNITY OVERVIEW

## Questions to be answered by the community

- Consultation and participation with the Palmerston North Community.
- Development and implementation of effective strategies and interventions.
- Holistic and integrated approach to community safety in all sectors of the Palmerston North Community.

### 5. Functions and expectations of Safety Advisory Board

- Joint Strategic Planning between NZ Police and the local community as stated in the Memorandum of Understanding.
- Information sharing, research and analysis between board members.
- Community consultation.

### 6. Identifying crime issues, locations and affected communities.

- Analysis of trends, anticipating potential and affected communities.
- Networking, sharing business goals, priorities and activities from stakeholders.
- Setting PNSAB priorities and goals of action.
- Developing strategies and action plans.
- Engaging with all the key Government and community agencies.
- Accessing resources, including funding from outside organisations.

- Monitoring and reporting of the performance of the CPP and the various activities.
- Monitor and report on social issues in Palmerston North to the annual Social Well Being Forum hosted by PNCC.

The PNSAB have in their 2011 Strategic Plan identified five key areas which they wish to successfully address over the next 3 years. These are:

1. **Alcohol Related Harm**
2. **Family Violence**
3. **Youth at Risk**
4. **Safer City Design**
5. **Burglary and Dishonesty Crime**

Working with the wider community, the Safety Advisory Board is committed to the safety and well-being of those people who make up the residents and visitors to Palmerston North<sup>7</sup>.

The PNSAB supports the PNCC application to pursue Safe Communities accreditation and has from its members formed a Working Group tasked to assist the City's accreditation bid.

The Working Group may call upon other members on the PNSAB to assist them in this process. The Working Group will be required to report on the progress of the application to the PNSAB at regular levels.

## Questions to be answered by the certifiers

Are the descriptions sufficient?

YES NO

If NO, what is missing?

<sup>7</sup> Palmerston North City Council. (2011). Palmerston North City Safety Advisory Board 3 Year Strategic Plan

# SECTION A | COMMUNITY OVERVIEW

Questions to be answered by the community

## A.3 How is the mayor (or similar function of the community) and the executive committee involved? Who is chairing the cross-sector group?

The Mayor in association with the City Council aspires to make Palmerston North a safer place to live through the actions detailed in the Safe City Strategy 2012. This consists of working closely with the PNSAB, of which the mayor is an ex officio member.

Included on the PNSAB Board is General Manager, Customer Services whom is the council's representative and currently the

chairperson of the Safe City Accreditation Working Group. The PNSAB is chaired by Inspector Pat Handcock, New Zealand Police.

The Safe City Strategy seeks to make Palmerston North a safer place by increasing community involvement. The Council has employed a City Safety Coordinator to facilitate a coordinated, collaborative approach to community safety with key stakeholders.



Questions to be answered by the certifiers

Are the descriptions sufficient?

YES NO

If NO, what is missing?

Is the Mayor involved?

YES NO

Is the executive committee involved?

YES NO

Who is chairing the cross-sectional group?

# SECTION A | COMMUNITY OVERVIEW

Questions to be answered by the community

Questions to be answered by the certifiers

## A.4 Describe the injury risk-panorama in the community.

To help identify the high risk groups in the community four areas of literature have been researched:

- MidCentral District Health Board report on frequency and causes of injuries
- ACC Injury Comparison Report for Palmerston North City
- Palmerston North Community Profile
- Recorded and resolved crime for Palmerston North City from New Zealand Police



### MID CENTRAL DISTRICT HEALTH BOARD

Injury is a major cause of hospitalisation, death, and expense in New Zealand. For a community, the risk of experiencing an injury (and the cause) differs by age, deprivation, gender, and ethnicity of its members. This section details the risk factors that make some parts of the community at greater risk than other parts (ie “The Who”), and then looks at injury by type (“The What”). It finishes with a brief discussion of injury data analyses

that were completed to improve road safety; and work done in 2002 as part of an earlier data-collection initiative to inform a Safe Community approach.

### The WHO

Deprivation, age, gender, ethnicity and drug-usage (particularly alcohol) all influence the likelihood of injury and the type of injury faced by different parts of the community.

For children, injury and deprivation are correlated.

- Too exclusive an emphasis on compartmentalising injuries can lead to a blizzard of statistics that blinds policymaking to the common underlying risk factors associated with child injuries from all causes. Whether the proximate cause be traffic accident, assault, drowning, fire or poisoning, the likelihood of a child being injured or killed appears to be strongly associated with such factors as poverty, single parenthood, low maternal education, low maternal age at birth, poor housing, large family size, and parental drug or alcohol abuse.

The attempt to analyse and prevent child injury must therefore be informed by knowledge of ‘who’ as well as ‘what’.

*UNICEF 2001 (<http://www.unicef-irc.org/publications/pdf/repcard2e.pdf>, accessed May 2013)*

Are the descriptions sufficient?

YES NO

If NO, what is missing?

# SECTION A | COMMUNITY OVERVIEW

## Questions to be answered by the community

In New Zealand, deprivation-score is worked out by census mesh block according to the proportion of the households who have a high or low number of attributes including: income, car ownership, house-ownership, number of bedrooms, qualifications, and number of parents living there. The areas are split into ten categories depending on their scores. The areas with most of these things are graded as 1 (least deprived) with the most deprived areas scoring 10. The rate of injury for those areas with high deprivation can be compared to those of people in more deprived areas.

For example, Craig et al., notes that the social gradient for national pedestrian injury for children aged under 14 is 4.6 times greater at decile 10 than for decile 1 (with a confidence level of 3.31–6.41 at the 95% confidence level). Other injuries show a shallower social gradient - for example children from decile 10 have 1.4 times the risk of hospitalisation due to a fall compared to children from decile 1

*(<http://www.midcentraldhb.govt.nz/Publications/AllPublications/Documents/2011%20The%20Health%20Status%20of%20Children%20and%20Young%20People%20in%20MidCentral%20and%20Whanganui.pdf>, accessed May 2013)*

Overall, from 2000 to 2010 Palmerston North Census Area units crude injury rates (injury divided by total population) were 1.3 to 1.5 times more for the lower two deciles when compared with the higher two deciles. The variation is due to Palmerston North Central being likely to have inflated numbers due to the computer system attributing unrecognised addresses to this

Census Area. Previous figures for 1995 to 1999 show a rate of around 1.5 for the poorest two deciles compared to the richest two deciles.

## Age

While there is a correlation between deprivation and injury in children, it is not so apparent with injury in older people, with overseas studies saying more research is needed on this issue (Cryer, C. (2001a). What works to prevent accidental injury amongst older people. Report to the Health Development Agency (HDA), London. Centre for Health, Services Studies, University of Kent, accessed May 2013).

Age also has a major influence on the severity and type of injury. The decision on the size of age category will determine what is counted as the most common injuries for that age category – as differences by age become aggregated.

For children aged 5 to 9, falls from playground equipment are a major cause of hospitalisation. The 1995-1999 data (sourced from IPRU but analysed by Public Health Services) shows a peak of falls from playground equipment of 104 in children aged 5-9; whereas there were 19 in the under-fives; and 23 in those aged 10-14; and only five for the remaining age groups.

As well as differing by type, incidence of injury increases with age, as shown in the following graphs based on data from IPRU website.

*(<http://ipru3.otago.ac.nz/niqs/index.php>, accessed May 2013)*

## Questions to be answered by the certifiers

Are the descriptions sufficient?

YES

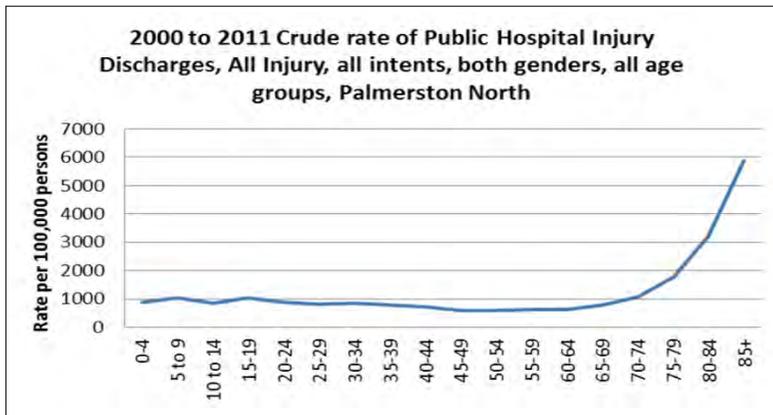
NO

If NO, what is missing?

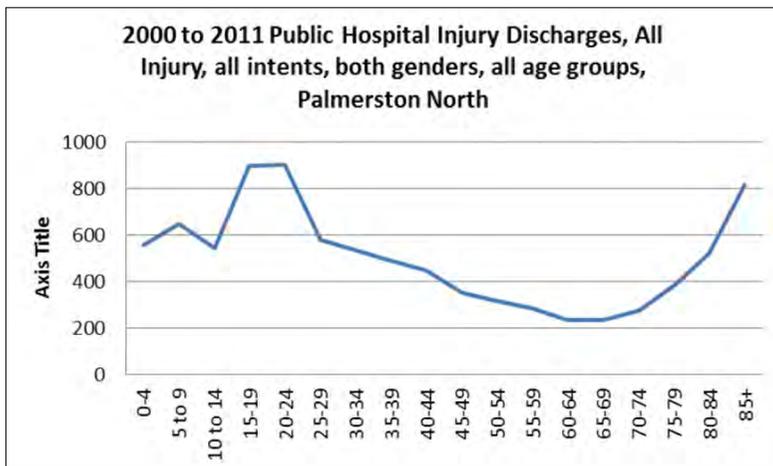
# SECTION A | COMMUNITY OVERVIEW

Questions to be answered by the community

Questions to be answered by the certifiers



The hospitalisation data in numbers (not rate) is shown below:



## Gender differences

Males are generally over-represented in injury statistics. In Palmerston North from 2000 to 2011, 5001 males were hospitalised for injury compared to 4014 females.

The gender difference is reversed in self-harm statistics however, with 496 females versus 252 males (all injury, self-inflicted intent, IPRU data) being hospitalised for self-inflicted injuries between 2000 and 2011.

## Ethnicity

Nationally, mortality rates also differ by ethnicity, with Māori differing from non-Māori for fatal accidents by age. The suffocation/accidental threat to breathing includes Sudden Unexplained Deaths in Infants.

Are the descriptions sufficient?

YES NO

If NO, what is missing?

# SECTION A | COMMUNITY OVERVIEW

Questions to be answered by the community

Questions to be answered by the certifiers

**Table 32: Top three unintentional injury mortality categories, by age group, ranked by counts, 2004–06**

		Māori	non-Māori
Males	0–14 years	Suffocation/accidental threats to breathing Motor vehicle traffic Pedestrian injured in transport accident	Motor vehicle traffic Suffocation/accidental threats to breathing Drowning and submersion
	15–64 years	Motor vehicle traffic All other transport Pedestrian injured in transport accident	Motor vehicle traffic All other transport Falls
	65+ years	Falls Motor vehicle traffic Suffocation/accidental threats to breathing	Falls Motor vehicle traffic Pedestrian injured in transport accident
Females	0–14 years	Suffocation/accidental threats to breathing Motor vehicle traffic Pedestrian injured in transport accident	Suffocation/accidental threats to breathing Motor vehicle traffic Drowning and submersion
	15–64 years	Motor vehicle traffic Poisoning Falls	Motor vehicle traffic Poisoning Falls
	65+ years	Falls Motor vehicle traffic Fire/hot object or substance = Machinery	Falls Motor vehicle traffic Accidental exposure to other factors = Fire/ hot object or substance

Are the descriptions sufficient?

YES NO

If NO, what is missing?

(<http://www.health.govt.nz/nz-health-statistics/health-statistics-and-data-sets/maori-health-data-and-stats/tatau-kahukura-maori-health-chart-book/nga-mana-hauora-tutohu-health-status-indicators/unintentional-injury-various-ages>, accessed May 2013)

# SECTION A | COMMUNITY OVERVIEW

Questions to be answered by the community

## Injury and alcohol usage

An ACC Study on Alcohol and Injury, Alcohol-related injury: An evidence-based literature review found the following points well established (called “Authoritative research”) in the report:

- There is an association between a positive blood alcohol content or self-report of alcohol consumption in the 6 hours before injury, with admission to the emergency department with an injury. Acute intake is more predictive of current injury than the pattern of general consumption.
- Estimates of the amount of increased risk vary, with many studies finding an increased risk of injury after consuming alcohol of between 10 and 20%.
- A mix of injury types can obscure differences in the relationship between alcohol and the various forms of injury and between demographic groups.
- The magnitude of the association between alcohol and injuries in emergency studies is significantly higher for violence-related injuries.
- While the acute use of alcohol is the consumption pattern most associated with injury, there is also an association between chronic alcohol consumption and injury, with some indication that the risk is highest when an individual is involved in both types of consumption.

- Studies show an over-representation of males and young people in the incidence of alcohol-related injury.
- There is a dose-response relationship between alcohol and injury, with risk increasing with an increasing amount of alcohol consumed in the six hours prior to injury. An increased risk of injury begins at low levels of consumption (as little as one drink a day), although the risk levels off for high levels of consumption.
- The most common locations for sustaining alcohol-related injuries are public places, private homes and licensed premises.
- In emergency department studies, participants may not be representative of all those with injuries as some people with injuries will not seek medical attention or will present at primary care facilities.

*([http://www.alcohol.org.nz/sites/default/files/research-publications/pdfs/alcohol-related%20injury%20lit%20review%20FEB2012\\_0.pdf](http://www.alcohol.org.nz/sites/default/files/research-publications/pdfs/alcohol-related%20injury%20lit%20review%20FEB2012_0.pdf), accessed May 2013)*

A study by Public Health Services of Emergency Admissions found that around 22% of patients were identified by nurses as being under the influence of alcohol. In two later studies, patients were also asked if their injury was related to alcohol consumption and a figure of 27% was identified.

Questions to be answered by the certifiers

Are the descriptions sufficient?

YES NO

If NO, what is missing?

# SECTION A | COMMUNITY OVERVIEW

Questions to be answered by the community

Questions to be answered by the certifiers

## Type of Injury

Palmerston North 1995-1999											
Cause	Age										Total
	0-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65-74	>75	
Cut/Pierce	18	12	24	80	64	33	28	17	12	9	297
Drowning/Submersion	4	1	0	1	1	1	2	1	0	0	11
Fall	114	<u>237</u>	108	161	90	56	<u>52</u>	<u>55</u>	<u>132</u>	<u>526</u>	1530
Fire/Burn	38	1	1	7	6	5	1	4	2	5	70
Firearm	0	0	0	0	0	1	0	0	0	0	1
Homicide/Assault	2	1	7	87	54	24	10	1	1	3	190
Machinery	3	4	0	15	21	0	5	0	2	0	50
Motor Vehicle Traffic	17	29	24	<u>238</u>	<u>94</u>	50	43	21	18	24	558
Natural/Environmental	10	4	2	12	9	7	7	7	3	6	67
Other Specified Not Classifiable	0	1	0	3	3	2	0	0	2	0	11
Other Specified and Classifiable	21	5	6	16	17	7	16	13	4	13	118
Overexertion	1	19	7	35	23	16	14	5	28	50	198
Pedal Cyclist, Other	3	0	29	32	15	15	6	15	0	2	117
Pedestrian, Other	3	1	4	1	6	0	1	0	1	0	17
Poisoning	74	2	4	15	11	7	5	7	6	4	135
Struck By, Against	10	6	28	101	65	24	12	21	5	9	281
Suffocation	2	1	0	2	4	2	1	0	3	1	16
Suicide/Self-Inflicted	0	6	11	142	131	<u>86</u>	34	0	10	4	424
Transport, Other	1	4	19	33	39	17	12	15	2	2	144
Unspecified	4	7	3	15	10	6	1	5	4	11	66
<b>Total</b>	325	341	277	996	663	359	250	187	235	669	4301

This table was prepared previously by Public Health Services and looks at non-fatal injury-hospitalisation data by age and cause using IPRU data for 1995-1999; and then a similar table covering 2000-2011 (see page 23).

When comparing the tables it is important to remember that the second table covers 11 years whereas the first covers only five years. For each age-group the major cause of hospitalisation has been under-lined.

Are the descriptions sufficient?

YES NO

If NO, what is missing?

# SECTION A | COMMUNITY OVERVIEW

Questions to be answered by the community

Questions to be answered by the certifiers

## Type of Injury

Palmerston North Injury-hospitalisations 2000-2011	Age										Total
	0-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65-74	>75	
Cut/Pierce	13	33	42	167	96	88	60	34	12	7	532
Drowning/Submersion	2	1	2	2	3	1	0	1	0	0	12
Fall	198	427	217	287	148	167	159	202	317	1445	3565
Fire/Burn	51	10	10	27	18	10	13	3	1	4	147
Firearm	0	0	2	4	0	1	0	0	0	0	7
Homicide/Assault	4	1	9	170	111	63	20	5	2	3	388
Machinery	3	1	2	25	25	28	18	15	5	4	124
Motor Vehicle Traffic	20	20	28	289	139	122	95	78	53	57	899
Natural/Environmental	18	11	11	32	31	28	22	19	7	10	187
Other Specified and Class unspecified	66	28	16	52	37	30	26	16	6	17	294
Overexertion	23	15	15	73	37	26	14	12	17	41	273
Overexertion	3	7	11	80	53	52	31	37	34	60	368
Pedal Cyclist, Other	6	30	53	41	17	17	24	14	9	2	213
Pedestrian, Other	5	2	2	2	5	1	2	0	4	4	27
Poisoning	90	9	13	21	14	18	10	9	5	21	208
Struck By, Against	41	38	48	143	96	62	34	20	9	32	523
Suffocation	7	0	0	0	3	0	2	2	4	1	19
Suicide/Self-Inflicted	0	0	19	231	199	165	84	33	11	6	748
Transport, Other and Land Transport Other	6	13	39	120	73	80	50	21	11	2	415
<b>Grand Total</b>	<b>554</b>	<b>646</b>	<b>539</b>	<b>1766</b>	<b>1105</b>	<b>933</b>	<b>664</b>	<b>519</b>	<b>507</b>	<b>1716</b>	<b>8949</b>

The Category "Transport, Other" in the table appears to include two categories: "Land Transport, Other" and "Transport, Other". Of these, the former is the biggest category in both periods with 375 hospitalisations in the 2000 to 2011 time period.

Are the descriptions sufficient?

YES NO

If NO, what is missing?

# SECTION A | COMMUNITY OVERVIEW

Questions to be answered by the community

## Type of Injury

Difference in hospitalisation between 1995-1999 and 2000-2011 by age and cause											
	0-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65-74	>75	Total
Cut/Pierce	-12.1	3.0	-4.9	-4.1	-20.4	-2.1	-0.7	-1.5	-6.5	-5.8	-55.2
Drowning/Submersion	-3.1	-0.5	0.9	-0.1	0.4	-0.5	-2.0	-0.5	0.0	0.0	-5.5
Fall	-24.9	-42.9	-9.4	-30.5	-22.7	19.9	20.3	36.8	12.1	130.8	90.5
Fire/Burn	-14.8	3.5	3.5	5.3	2.2	-0.5	4.9	-2.6	-1.5	-3.2	-3.2
Firearm	0.0	0.0	0.9	1.8	0.0	-0.5	0.0	0.0	0.0	0.0	2.2
Homicide/Assault	-0.2	-0.5	-2.9	-9.7	-3.5	4.6	-0.9	1.3	-0.1	-1.6	-13.6
Machinery	-1.6	-3.5	0.9	-3.6	-9.6	11.8	3.2	6.8	0.3	1.8	6.4
Motor Vehicle Traffic	-7.9	-19.9	-11.3	-106.6	-30.8	5.5	0.2	13.5	6.1	1.9	-149.4
Natural/Environmental	-1.8	1.0	3.0	2.5	5.1	4.8	3.0	1.6	0.2	-1.5	18.0
Other Specified Not Classifiable	IPRU figures for this cause could not be found										
Other Specified and Classifiable	-10.5	1.8	0.8	17.2	-0.2	4.8	-9.6	-7.5	3.7	5.6	6.1
Overexertion	0.4	-15.8	-2.0	1.4	1.1	7.6	0.1	11.8	12.5	-22.7	-30.7
Pedal Cyclist, Other	-0.3	13.6	-4.9	-13.4	-7.3	-7.3	4.9	-8.6	4.1	-1.1	-20.2
Pedestrian, Other	-0.7	-0.1	-3.1	-0.1	-3.7	0.5	-0.1	0.0	0.8	1.8	-4.7
Poisoning	-33.1	2.1	1.9	-5.5	-4.6	0.3	-0.5	-2.9	-3.7	5.5	-40.5
Struck By, Against	8.6	11.3	-6.2	-36.0	-21.4	4.2	3.5	11.9	-0.9	5.5	-43.3
Suffocation	1.2	-1.0	0.0	-2.0	-2.6	-2.0	-0.1	0.9	-1.2	-0.5	-7.4
Suicide/Self-Inflicted	0.0	-6.0	-2.4	-37.0	-40.5	11.0	4.2	15.0	-5.0	-1.3	-84.0
Land Transport, Other and Transport, Other	1.7	1.9	-1.3	21.5	-5.8	19.4	10.7	-5.5	3.0	-1.1	44.6
Unspecified	6.5	-0.2	3.8	18.2	6.8	5.8	5.4	0.5	3.7	7.6	58.1
Total	-92.7	-52.3	-32.5	-180.7	-157.7	65.3	46.4	47.1	2.5	121.9	-231.8

Questions to be answered by the certifiers

Are the descriptions sufficient?

YES NO

If NO, what is missing?

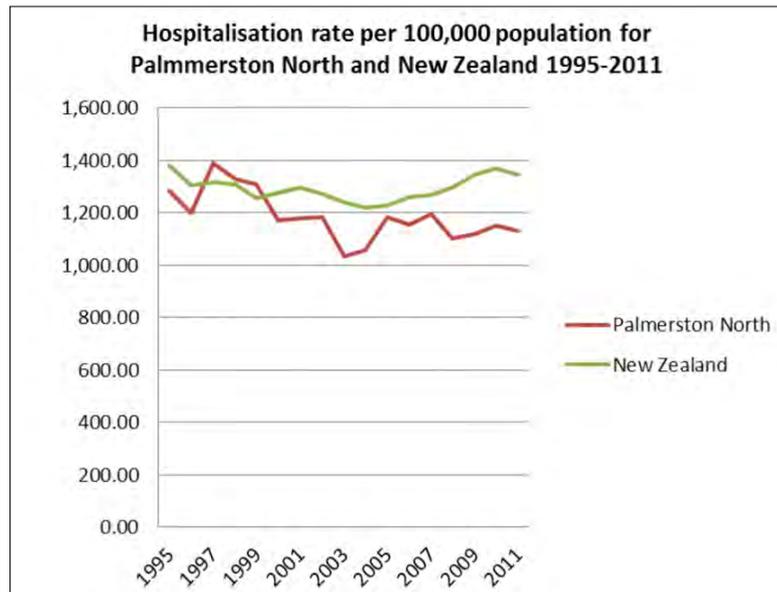
When the figures for the two time periods are compared (the 2000-2011 figures are divided by 11 and then multiplied by 5 to get a number that can be compared with the 1995-1999 period) one gets the following table which shows a drop in the overall number of hospitalisations.

The tables show that the biggest increase in injury-hospitalisations (131) has been falls in those aged over 75 years with the next biggest increase being in those aged 55-64 who had an increase in falls of 37. The biggest drop of hospitalisations (106) was in Motor Vehicle Traffic for those aged 15-24.

# SECTION A | COMMUNITY OVERVIEW

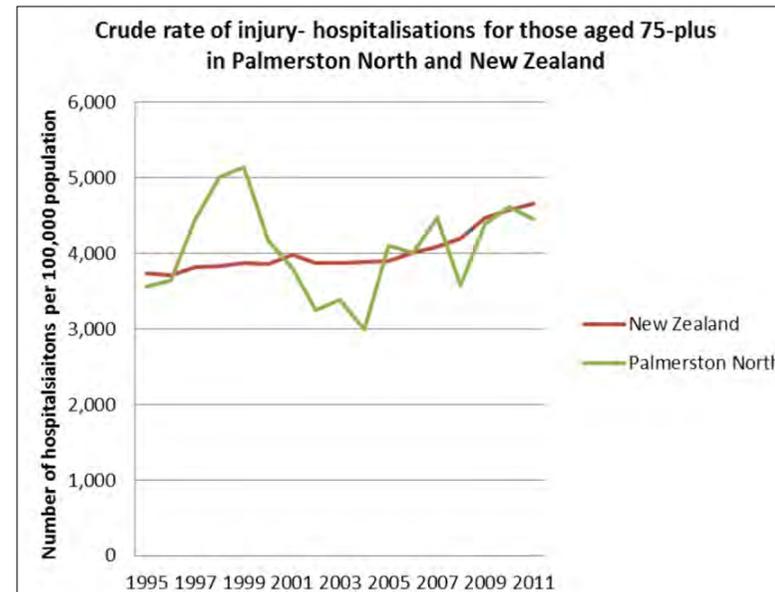
Questions to be answered by the community

The decrease in the number of hospitalisations is even more impressive considering that the population of Palmerston North grew from 73,095 in 1996 to an estimated 82,100 in mid 2011. The following graph shows that the crude rate of hospitalisation over this period declined for Palmerston North. But the decline may be due to changes in admission policies (and advances in medicine) and not due solely to injury-rate variations.



The biggest increase in crude rate of hospitalisation was falls in those aged 75 or more which has also increased nationally as a greater proportion of our population is aged 75 or more.

The following graph shows that injury-hospitalisations for the 75-plus age group are similar for Palmerston North and New Zealand.



Questions to be answered by the certifiers

Are the descriptions sufficient?

YES NO

If NO, what is missing?

# SECTION A | COMMUNITY OVERVIEW

Questions to be answered by the community

Questions to be answered by the certifiers

## Fatal injury

The following table looks at fatal injury for the two time periods 1995-1999 and 2000-2009. The 2000-2009 figures have been divided by nine and multiplied by five to allow comparison. The figures show little change except in fatalities due to falls.

Are the descriptions sufficient?

YES NO

If NO, what is missing?

### PALMERSTON NORTH FATALITIES BY CAUSE AND PERIOD

CAUSE	1995-1999	2000-2009	2000-2009: divided by 9, multiplied by 5	1995-99 period less 2000-2009 modified
Cut/Pierce	1	1	0.6	0.4
Drowning/Submersion	7	6	3.3	3.7
Fall	23	79	43.9	-20.9
Fire/Burn	4	4	2.2	1.8
Firearm	1	0	0.0	1.0
Homicide/Assault	5	15	8.3	-3.3
Machinery	2	0	0.0	2.0
Motor Vehicle Traffic	48	101	56.1	-8.1
Natural/Environmental	2	4	2.2	-0.2
Other Specified Not Classifiable	0	0	0.0	0.0
Other Specified and Classifiable	2	10	5.6	-3.6
Pedal Cyclist, Other	0	1	0.6	-0.6
Pedestrian, Other	1	0	0.0	1.0
Poisoning	3	13	7.2	-4.2
Struck By, Against	2	0	0.0	2.0
Suffocation	2	8	4.4	-2.4
Suicide/Self-Inflicted	64	110	61.1	2.9
Transport, Other	5	9	5.0	0.0
Unspecified	1	0	0.0	1.0
Total	173	361	200.6	-27.6

# SECTION A | COMMUNITY OVERVIEW

Questions to be answered by the community

## Previous data analysis

Many of the programmes that reduce injury in Palmerston North began as a concern with that issue and work started earlier than 2002. However in 2002, ACC funded a Community Injury Prevention and Safety Promotion Initiative by Public Health Services of MidCentral. This looked at injury trends and was based on the WHO Safe Community model.

The aggregated findings were in line with national statistics for that time. The study analysed injury by census area units to identify communities with significantly more injury. It is not clear that the census area units could be used as a proxy for local communities, however, and the results for each area were reasonably similar.

The biggest exception was Palmerston North Central which had injury rates greater than one deviation from the mean for all injury but this could be due to the computer attributing unrecognised addresses to The Square mesh block and these being counted as part of the Palmerston North Central census area unit.

While the impact of local community environments on injury rates remains difficult to measure, variations in deprivation are linked to injury. Hence to determine the impact of a local neighbourhood on injury rates, one would have to control for variations in deprivation and age-structure and would need a large population sample. This is not to say that hazards cannot be identified at the local level and rectified.

## Road Safety

Road Safety statistics are regularly analysed and published. Cyclists' injury was identified as a problem in the 2002 Road Safety Issues publication (covers the period from 1997 to 2001) which states:

Since 1997 the trend in casualty numbers has been increasingly downward, with casualty numbers in 2001 (16) being one more than those recorded in 2000. Cycle casualties account for about 10% of all casualties, compared with about 6% for all New Zealand.

In 2010, the briefing notes crash analysis a Safe System approach, Wanganui Manawatū road safety region identified Cyclists as area of concern for Palmerston North City but contains no more information on this issue. The Palmerston North City Road Safety Report 2005 to 2009 identifies 15 – 35 cyclists casualties per year from 2000 to 2009, which exceeds the New Zealand percentage of injured cyclists every year and exceed the “peer group” (ie cities that NZTA judge to be similar to Palmerston North ) for all but two years (2000 and 2009).

Because the 2002 paper uses the category “urban cyclists” and the 2009 paper refers to cyclist – it is likely that some variation in numbers will be due to changes in the way incidents are coded rather than changes in trends. The Safe System analysis looks at proportion of total road-accidents due to cycling and so Palmerston North, with more cyclists than its peer group, is likely to have cycling listed as a concern even if the percentage of cyclists injured is less than other cities.

Questions to be answered by the certifiers

Are the descriptions sufficient?

YES NO

If NO, what is missing?

# SECTION A | COMMUNITY OVERVIEW

Questions to be answered by the community



Palmerston North City has improved its network of cycle lanes since 2001, and is currently creating off-road cycle paths which are proving to be very popular.

*(Studies available from <http://www.nzta.govt.nz/resources/results.html?catid=197>, accessed May 2013)*

## In summary

Injury hospitalisation is relatively stable, except for falls in those aged over 75 which has increased as the number of people 75-plus has increased.

Risk of injury changes with age, and the most likely cause of injury also changes with age. Injury hospitalisation has a social gradient for children, but this is less apparent for older adults. Injury also changes by gender, with males being more likely to suffer injury in any age. Consumption of alcohol is correlated with an increased risk of hospitalisation for injury.

Palmerston North shows a declining crude injury-hospital discharge rate, despite the increase in falls, but this could be partly due to changes in the way injuries are treated (thus making hospitalisations less frequent), rather than changes in injury-rates.

Questions to be answered by the certifiers

Are the descriptions sufficient?

YES

NO

If NO, what is missing?

# SECTION A | COMMUNITY OVERVIEW

Questions to be answered by the community

Questions to be answered by the certifiers



Are the descriptions sufficient?

YES      NO

If NO, what is missing?

# SECTION A | COMMUNITY OVERVIEW

Questions to be answered by the community



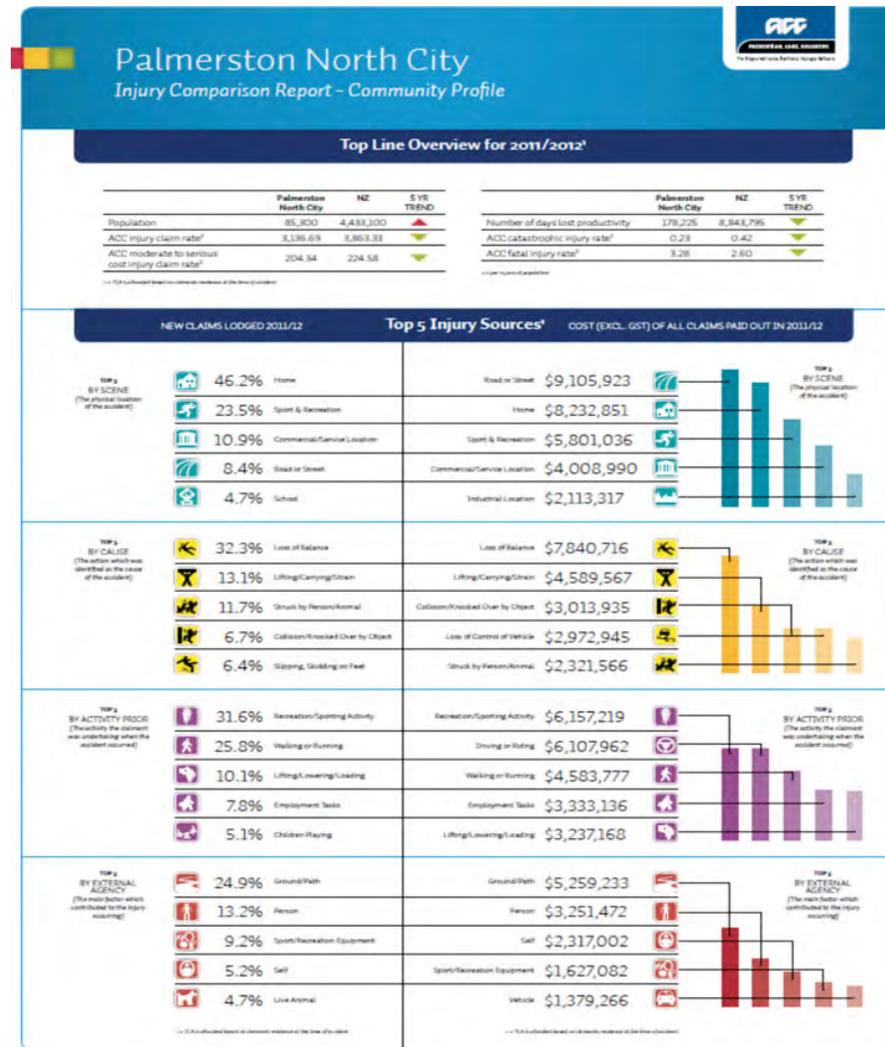
Te Kaporeihana Āwhina Hunga Whara

## ACCIDENT COMPENSATION CORPORATION (ACC)

During 2011/2012 Palmerston North ACC injury claim rate was 3,136.69 per 10,000 of the population compared with 3,863.33 nationally. Falls/loss of balance at 32.3% was the major cause of all ACC claims with over seven and a half million dollars paid out for the 2011/2012 period. Falls was followed by lifting, carrying, strains 13.1% (4.5 million in claims) and then struck by person/animal at 11.7% (2.3 million in claims).

The location for 46% of all claims was the home followed by sport and recreation (23.5%) however in relation to costs, roads were the most expensive costing \$9.1 million in 2011/2012, followed by the home at \$8.3 million and then sport and recreation at \$5.8 million.

Over 50% of all claims resulted from persons conducting some form of recreation / sporting activity at a total cost of over \$12 million dollars.



Questions to be answered by the certifiers

Are the descriptions sufficient?

YES NO

If NO, what is missing?

# SECTION A | COMMUNITY OVERVIEW

Questions to be answered by the community



## COMMUNITIES AT RISK REGISTER (NZTA)

The Communities at Risk Register was developed by NZTA to identify communities that are over represented in terms of road safety risk. The register ranks communities by local authority area based on the Safer Journeys areas of concern. The register is created using fatal and serious crash data in the crash analysis system (CAS) database over a five year period, 2008 – 2012.

In the High Strategic priority areas of Young Drivers, Urban / Rural Intersections and Alcohol and Drugs, Palmerston North City due to the number of serious crashes and deaths presented a high level of collective risk.

- Young Drivers (2008 – 2012) on local roads were involved in 310 crashes - 11 deaths, 62 serious injuries and 341 minor injuries. Speed was involved in 23% of crashes, 18% involved alcohol. 57% occurred at intersections and 20% involved motorcyclists.
- Alcohol and drugs for the same period were factors in 87 crashes – 5 deaths, 38 serious injuries and 84 minor injuries. Speed too fast for the conditions was involved in 40% of crashes and 58% involved young drivers. 49% occurred at intersections.

- Intersections – 392 crashes, 10 deaths, 55 serious injuries and 418 minor injuries. Failing to give way / stop and/or crossing / turning were common characteristics of these crashes.
- Also highlighted in the Risk Register were cyclists, pedestrians, distractions, and motorcyclists which all appeared above the national mean.



Questions to be answered by the certifiers

Are the descriptions sufficient?

YES NO

If NO, what is missing?

# SECTION A | COMMUNITY OVERVIEW

Questions to be answered by the community



## NEW ZEALAND POLICE

The latest crime figures reveal that total recorded crime for Palmerston North City, in the year to December 31, 2012, has dropped 40% since 1994, and more than 4% on 2011. Among the crimes happening less frequently were property damage, down 12%, public order offences, down 18%, and offences against justice and government procedures, down 24%. However burglary and theft offences rose 4% and 0.7%, respectively.

26% of thefts were resolved, down from 28% though the City's high student population were often among the most vulnerable to burglary, and the transient population posed a problem for Police resolution rates. Public disorder offences had declined, however alcohol continued to have an affect when considering causation issues.

Inspector Handcock, Area Commander, Palmerston North rated the misuse of alcohol as the single most predominant factor in violent crime and disorder issues experienced in our community. He stated that "we need to remind ourselves of the role that alcohol plays in victimisation. Poor decision making through

alcohol impairment all too often leads to victim vulnerability"<sup>8</sup>

For the previous 12 months the Palmerston North inner city centre (area contained within Ferguson, Princess, Grey, Walding, Bourke and Pitt Streets) had the most activity with over 1900 calls for police service. Disorder at 36.5% and theft ex shop at 17.5% were the most common. The majority of disorder events occurred between Thursday and Sunday between the hours of 10pm and 4am and involved both youth and adults. Intoxication was often a factor.



<sup>8</sup> King, K (2013, April 3). Drop in Crime pleases Polcie. Manawatū Evening Standard. Retrieved from Stuff

Questions to be answered by the certifiers

Are the descriptions sufficient?

YES

NO

If NO, what is missing?

# SECTION A | COMMUNITY OVERVIEW

Questions to be answered by the community

Questions to be answered by the certifiers



Are the descriptions sufficient?  
 YES NO  
 If NO, what is missing?

## SUMMARY OF RECORDED OFFENCES, RATE PER 10,000 POPULATION AND RESOLVED OFFENCES, BY DIVISION

Years ending 31 December

### HOMICIDE AND RELATED OFFENCES

Area Description	Recorded 2011	Recorded 2012	Variance 2011 - 2012	Recorded per 10,000 pop 2011	Recorded per 10,000 pop 2012	Per 10,000 pop% Variance 2011 - 2012	Resolved 2011	Resolved 2012	Resolution Rate 2011	Resolution 2012
New Plymouth	2	2	0.0%	0.3	0.3	-0.6%	2	2	100%	100%
Palmerston North City	0	1	0.0%	0.0	0.1	0.0%	0	1	0.0%	100%
Palmerston North Rural	4	0	-100%	0.5	0.0	-100%	4	0	100%	0.0%
Whanganui	3	3	0.0%	0.6	0.6	0.6%	2	2	66.7%	66.7%
Central District	9	6	-33.3%	0.3	0.2	-33.4%	8	5	88.9%	83.3%
Nationally	83	68	-18.1%	0.2	0.2	-18.6%	73	63	88.0%	92.6%

# SECTION A | COMMUNITY OVERVIEW

Questions to be answered by the community

Questions to be answered by the certifiers

## ACTS INTENDED TO INJURE

Area Description	Recorded 2011	Recorded 2012	Variance 2011 - 2012	Recorded per 10,000 pop 2011	Recorded per 10,000 pop 2012	Per 10,000 pop% Variance 2011 to 2012	Resolved 2011	Resolved 2012	Resolution Rate 2011	Resolution 2012
New Plymouth	703	674	-4.1%	94.7	90.3	-4.7%	640	576	91.0%	85.5%
Palmerston North City	835	781	-6.5%	96.1	89	-7.4%	712	607	85.3%	77.7%
Palmerston North Rural	852	833	-2.2%	101.0	98.8	-2.2%	785	711	92.1%	85.4%
Whanganui	618	543	-12.1	114.4	101.1	-11.6%	553	435	89.5%	80.1%
Central District	3,627	3,346	-7.7%	103.4	95.3	-7.9%	3,267	2,776	90.1%	83.0%
Nationally	42,278	40,851	-3.4%	96.0	92.2	-4.0%	35,286	32,361	83.5%	79.2%

## SEXUAL ASSAULT AND RELATED OFFENCES

Area Description	Recorded 2011	Recorded 2012	Variance 2011 - 2012	Recorded per 10,000 pop 2011	Recorded per 10,000 pop 2012	Per 10,000 pop% Variance 2011 to 2012	Resolved 2011	Resolved 2012	Resolution Rate 2011	Resolution 2012
New Plymouth	43	49	14.0%	5.8	6.6	13.3%	29	40	67.4%	81.6%
Palmerston North City	59	58	-1.7%	6.8	6.6	-2.6%	38	32	64.4%	55.2%
Palmerston North Rural	74	46	-37.8	8.8	5.5	-37.8%	48	27	64.9%	58.7%
Whanganui	47	49	4.3%	8.7	9.1	4.9%	25	21	53.2%	42.9%
Central District	275	265	-3.6%	7.8	7.5	-3.8%	173	170	62.9%	64.2%
Nationally	3466	3512	1.3%	7.9	7.0	0.7%	1963	1889	56.6%	53.8%

Are the descriptions sufficient?

YES NO

If NO, what is missing?

# SECTION A | COMMUNITY OVERVIEW

Questions to be answered by the community

Questions to be answered by the certifiers

## DANGEROUS OR NEGLIGENT ACTS ENDANGERING PERSONS

Area Description	Recorded 2011	Recorded 2012	Variance 2011 - 2012	Recorded per 10,000 pop 2011	Recorded per 10,000 pop 2012	Per 10,000 pop% Variance 2011 to 2012	Resolved 2011	Resolved 2012	Resolution Rate 2011	Resolution 2012
New Plymouth	13	14	7.7%	1.8	1.9	7.0%	11	11	84.6%	78.6%
Palmerston North City	15	16	6.7%	1.7	1.8	5.6%	12	10	80.0%	62.5%
Palmerston North Rural	9	19	111.1%	1.1	2.3	111.2%	7	13	77.8%	68.4%
Whanganui	10	5	-50.0%	1.2	0.6	-49.0%	2	1	100.0%	100.0%
Central District	56	62	10.7%	1.6	1.8	10.5%	47	44	83.9%	71.0%
Nationally	979	1022	4.4%	2.2	2.3	3.7%	673	655	68.7%	64.1%

Are the descriptions sufficient?  
 YES NO  
 If NO, what is missing?

## ABDUCTION, HARRASSMENT AND OTHER RELATED OFFENCES AGAINST A PERSON

Area Description	Recorded 2011	Recorded 2012	Variance 2011 - 2012	Recorded per 10,000 pop 2011	Recorded per 10,000 pop 2012	Per 10,000 pop% Variance 2011 to 2012	Resolved 2011	Resolved 2012	Resolution Rate 2011	Resolution 2012
New Plymouth	172	180	4.7%	23.2	24.1	4.0%	141	137	82.0%	76.1%
Palmerston North City	189	184	-2.6	21.7	21.0	-3.6%	130	129	68.8%	70.1%
Palmerston North Rural	245	247	0.8%	29.1	29.3	0.9%	219	198	89.4%	80.2%
Whanganui	162	109	-32.7%	30.0	20.3	-32.3%	138	90	85.2%	82.6%
Central District	903	855	-5.3	25.8	24.3	-5.5%	744	658	82.4%	77.0%
Nationally	12947	12476	-3.6%	29.4	28.1	-4.2%	9394	8627	72.6%	69.1%

# SECTION A | COMMUNITY OVERVIEW

Questions to be answered by the community

Questions to be answered by the certifiers

## ROBBERY, EXTORTION AND RELATED OFFENCES

Area Description	Recorded 2011	Recorded 2012	Variance 2011 - 2012	Recorded per 10,000 pop 2011	Recorded per 10,000 pop 2012	Per 10,000 pop% Variance 2011 to 2012	Resolved 2011	Resolved 2012	Resolution Rate 2011	Resolution 2012
New Plymouth	23	10	-56.5	3.1	1.3	-56.8%	15	5	65.2%	50.0%
Palmerston North City	41	31	-24.4%	4.7	3.5	-25.1%	19	14	46.3%	45.2%
Palmerston North Rural	15	18	20.0%	1.8	2.1	20.1%	11	13	73.3%	72.2%
Whanganui	30	31	3.3%	5.6	5.8	3.9%	19	9	63.3%	29.0%
Central District	127	110	-13.5%	3.6	3.1	-13.5%	76	59	59.8%	53.6%
Nationally	2447	2199	-10.1%	5.6	5.0	-10.7%	1057	862	43.2%	39.2%

## UNLAWFUL ENTRY, BURGLARY, BREAK AND ENTER

Area Description	Recorded 2011	Recorded 2012	Variance 2011 - 2012	Recorded per 10,000 pop 2011	Recorded per 10,000 pop 2012	Per 10,000 pop% Variance 2011 to 2012	Resolved 2011	Resolved 2012	Resolution Rate 2011	Resolution 2012
New Plymouth	658	471	-28.4%	88.7	63.1	-28.9%	242	107	36.8%	22.7%
Palmerston North City	1469	1532	4.3%	169.0	174.6	3.3%	147	151	10.0%	9.9%
Palmerston North Rural	1113	1069	-4.0%	132.0	126.9	-3.9%	192	162	17.3%	15.2%
Whanganui	807	821	1.7%	149.4	152.9	2.3%	150	122	18.6%	14.9%
Central District	4603	4356	-5.4%	131.3	124.0	-5.5%	917	644	19.9%	14.8%
Nationally	59518	52937	-11.1%	135.1	119.4	-11.6%	9232	7425	15.5%	14.0%

Are the descriptions sufficient?

YES NO

If NO, what is missing?

# SECTION A | COMMUNITY OVERVIEW

Questions to be answered by the community

Questions to be answered by the certifiers

## THEFT AND RELATED OFFENCES

Area Description	Recorded 2011	Recorded 2012	Variance 2011 - 2012	Recorded per 10,000 pop 2011	Recorded per 10,000 pop 2012	Per 10,000 pop% Variance 2011 to 2012	Resolved 2011	Resolved 2012	Resolution Rate 2011	Resolution 2012
New Plymouth	1523	1299	-14.7%	205.2	174.0	-15.2%	668	511	43.9%	39.3%
Palmerston North City	3015	3038	0.8%	346.9	346.2	-0.2%	854	809	28.3%	26.6%
Palmerston North Rural	1820	1672	-8.1%	215.8	198.4	-8.1%	675	571	37.1%	34.2%
Whanganui	1388	1376	-0.9%	257.0	256.2	-0.3%	432	348	31.1%	25.3%
Central District	8606	8170	-5.1%	245.4	232.6	-5.2%	2933	2498	34.1%	25.3%
Nationally	135442	119476	-11.8%	307.5	269.5	-12.3%	31559	28310	23.3%	23.7%

## ILLCIT DRUG OFFENCES

Area Description	Recorded 2011	Recorded 2012	Variance 2011 - 2012	Recorded per 10,000 pop 2011	Recorded per 10,000 pop 2012	Per 10,000 pop% Variance 2011 to 2012	Resolved 2011	Resolved 2012	Resolution Rate 2011	Resolution 2012
New Plymouth	406	353	-13.1%	54.7	47.3	-13.6%	390	321	96.1%	90.9%
Palmerston North City	308	264	-14.3%	35.4	30.1	-15.1%	297	251	96.4%	95.1%
Palmerston North Rural	339	341	0.6%	40.2	40.5	0.6%	329	301	97.1%	88.3%
Whanganui	243	234	-3.7%	45.0	43.6	-3.1%	237	212	97.5%	90.6%
Central District	1683	1549	-8.0%	48.0	44.1	-8.1%	1622	1373	96.4%	88.6%
Nationally	20739	20792	0.3%	47.1	46.9	-0.4%	19220	19058	92.7%	91.7%

Are the descriptions sufficient?  
 YES NO  
 If NO, what is missing?

# SECTION A | COMMUNITY OVERVIEW

Questions to be answered by the community

Questions to be answered by the certifiers

## PROHIBITED AND REGULATED WEAPONS AND EXPLOSIVE OFFENCES

Area Description	Recorded 2011	Recorded 2012	Variance 2011 - 2012	Recorded per 10,000 pop 2011	Recorded per 10,000 pop 2012	Per 10,000 pop% Variance 2011 to 2012	Resolved 2011	Resolved 2012	Resolution Rate 2011	Resolution 2012
New Plymouth	115	133	15.7%	15.5	17.8	15.0%	110	123	95.7%	92.5%
Palmerston North City	98	125	27.6%	11.3	14.2	26.3%	89	114	90.8%	91.2%
Palmerston North Rural	99	184	85.9%	11.7	21.8	86.0%	91	170	91.9%	92.4%
Whanganui	114	96	-15.8%	21.1	17.9	-15.3%	107	89	93.9%	92.7%
Central District	528	613	16.1%	15.1	17.5	15.9%	492	564	93.2%	92.0%
Nationally	6362	6063	-4.7%	14.4	13.7	-5.3	5903	5534	92.8%	91.3%

## PROPERTY DAMAGE AND ENVIRONMENTAL POLLUTION

Area Description	Recorded 2011	Recorded 2012	Variance 2011 - 2012	Recorded per 10,000 pop 2011	Recorded per 10,000 pop 2012	Per 10,000 pop% Variance 2011 to 2012	Resolved 2011	Resolved 2012	Resolution Rate 2011	Resolution 2012
New Plymouth	782	855	9.3%	105.4	114.5	8.7%	298	298	38.1%	38.1%
Palmerston North City	1069	935	-12.5%	123.0	106.5	-13.4%	339	279	31.7%	29.8
Palmerston North Rural	996	929	-6.7%	118.1	110.2	-6.7%	385	327	38.7%	35.2%
Whanganui	819	732	-10.6%	151.6	136.3	-10.1%	267	227	32.6%	31.0%
Central District	4247	3958	-6.8%	121.1	112.7	-7.0%	1490	1312	35.1%	33.1%
Nationally	51984	48901	-5.9%	118.0	110.3	-6.5%	15933	14578	30.6%	29.8%

Are the descriptions sufficient?

YES NO

If NO, what is missing?

# SECTION A | COMMUNITY OVERVIEW

Questions to be answered by the community

Questions to be answered by the certifiers

## PUBLIC ORDER OFFENCES

Area Description	Recorded 2011	Recorded 2012	Variance 2011 - 2012	Recorded per 10,000 pop 2011	Recorded per 10,000 pop 2012	Per 10,000 pop% Variance 2011 to 2012	Resolved 2011	Resolved 2012	Resolution Rate 2011	Resolution 2012
New Plymouth	936	797	-14.9%	126.1	106.7	-15.4%	893	725	95.4%	91.0%
Palmerston North City	832	676	-18.8%	95.7	77.0	-19.5%	787	602	94.6%	89.1%
Palmerston North Rural	485	543	12.0%	57.5	64.4	12.0%	440	464	90.7%	85.5%
Whanganui	319	278	-12.9%	59.1	51.8	-12.3%	289	251	90.6%	90.3%
Central District	3003	2598	-13.5%	85.6	74.0	-13.6%	2804	2306	93.4%	88.8%
Nationally	42969	42522	-1.0%	97.5	95.9	-1.7%	38402	37419	89.4%	88.0%

## FRAUD, DECEPTION AND RELATED OFFENCES

Area Description	Recorded 2011	Recorded 2012	Variance 2011 - 2012	Recorded per 10,000 pop 2011	Recorded per 10,000 pop 2012	Per 10,000 pop% Variance 2011 to 2012	Resolved 2011	Resolved 2012	Resolution Rate 2011	Resolution 2012
New Plymouth	192	143	-25.5%	25.9	19.2	-26.0%	134	98	69.8%	68.5%
Palmerston North City	137	143	4.4%	15.8	16.3	3.4%	86	81	62.8%	56.6%
Palmerston North Rural	118	122	3.4%	14.0	14.5	3.5%	98	80	83.1%	65.6%
Whanganui	55	39	-29.1%	10.2	7.3	-28.7%	33	25	60.0%	64.1%
Central District	605	520	-14.0%	17.3	14.8	-14.2%	428	328	70.7%	63.1%
Nationally	8010	8013	0.0%	18.2	18.1	-0.6%	4523	4465	56.5%	55.7%

Are the descriptions sufficient?  
 YES NO  
 If NO, what is missing?

# SECTION A | COMMUNITY OVERVIEW

Questions to be answered by the community

## In summary

- Injury hospitalisation is relatively stable, except for those aged over 75 years.
- Falls is the major cause of all injury claims.
- The home (46%) is the most common location for injury claims, followed by sport and recreation (23.5%) with roads being the highest cost.
- Young Drivers, Urban / Rural Intersections and Alcohol and Drugs, present a high level of collective risk due to the number of serious crashes and deaths in the area.
- Burglary and theft offences remain above the national mean with the City's high student population often the most vulnerable.
- Consumption of alcohol is correlated with an increased risk of injury.

## Conclusion

Palmerston North will focus on the specific core areas of:

- Safety in the home
- Safety on the roads
- Safety in public places
- Safety in the workplace
  
- Drug and Alcohol related harm
- Crime Prevention
- Emergency Preparedness

And the high risk groups identified as :

- Young people
- Mental illness / Self harm
- Low Income Groups
- Elderly

Questions to be answered by the certifiers

Are the descriptions sufficient?

YES NO

If NO, what is missing?

# SECTION A | COMMUNITY OVERVIEW

Questions to be answered by the community



Questions to be answered by the certifiers

Are the descriptions sufficient?

YES      NO

If NO, what is missing?



# SECTION B | STRUCTURE OF THE COMMUNITY

Questions to be answered by the community

Questions to be answered by the certifiers

## B.1 Describe the demographic structure of the community

### Population

Unfortunately, many key indicators are based on 2006 Census data, which is the most recent data available. Updating this Community Profile when Census 2013 data is available will be important because of the rate of change which is occurring in Palmerston North and in New Zealand.

The 2006 Population Census recorded a resident population of 75,543 in Palmerston North – a 4.9% increase on the 2001 usually resident total. While this was a smaller growth than the 7.8% national increase, it followed a 1.5% decrease in population experienced by the City between the 1996 and 2001 censuses.

Statistics New Zealand estimated that in mid-2011, the resident population of Palmerston North City stood at 82,100. It is projected that the City's population will increase to 88,800 by 2021 and 94,000 by 2031<sup>9</sup>.

### Gender

In 2006, females made up 51.9% of Palmerston North's population, outnumbering males by 2850. This trend continued throughout all age groups.

### Age

In 2006, Palmerston North had a lower median age of 32.4 years, 3.5 years below the national median age of 35.9 years. That resulted from larger proportions of young adults in the city, undoubtedly the result of the presence of tertiary institutions, while most other age groups were lower than national averages.

### Ethnic Diversity

Palmerston North City's population is slightly less ethnically diverse than the country as a whole. At the 2006 census Palmerston North's ethnicity was made up of (national figure in brackets): 71.4% European (67.6%), 15.4% Māori (14.7%), 7.4% Asian (9.2%), 3.7% Pacific Islanders (6.9%), 1.1% Middle Eastern/Latin American/African (0.9%), 12.5% 'New Zealanders' (11.1%), and 0.05% Other (0.04%). Diversity is likely to increase in the future as the City is part of the Refugee Resettlement Programme.

### Family Types

In 2006, Palmerston North City was home to around 19,070 families living in private dwellings, of which around 9,340 (49%) contained dependent children.

Is the demographic structure and the different risks sufficiently described?

YES NO

If NO, what is missing?

<sup>9</sup> Family and Community Services. (2012) Palmerston North Community Profile. Retrieved from <http://www.communityresponse.org.nz>

# SECTION B | STRUCTURE OF THE COMMUNITY

Questions to be answered by the community

## Footnote re families

Couples without children were the most numerous family type at 7,660 making up 40% of the total, the same percentage as the national figure. Couples with children numbered around 7,550 this also made up 40% of all families in the City compared to 42% nationwide. Single parent families made up 20% of Palmerston North compared to 18% nationwide.

Statistics New Zealand projects that the number of couples without children in Palmerston North City will increase steadily to around 11,100 by 2021 and 12,300 by 2031 (making up around 49% of Palmerston North families). Two parent families will slightly decrease in number to 7,800 in 2021 and 7,700 in 2031. One parent families are expected to increase slightly to 4900 in 2021 and 5200 in 2031.

## Economic Wellbeing

The NZDep2006 index of deprivation<sup>10</sup> shows that, overall, Palmerston North City is slightly more socio-economically deprived than New Zealand as a whole. Across the country, roughly equal numbers of people live in areas at each of the 10 levels of deprivation. This means that at the time of the last Census, 50% of the New Zealand population lived in decile 1 to 5 areas (the less deprived areas in the country). At that time, areas in those deciles contained 46% of Palmerston North City's population.

The profile below shows that there is an under-representation of Palmerston North City's population in the least deprived end of the deprivation scale and an over representation towards the lower end.

In 2006:

- 11% of the City's population lived in areas considered among the 10% least deprived in the country (decile 1)
- 22% lived in areas considered to be in deciles 2 to 4
- There was a clustering of the City's population in deciles 5 to 9
- 7% of residents lived in areas assessed as decile 10

Although the process of averaging can mask some substantial variation in deprivation among small areas, it can be useful to look at average deprivation statistics for Census area units. In Palmerston North City:

- One area unit, Highbury, had an average deprivation score of 10 (putting it among the 10% most deprived areas in New Zealand)
- Three area units – Roslyn, Awapuni North and Palmerston North Central – were in decile 9
- West End, Westbrook and Papaeoia averaged out as decile 8

At the other end of the scale:

- Aokautere and Turitea were assessed as being in decile 1 (among the 10% least socio-economically deprived in the country)
- Awapuni South, Hokowhitu and Whakarongo, were in decile 2

<sup>10</sup> Salmond C, Crampton P, Atkinson J, NZDep 2006 Index of Deprivation. The NZDep2006 index of deprivation was created from data from the 2006 Census of Population and Dwellings. The index describes the deprivation experienced by groups of people in small areas. Nine deprivation variables were used in the construction of the index, reflecting eight dimensions of deprivation. The variables used were the proportions of people: aged 18-64 receiving a means-tested benefit; living in households with income below an income threshold adjusted for household size; not living in own home; aged less than 65 living in a single-parent family; aged 18-64 unemployed; aged 18-64 without any qualifications; living in households below a bedroom occupancy threshold adjusted for household size; with no access to a telephone; and with no access to a car.

Questions to be answered by the certifiers

Is the demographic structure and the different risks sufficiently described?

YES NO

If NO, what is missing?

# SECTION B | STRUCTURE OF THE COMMUNITY

Questions to be answered by the community

Questions to be answered by the certifiers

## B.2 Describe the SC/IP at present and the plans for the future.

The Safe Communities programme forms part of Palmerston North's Safe City Strategy 2012. The Safe City Strategy was developed as part of Palmerston North City Council's Social Strategy which presents a vision for the social development of Palmerston North City. The City's vision is to create a City that is vibrant, caring, innovative and sustainable.

As part of the Safe City Strategy PNCC identified four drivers for change. These include: Crime Prevention and Reduction, Perceptions of Safety, Safe Environment and Safety in Emergencies. To accomplish these goals the PNCC acknowledge that Community Safety requires a whole of community response and see opportunities to increase safety through working more closely with the PNSAB, increasing community involvement and seeking WHO International Safe City accreditation.

In reference to the WHO International Safe City accreditation a Working Group has been formed from the members of the PNSAB. The Working Group may call upon other members of the Safety Advisory Board from time to time to assist in the application process. A wider stakeholder group is detailed in Section C of this application.

PNCC 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 below as well as focusing on those four drivers in the Safe City Strategy 2012.

For the purposes of this accreditation application we have focused on the target groups and environments that are high priorities for all partners.

### Key Priority Areas

- Road Safety
- Emergency Preparedness
- Family / Whanau
- Youth
- Elderly
- Crime Prevention and Reduction
- Workplace Safety
- Drug and Alcohol Harm Reduction
- Sport and Leisure

Are the descriptions sufficient?

YES NO

If NO, what is missing?

# SECTION B | STRUCTURE OF THE COMMUNITY

Questions to be answered by the community

## **B.3 Describe the support for sustained injury prevention of the local politicians in the community and which parts of the program have been undertaken and/or supported by the regional government?**

Palmerston North City Council commitment to safe communities and injury prevention are given substance through the **2009/19 Long Term Council Community Plan (LTCCP)** which funds community initiatives and programmes. A safe and healthy City is also referred to in Palmerston North's Sustainable City Strategy 2010 which recognised that a wide number of agencies were involved in community safety in addition to the NZP and that an effective Safe City Strategy would help to join together these agencies different actions.

In 2012 the Palmerston North Safe City Strategy was approved by the Community Well-Being Committee and adopted by the Council. This strategy outlined the PNCC's aspirations and role in making the City a safer place to live. It highlighted opportunities to increase safety through collaborative working with the PNSAB and increasing community involvement in injury prevention initiatives.

The Safe City Strategy also underlined that nationally there are various government and non-government organisations that work in the prevention of injury and promotion of safety across New Zealand. The majority of government organisations have a role in making communities safer. The Police, Child

Youth and Family, Accident Compensation Corporation, Fire Service, District Health Boards, Ministry of Justice, Ministry of Social Development, Ministry of Civil Defence and Emergency Management, Department of Corrections and Water Safety New Zealand have a wide range of responsibilities that contribute to a safer community. Non-government organisations working in this area on a national basis include Neighbourhood Support New Zealand, Community Patrols New Zealand, St Johns and Māori Wardens.

New Zealand also has an array of regulations and legislation relating to safety. These laws are designed to protect public safety in the following areas: Land transport safety, assault, suicide and deliberate self-harm, preventing harm and injury, work place injury and occupational diseases, water safety, fire, transport injury, poisonous and hazardous substances, substance abuse, food safety, sports safety, disease and illness, building safety, product safety, environmental safety and safe health services.

Under the Local Government Act 2002, territorial authorities have responsibilities regarding the well-being and environmental health and safety of the communities they serve.

On a regional scale the Safe City Strategy highlighted Horizons

Questions to be answered by the certifiers

Are the descriptions sufficient?

YES

NO

If NO, what is missing?

# SECTION B | STRUCTURE OF THE COMMUNITY

Questions to be answered by the community

Questions to be answered by the certifiers



Regional Council's responsibilities to keep people safe in the event of an emergency and the work of the Civil Defence Emergency Management Group (CDEMG). The CDEMG is based on the regional boundaries and members include all City and district councils in the area, Fire Service, Police, Ambulance, District Health Boards, Public Health and Ministry of Civil Defence and Emergency Management.

Another regional initiative relevant to the Safe City Strategy is the Regional Development Strategy (RDS). The RDS provides a collaborative focus for partnerships in Palmerston North and Manawatu Region. One of the aspirations in the RDS is that Palmerston North will become the safest City in New Zealand.

On a local level the Safe City Strategy listed Palmerston North City Councils contribution towards a safe City in many ways:

- The Council is responsible for ensuring that streets and paths are safe for pedestrians, cyclists and motorists.
- The provision of storm water infrastructure and safe drinking water.
- Safe public places are achieved through regulatory services, animal control, health inspections, hazardous substances management, building consents, bylaws, swimming pool inspections and earthquake prone building management amongst others. This helps assure people that where they live, eat, shop and play meets relevant safety specifications.
- The Council is part of the CDEMG and takes an active role in the provision of Emergency Management Services.

Are the descriptions sufficient?

YES NO

If NO, what is missing?

# SECTION B | STRUCTURE OF THE COMMUNITY

## Questions to be answered by the community

The City Council also employs a City Safety Coordinator (CSC). The CSC is a key position demonstrating the Council commitment to increasing safety in the City.

The CSC works with other organisations to implement safety initiatives to support sustained injury prevention in the community. This includes enhancing community safety through reducing risk factors for young people, promoting family non-violence through proactive initiatives, supporting crime reduction and the reduction of alcohol related incidents.

Palmerston North City Council through their 2008 Strategy to Reduce Alcohol-Related Harm is also committed to dealing with what has been identified as a key social issue by government and other non-government agencies. Actions include:

- The continued support of the Safe City Hosts
- Late night buses operating from Linton Army Camp and Massey University on Friday and Saturday nights
- Increasing awareness, improving consistency of enforcement and reducing breaches of the liquor ban bylaw
- Calling on the public to curb the supply of alcohol to minors and
- Supporting local educational initiatives concerning alcohol related harm.



## Questions to be answered by the certifiers

Are the descriptions sufficient?

YES

NO

If NO, what is missing?

# SECTION B | STRUCTURE OF THE COMMUNITY

Questions to be answered by the community

## B.4 Describe the strategic program concerning the safety promotion and injury prevention work, which has been formulated

The strategic programme will be formulated post accreditation. An implementation plan for Palmerston North will be developed and will refer to the many partner strategies already developed in conjunction with the PNCC plans/strategies which refer to safety programmes and injury prevention work.

These include:

- 2009/19 Long Term Council Community Plan
- Sustainable City Strategy 2010
- Urban Design Strategy 2010
- Social Strategy 2012
- Safe City Strategy 2012

Separate to this will be a review of the PNSAB 3 Year Strategic Plan, in particular the following key areas of focus:

- Alcohol Related Harm
- Family Violence
- Youth at Risk
- Safer City Design
- Burglary and Dishonesty Offending

The World Health Organisation International Safe City accreditation will provide all partners an opportunity to review the plans/strategies in place and formulate a methodology going forward which will provide increased safety and injury prevention work in the key priority areas listed in B.2.

Questions to be answered by the certifiers

Are the descriptions sufficient?

YES NO

If NO, what is missing?

# SECTION B | STRUCTURE OF THE COMMUNITY

Questions to be answered by the community

## B.5 Who is responsible for the management of the SP/IP program and where are they based in the local political and administrative organization?

PNCC is responsible for leading the PNSAB accreditation bid. The accreditation process is sponsored by the General Manager, Customer Services and the PNCC representative on the PNSAB. The application for accreditation is being completed by Senior

Sergeant Philip Skoglund, New Zealand Police and supervised by Neil Miller, Head of Strategy and Policy, PNCC. The overall management of the Safe City programme is the responsibility of the City Safety Coordinator.

## B.6 Which is the lead unit for the SP/IP program?

PNCC 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 through

the Palmerston North Safety Advisory Board which will oversee the implementation and ensure the continued cooperation of the partners.

## B.7 Is the Safe Communities initiative a sustained program or a project?

The Safe Communities initiative is a long term programme, enhancing those relationships with other partners, formed through the PNSAB and the Safe City Strategic Plan. It is a response to the Sustainable City Strategy 2010 for a safe and healthy City.

As part of building sustainability the coalition is continuously evaluating and updating membership to ensure it is representative of the entire community and has the capacity to fulfil the goals set.

Questions to be answered by the certifiers

Are the descriptions sufficient?

YES

NO

If NO, what is missing?

# SECTION B | STRUCTURE OF THE COMMUNITY

Questions to be answered by the community

Questions to be answered by the certifiers



Are the descriptions sufficient?

YES NO

If NO, what is missing?

# SECTION B | STRUCTURE OF THE COMMUNITY

Questions to be answered by the community

## B.8 Are the objectives decided by the local politicians covering the whole community? Which are they?

The Palmerston North City Council is elected by the whole community on a triennial basis. In 2013 councillors are to be elected city wide, rather than as has previously been done by wards. These elected members make policy and strategy decisions that cover the whole of Palmerston North.

Council programmes are driven by the Council's vision to create a City that is vibrant, caring, innovative and sustainable. To achieve this vision the Council also has five key goals. These are:

### City Goals:

- Palmerston North is a socially sustainable City where people want to live because of its safe and easy lifestyle and its many social, cultural, and recreational opportunities.

- Palmerston North is a leading City in the quest to become environmentally sustainable.
- Palmerston North is an economically sustainable City that attracts, fosters and retains businesses and jobs to create a prosperous community.

### Organisational Goals:

- Palmerston North City Council is financially responsible and residents are satisfied that they get value for money from their rates.
- Palmerston North City Council understands the diverse views of the City's people, makes prudent decisions, and ensures that people know what it is doing and why.

Questions to be answered by the certifiers

Are the descriptions sufficient?

YES

NO

If NO, what is missing?

# SECTION B | STRUCTURE OF THE COMMUNITY

Questions to be answered by the community

Questions to be answered by the certifiers

## B.9 Who have adopted these objectives?

The objectives/goals described above link to the objectives of the PNSAB and the Safe City Strategy 2012 and are delivered by a wide range of government, non-government, community groups and organisations through a variety of programmes. Listed in Section D.

The list is not exhaustive but reflects community safety activity across the city. The scope of the objectives allows for individuals of projects/activities to target vulnerable groups but also ensures that the projects have the flexibility and capability to ensure all areas of the community are included in research and project development in line with evidence of need.

## B.10 How are the Safe Community objectives evaluated and to whom are the results reported?

The PNCC is responsible for this application to the WHO for accreditation and for evaluation of progress against the Safe Community objectives on behalf of the contributing agencies and the community it represents. The application and outcome will be reported to the Council Community Well-Being Committee and then to full Council.

The PNSAB monitors and reviews its Strategic Plan 2011-14 for consideration by the Council and partner agencies.

Each agency has its own reporting mechanisms. The Council monitors the Safe City Strategy and the PNSAB, including its performance against its Strategic Plan 2011-14.

The priority objectives in the Safe City Strategy are reported to the

Council Management Team and to the Finance and Performance Committee and to full Council every quarter.

In addition, there is an annual review of the implementation of the Safe City Strategy. The annual review is completed by the Head of Strategy and Policy and is reported both to the Council Management Team and to the Council Policy and Planning Committee and to full Council.

The annual strategy review includes an assessment of progress against all actions in the strategy and an evaluation of the priorities for the year ahead. The responsible managers determine and deliver against these priority actions. For 2014 the strategic priority in the Safe City Strategy is to attain WHO accreditation.

Are the descriptions sufficient?

YES NO

If NO, what is missing?

# SECTION B | STRUCTURE OF THE COMMUNITY

Questions to be answered by the community

## B.11 Are economic incentives in order to increase safety used? If yes, how are they used?

Community safety is a critical component in any community if that community is to remain a desirable place to live, work and play. The impact of an aging population, global recession, changes to the funding environment (local and national), decreasing natural resources has created incentives and opportunities to work differently. The PNCC with the PNSAB are continually reassessing their strategic priorities and with that any funding allocated to those respective programmes.

The PNCC currently provides support to a number of organisations that work to improve safety outcomes in the City. Financial support is provided by way of contracts, grants and rates remissions. In 2010-11 Council support was provided to the following organisations working directly to prevent and reduce crime:

- Safety Advisory Board (support in kind)
- Safe City Trust
- Neighbourhood Support Groups
- Manawatū Alternatives to Violence (Manline)
- Manawatū Youth Offending Team

- Palmerston North Women's Refuge
- Palmerston North Street Van
- Youth Sector Network

There are many other organisations that contribute towards improving safety outcomes in the City. Council provides financial support to a number of these groups including Youth One Stop Shop (YOSS), Youthline Palmerston North, Palmerston North Women's Health Collective, Red Cross Association, Barnardos, St Johns' Ambulance, Highbury Whānau Centre, Māori Wardens, Prisoners Aid and Te Aroha Noa.

Palmerston North also receives support from the MoJ. The amount of funding varies but presently \$57,777 per annum is provided to the Safety Advisory Board for projects that are targeted at reducing offending. Projects are subject to the approval from the MoJ. In addition to project funding, the MoJ also provides direct funding to Neighbourhood Support, Community Patrol and Safety Advisory Board as part of the National Crime Prevention partnership. The direct funding relationship is recognition of the important role these organisations take in ensuring local safety.

Questions to be answered by the certifiers

Are the descriptions sufficient?

YES

NO

If NO, what is missing?

# SECTION B | STRUCTURE OF THE COMMUNITY

Questions to be answered by the community

Questions to be answered by the certifiers

## B.12 Are there local regulations for improved safety? If so, describe them

The Safer City Strategy is guided by the following regulations/strategies

- Building Control Act 2004
- Bylaws and other provisions under the Local Government Act 2002
- Civil Defence Emergency Management Act 2002
- Dog Control Act 1996
- Fencing of Swimming Pools Act 1987
- Fire Service Act 1975
- Food Act 1981
- Gambling Act 2003
- Hazardous Substances and New Organisms Act 1996
- Hazardous Substances Regulations 2001
- Health and Safety in Employment Act 1992
- Health Act 1956
- He korowai Oranga – Māori Health Strategy (2002)
- Injury Prevention, Rehabilitation and Compensation Act 2001
- Land Transport Act 1998
- Ministry of Transport Safer Journeys 2010 – 2020
- New Zealand Injury Prevention Strategy (NZIPS)

- NZ Public Health and Disability Amendment Act 2010
- NZ Health Strategy 2000
- NZ Disability Strategy (2001)
- Palmerston North Policing Strategic Plan
- Palmerston North Liquor Control Bylaw 2010
- Sale and Supply of Liquor Act 2012
- The Resource Management Act 1991
- The Litter Act 1979



Are the descriptions sufficient?

YES NO

If NO, what is missing?



# SECTION C | INDICATOR 1

Questions to be answered by the community

## 1.1 Describe the cross-sector group responsible for managing, coordinating, and planning of the SP/IP program.

The Working Group formed to complete the accreditation application is part of the Palmerston North Safety Advisory Board (PNSAB), a cross sector group (see A2) who are responsible for providing information and guidance to the Palmerston North City Council on all matters pertaining to safety and crime within the Palmerston North City area.

The PNSAB will oversee the implementation plan for Palmerston North post accreditation. The aim is to ensure that the Palmerston North application and post accreditation development remains within a collaborative framework.

The Working Group is led by General Manager, Customer Services and with the City Safety Coordinator will be responsible for networking with NGOs, community groups and organisations to promote participation in the safety promotion / injury prevention (SP/IP) programs. Key NGOs include Age Concern (national office), Alzheimer's Society, Palmerston North Community

Mental Health, Community Patrols, Neighbourhood Support, St Johns, CCS Disability Action, Sport Manawatū and Settlement Support.

Emergency Services such as the Police, Fire Service, and St John are included in the project as part of the Civil Defence Emergency Management Plan. This plan is a coordinated approach to the community readiness, response and recovery in case of a civil emergency, with each participating partner contributing to the Group Work plan. Individual agencies also have their own work plans.

The Working Group is developing a communications plan to ensure maximum support from the NGOs, community groups and organisations post accreditation. The Working Group meets fortnightly and provides an update report to the PNSAB that meets monthly. The PNSAB reports in turn to Palmerston North City Council.

Questions to be answered by the certifiers

Are the descriptions sufficient?

YES NO

If NO, what is missing?

# SECTION C | INDICATOR 1

Questions to be answered by the community

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

MidCentral District Health Board is represented on the Working Group and the PNSAB and meets regularly with Council and other partners to discuss collaborative work on a range of other issues. These are detailed in Section D.2.

In addition to this the Palmerston North City Council employs the Emergency Services Manager, City Safety Coordinator and the Road Safety Coordinator (employed by Horizons Regional Council). The combination of these roles incorporates all facets of safety in Palmerston North City.

Questions to be answered by the certifiers

Are the descriptions sufficient?

YES

NO

If NO, what is missing?



# SECTION C | INDICATOR 1

Questions to be answered by the community

Questions to be answered by the certifiers

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

The Palmerston North Safety Advisory Board is an interagency collaboration formed to provide information and guidance to the Palmerston North City Council on all matters pertaining to safety and crime within the Palmerston North City area.

The Board consists of representatives from a number of government and non-government agencies who have relationships with various groups involved in the coordination

of resources and the implementation of injury prevention programmes in Palmerston North through their individual work streams.

The Working Group tasked with the Safe City accreditation has the responsibility to communicate the strategic benefits of aligning community safety with international best practice. As part of this process a wide variety of NGOs are contributing to the accreditation process with information about their projects.

### Community organisations engaged in the accreditation application

Age Concern (National branch)	Alzheimer's Society	Anglican Social Work Trust	Citizens Advice	Community Patrol	Deaf Association	IHow Limited
Manawatū Abuse Intervention Network	Manawatū Alternatives to Violence	Manawatū Multi-Cultural Centre	Manawatū Prisoners Aid and Rehabilitation Society	Main Street Alcohol Accord	Manawatū Stroke Foundation	Māori Wardens
Manawatū Riding for Disabled	Massey University Student Association	Manawatū Pregnancy Centre	Neighbourhood Support	Palmerston North Women's Health Collective	Plunket Palmerston North	Parent to Parent
Parkinson's Society	Problem Gambling Foundation	Parentline	Palmerston North Safe City Hosts	Relationship Services	Horizons Regional Council	Salvation Army
Sports Manawatū	START Whana Tu Youth Service	Settlement Support	St Johns	Students against drink driving (SADD)	Senior Services Palmerston North	St David's Outreach
Supergrans	Te Aroha Noa	Victim Support	Youth One Stop Shop	Youthline	Women's Refuge	YMCA Palmerston North

Are the descriptions sufficient?

YES NO

If NO, what is missing?

# SECTION C | INDICATOR 1

Questions to be answered by the community

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

There are a variety of mechanisms available for everyday citizens to inform about risk environments they have found in the community. Formal pathways through the Police, Palmerston North City Council, Regional Council, ACC and community surveys are just some of the options available.

There are also a wide range of informal options for community to utilize. These include but are not limited to Community House, Citizens Advice, Age Concern, Sports Bodies and the City Safety Coordinator.

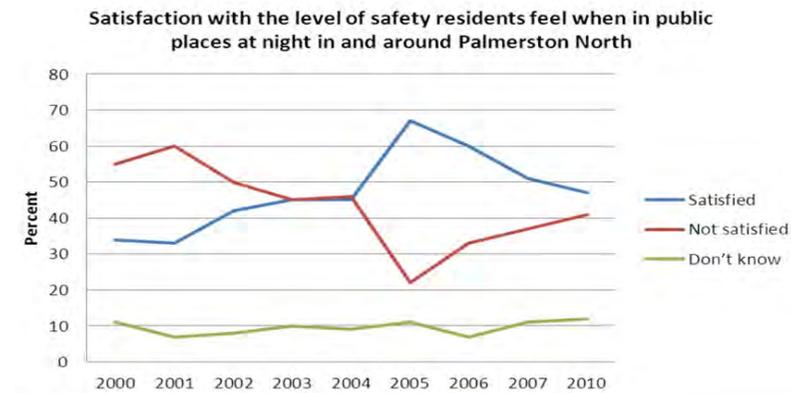
### Case Study 1: Feeling safe in public places at night in Palmerston North

The Palmerston North City Council undertakes a biennial resident's survey (Communitrak Survey). This landline phone survey provides valuable insight into resident's perceptions, including perceptions of safety. The response scale ranges from the best, being 'Delighted' through to being 'Disappointed'. One of the topics investigated was:

- Satisfaction with the level of safety residents feel when in public places at night in and around Palmerston North.

The graph below shows the proportion of residents that were 'Satisfied' (includes the responses Delighted, Very satisfied and

Fairly satisfied) and those that are not 'Not satisfied' (including the responses Not very satisfied, Disappointed).



The level of safety residents felt when in public places at night in and around Palmerston North has decreased since 2005. In 2005 67% of survey respondents were satisfied with safety compared to 47% in 2010; a significant decrease of 20%. This is in contrast to the years 2000-2005 where the levels of satisfaction were steadily increasing. Despite the recent decrease the levels of safety are still higher in 2010 (47%) than they were in 2000 (34%).

Questions to be answered by the certifiers

Are the descriptions sufficient?

YES

NO

If NO, what is missing?

# SECTION C | INDICATOR 1

## Questions to be answered by the community

A corresponding increase in the levels of dissatisfaction has occurred since 2005. The proportion of people that were not satisfied has almost doubled since 2005. In 2005, 22% of respondents were not satisfied with the level of safety felt compared to 41% in 2010.

The level of satisfaction felt about safety appears to decrease with age. Those in the 18-39 years age group were more likely to feel satisfied with the level of safety felt (58%) compared to those in the 60+ year age group (33%). Just over half (51%) of those 'Not very satisfied' or 'Disappointed' with the level of safety felt were noted in the 40-59 years age group.

The main reason why people were disappointed or not very satisfied (162 responses) included

- Not safe, wouldn't feel safe, wouldn't go out at night (35%)
- Violence, stabbings, attacks, muggings, assaults (21%)
- Young people hanging around, loutish behaviour (21%)
- The Square (city centre) not safe, wouldn't go to The Square at night (21%).

### Case Study 2: Elderly – Health and Disability

MidCentral Health's Older Persons District Group has recently undertaken a comprehensive research project to gather feedback on current health services for older people and to inform health service future planning. Many (44%) of the survey respondents lived in Palmerston North, and while some care givers and agency representatives took part, the large majority of surveys (91%) were completed by people 65 years and older.

The top five themes that emerged as the most pressing needs of older people were:

- Cost of health services/ care/ medications
- Access to health services
- Support/home health when needed
- Mobility/being mentally and physically able
- Basic necessities being met

Survey participants were also asked to identify the top three things that they worry about as they get older. The most commonly identified were:

- Health and well-being
- Mobility/independence
- Paying for bills/costs/maintaining a standard of living
- Support and health when needed
- Transport/not being able to drive a car

Participants were asked to identify the things that would help them to remain healthy and independent. The responses largely moved beyond specific health service interventions, and tended to focus on broader social support such as companionship, affordability of services, exercise and lifestyle changes, and the availability of home help and other support to enable independence. It is interesting that the older people who took part in the survey identified a wide range of non-health services and supports as being the most important determinants of their ability to maintain an independent lifestyle.

## Questions to be answered by the certifiers

Are the descriptions sufficient?

YES NO

If NO, what is missing?

# SECTION C | INDICATOR 1

Questions to be answered by the community

## Case Study 3: Youth Survey

In 2010 the Mayor's Taskforce on Youth developed a draft youth survey. Funding secured from the Ministry of Youth Development was used to contract consultant Dr Pat Nolan to develop an overall concept for the survey, as well as a detailed methodology. The draft was trialled with some schools, but not taken any further due to a lack of available funding.

In 2012 the Palmerston North City Council (City Future Unit) undertook to complete the project. It was agreed that this project would be undertaken on behalf of the Mayor's taskforce, and that the resulting information would then go back to the Taskforce to form the basis of further actions. Several changes were made to the survey, and these were discussed with nominated representatives of the Taskforce.

The final survey included a confidentiality and consent clauses, to ensure that the rights of young people were protected.

The Palmerston North Youth Survey purpose was to provide organisations working with young people, or providing services for them, with information about young people's experiences and activities. The survey was for young people aged 12-24 years, living in Palmerston North.

The survey was divided into four parts:

- **Part One: Information about you** - This section included gender, age, place of birth, ethnicity, languages spoken at home, living situation, and main activity.

- **Part Two: Your life in Palmerston North** - This section included questions about leisure activities in the City, experience of the City, and opportunities to participate in decision-making. Participants were also asked for their views about what could improve for young people in Palmerston North.
- **Part Three: How you feel about your life right now** - The questions in this section focused on personal experiences and perceptions. Participants were asked about day to day lives, their friends, family, and feelings.
- **Part Four: Your experiences** - This section focused on the activities undertaken by participants, including TV and internet, going to parties, exercise and where they hang out. Participants were also asked about their experiences of crime, bullying, being depressed, wagging, and things they may have felt pressured to do.

The results of the survey were then given to the Mayor's Taskforce on Youth to inform their planning on the five priority focus areas of Crime, Education, Employment, Health and Safety. Using the Results Based Accountability framework the Youth Taskforce and partners shared ideas about what worked and demonstrated their unique contributions towards the well-being of whānau and community.

Questions to be answered by the certifiers

Are the descriptions sufficient?

YES

NO

If NO, what is missing?

# SECTION C | INDICATOR 1

Questions to be answered by the community

Questions to be answered by the certifiers

Example detailed below.

Are the descriptions sufficient?  
 YES NO  
 If NO, what is missing?

## Overview of the Safety result card

### Result

Young people feel safe in their family/whānau environments

### Target population

Young people in Palmerston North aged 10 to 17 years

### How will we measure success (indicators)

Percentage of families where an incidence of family violence is reported where children and young people are involved

### Summarised action plan

Actions	Contact agency
1 Review referral processes and service capacity of agencies that support young people experiencing family violence and other agencies, such as schools, providing awareness raising programmes.	Advocate for Children and Young People Who Witness Family Violence
2 Develop a Memorandum of Understanding between non-government and government family violence prevention agencies and schools to share information and enable schools to provide appropriate behaviour management and support to young people experiencing family violence.	Advocate for Children and Young People Who Witness Family Violence
<i>Low Cost / No Cost Actions</i>	
3 Increase awareness and tailored family violence preventative training to enable professionals (e.g. GPs, school counsellors, teachers etc) to respond to children and young people.	Advocate for Children and Young People Who Witness Family Violence
4 Develop family violence awareness and prevention information packs for professionals, families and young people on the internet and in hardcopy.	M.A.I.N Co-ordinator
5 Measure youth safety by including questions about experiencing/witnessing family violence, bullying, feeling safe in school and in the city, and associated mental health issues, in the Palmerston North Youth Survey.	Youthline
<i>Preventative actions</i>	
6 Create a city-wide media campaign promoting family violence prevention with a focus on encouraging and empowering children and young people to seek support.	Palmerston North City Council
<i>Measuring self-referrals</i>	
7 Show the numbers of adults, children and young people receiving support services by collating data across key agencies including: self-referrals, re-referrals and referrals by agencies, who work with children and young people who have witnessed family violence.	M.A.I.N. Co-ordinator

# SECTION C | INDICATOR 1

Questions to be answered by the community

## 1.5 Describe how the work is organized in a sustainable manner.

Safe Communities accreditation is viewed as a part of a process that Palmerston North City has been involved in since 2004 with the formation of the Palmerston North Safety Advisory Board.

Since that date Palmerston North City Council has committed to working collaboratively with its partners in order to make Palmerston North a safe place for its residents and visitors. This has resulted in the writing and signing off of the City Councils Safe City Strategy 2012. This is complemented by the City Safety Coordinators full time position with the PNCC.

Post accreditation the Working Party will ensure that all agencies are working sustainably and ensuring that the implementation plan (to be developed) is delivered efficiently, effectively and to the benefit of the whole community.



Questions to be answered by the certifiers

Are the descriptions sufficient?

YES

NO

If NO, what is missing?

# SECTION C | INDICATOR 1

Questions to be answered by the community



Questions to be answered by the certifiers

Are the descriptions sufficient?  
YES NO  
If NO, what is missing?



# SECTION D | INDICATOR 2

Questions to be answered by the community

## 2.1 Describe the sustainable work in regard to SC/IP in following areas and how the different sectors including specific NGOs are involved in the work.

1. Safe traffic
2. Safe homes and leisure times
3. Safe children
4. Safe elderly
5. Safe work
6. Violence prevention
7. Suicide prevention
8. Disaster preparedness and response
9. Safe public places
10. Safe hospitals
11. Safe sports
12. Safe water
13. Safe schools

Are some of these areas overseen by from other organisations and/or agencies than from the community? How is the community involved?

The multi targeted programmes are funded by a range of government and non-government organisations and focus on the safety themes of Road Safety, Emergency Preparedness, Family /Whānau, Youth, Elderly, Crime Prevention and Reduction, Workplace Safety, Alcohol and Drug Reduction, Sport and Leisure.

Questions to be answered by the certifiers

Are the descriptions sufficient?

YES NO

If NO, what is missing?

## SECTION D | INDICATOR 2

Questions to be answered by the community

Questions to be answered by the certifiers

Safety Theme	Programme	Target Demographic	Outcomes	Developer	Partner
Alcohol and Drug Reduction	CBD Hospitality Charter Group	Whole of population	Delivering high standards in hospitality and host responsibility, reducing the level of disorderly behaviour from the various groups and people in the area	Bar Owners and Managers	PNCC, NZP, MidCentral Health, Safe City Trust Palmerston North (City Hosts), ACC, NZ Fire Service, Hospitality NZ, CD Security and Taxis
Alcohol and Drug Reduction	Bar Safe	Whole of population	Reduce the incidence of alcohol related harm by restricting access to Licensed Premises	CBD Hospitality Charter	
Alcohol and Drug Reduction	Host Responsibility	Whole of population	On and Off Licence staff training in Host Responsibility key principles	HANZ	NZP; Public Health Services
Alcohol and Drug Reduction	Academic research re the practices of loss-leading / pre loading and alcohol related harm	Whole of population	Understanding the intentions and requirements and expertise of key stakeholders, and involving them in relevant areas	Massey	PNCC
Alcohol and Drug Reduction	Synthetic Cannabis	Whole of population	A collaboration between interested parties providing information re the legislation around the use of legal highs and the risks involved in using substances	MidCentral Health	NZP and other NGOs
Alcohol and Drug Reduction	Addiction Service	Whole of population	Support and treatment for addicted members of the community	MidCentral AoD	
Alcohol and Drug Reduction	Drug / alcohol free raves	Student	Providing educational resources to support healthy attitudes and responsible Drug and alcohol education	PNCC	
Alcohol and Drug Reduction	Party packs	Student	Raising student awareness of host responsibility	PNCC	

Are the descriptions sufficient?

YES NO

If NO, what is missing?

# SECTION D | INDICATOR 2

Questions to be answered by the community

Questions to be answered by the certifiers

Safety Theme	Programme	Target Demographic	Outcomes	Developer	Partner
Alcohol and Drug Reduction	A Main Street CPTED review	Whole of population	Reducing associated harm from the in appropriate sale and supply of alcohol using CPTED principles	PNCC	
Alcohol and Drug Reduction	Liquor bans	Whole of population	Liquor ban areas in CBD reducing alcohol related harm	PNCC	NZP, Safe City Hosts
Alcohol and Drug Reduction	Palmerston North Street Van	Whole of population	Volunteer group providing community support, courses and training to persons affected by alcohol and drugs	PNCC	
Alcohol and Drug Reduction	Legal Highs	Whole of population	Education of community around legal requirements re selling and consuming legal highs and the risks involved.	PNSAB	MidCentral, PNCC, NZP
Alcohol and Drug Reduction	Legislative feed in	Whole of population	Increased influence with government in and around the sale and supply of alcohol	PNSAB	
Alcohol and Drug Reduction	Updating of interagency MOU	Whole of population	Promoting an industry accord as to recommend retail prices	PNSAB	
Alcohol and Drug Reduction	Controlled Purchase Operations - CPOs	Whole of population	Reduction of illegal liquor sales by on and off licensed premises	NZP	PNCC District Licensing Authority
Alcohol and Drug Reduction	Operation Bolt	Whole of population	NZP operation focussed on alcohol pre loading and the subsequent disorder occurring in the CBD	NZP	
Alcohol and Drug Reduction	Operation Unite	Whole of population	Raise people's awareness of the negative impacts of alcohol misuse	NZP	
Alcohol and Drug Reduction	Project Optimus	Whole of population	Identifying specific communities that are prone to disproportionate levels of alcohol harm	NZP	

Are the descriptions sufficient?  
 YES NO  
 If NO, what is missing?

## SECTION D | INDICATOR 2

Questions to be answered by the community

Questions to be answered by the certifiers

Safety Theme	Programme	Target Demographic	Outcomes	Developer	Partner
Alcohol and Drug Reduction	Party Register	Youth	Increased number of parties registered with the NZP	NZP	
Crime Prevention and Reduction	PARS - Prisoners Aid and Rehabilitation Society	Prisoners	PARS works to reduce offending by providing support and reintegration service to offenders and their family / whānau	PARS	
Crime Prevention and Reduction	Operation Arcs	Whole of population	Communications plan targeting young people with aim to reduce Sexual Violence facilitated by intoxication	ARCS	PNCC, NZP
Crime Prevention and Reduction	Family Violence Symposium	Whole of population	2 day course inspiring new thinking about how we deal with FV topics/ victims	M.A.I.N	MSD
Crime Prevention and Reduction	Say 'No' Family Violence T-Shirt week	Whole of population	Raising awareness of family violence and promoting the message of saying 'No'	M.A.I.N - Manawatū Abuse Intervention Network	PNCC
Crime Prevention and Reduction	Manline	Adult males	Help reduce all forms of violence and promote healthier lifestyles and relationships by: providing services to men within an individual, family / whānau and community context.	Manline	
Crime Prevention and Reduction	Sexual assault and Treatment Service	All victims of sexual assault	Free service for victims of sexual assault	MidCentral District Health Board	NZP; ACC
Crime Prevention and Reduction	Offender Reintegration Plan	Prisoner population	Improving employment outcomes	MSD	Corrections

Are the descriptions sufficient?

YES NO

If NO, what is missing?

# SECTION D | INDICATOR 2

Questions to be answered by the community

Questions to be answered by the certifiers

Safety Theme	Programme	Target Demographic	Outcomes	Developer	Partner
Crime Prevention and Reduction	Street by Street –	Whole of population	Identifying safety issues and possible solutions; identifying a street ‘champion’ working towards setting up neighbourhood support networks	Neighbourhood Support	
Crime Prevention and Reduction	Crewe Crescent revitalisation	Whole of population	Incorporating CPTED design principles to enhance public safety and prevent opportunities for crime	PNCC	
Crime Prevention and Reduction	Engagement with the Free WIFI for CBD group	Whole of population	Influence the thinking around the design of public spaces and encourage the use of CPTED principles to enable those spaces to be used in a safe manner	PNCC	
Crime Prevention and Reduction	Graffiti Programmes	Whole of population	Removal of graffiti building community pride in neighbourhoods	PNCC	
Crime Prevention and Reduction	Highbury (Farnham Park) revitalisation	Whole of population	Influencing PNCC involvement with communities in setting environmental standards.	PNCC	
Crime Prevention and Reduction	Neighbourhood Support	Whole of population	Utilize communication and publicity opportunities to raise awareness	PNCC	NZP
Crime Prevention and Reduction	Operation Safe Az	Whole of population	Incorporating Safety Audits and the development of neighbourhood safety plans	PNCC	
Crime Prevention and Reduction	Under veranda community lighting	Whole of population	To enhance the look and function of the CBD at night and provide a safe area for the public to move through.	PNCC	

Are the descriptions sufficient?  
 YES NO  
 If NO, what is missing?

## SECTION D | INDICATOR 2

Questions to be answered by the community

Questions to be answered by the certifiers

Safety Theme	Programme	Target Demographic	Outcomes	Developer	Partner
Crime Prevention and Reduction	Awesome Awapuni Day	Whole of population	Community Development – Increasing Social Cohesion, Building Social Capital. Outcome – reduced burglary, reduced youth offending, reduced family violence, reduced intentional damage	PNCC / NZP	Awapuni Rotary, Local Awapuni Churches, Kohanga Reo, Schools and Kindergartens.
Crime Prevention and Reduction	Nga Whanau Kaha (pilot)	Māori	Māori Youth Family Violence awareness, reduction in Family Violence, Increased reporting of Family Violence, Long term reduction in total crime.	NZP	PNSAB
Crime Prevention and Reduction	Family Violence Intervention Coordinator	Whole of population	Palmerston North Police have a dedicated FVIC in a fulltime role dealing with all aspects of FV from officers attending to the agencies dealing with the victims, offenders.	NZP	
Crime Prevention and Reduction	“Lock it or lose it” campaign	Whole of population	Reduction in the number of theft ex cars reported	NZP	PNCC
Crime Prevention and Reduction	CCTV upgrade	Whole of population	Working with asset managers to implement a universal approach to Palmerston North’s CCTV system	NZP	Safe City Trust, PNCC
Crime Prevention and Reduction	Community Patrol	Whole of population	Reduction in petty theft, reduction in disorderly street behaviour	NZP	PNCC
Crime Prevention and Reduction	Operation Reach (Provisional)	Whole of population	Community Development – Increasing Social Cohesion, Building Social Capital. Reduced burglary, reduced youth offending, reduced family violence, reduced intentional damage.	NZP	PNCC /PNSAB

Are the descriptions sufficient?

YES NO

If NO, what is missing?

## SECTION D | INDICATOR 2

Questions to be answered by the community

Questions to be answered by the certifiers

Safety Theme	Programme	Target Demographic	Outcomes	Developer	Partner
Crime Prevention and Reduction	Operation Safe	Whole of population	Communication plan surrounding the approach to be taken with beggars in the CBD, reducing theft, intimidation, improving CBD safety and social capital	NZP	PNSAB / PNCC
Crime Prevention and Reduction	Operation Shield	Whole of population	Reducing burglary through intervention strategies focusing on repeat victimisation, near repeat victimisation and CPTED principles. "Super Cocooning"	NZP	PNSAB
Crime Prevention and Reduction	Operation Toeds	Whole of population	Educating traffic offenders to reduce offending	NZP	Horizons Regional Council
Crime Prevention and Reduction	White Ribbon Day	Whole of population	International day promoting violence is not okay. Concert held in The Square promoting the message with support services present.	NZP	
Crime Prevention and Reduction	Operation Juvie	Youth	Reduction in youth violence in the CBD, referral system of individuals to appropriate services	NZP	Child Youth and Family, Safe City Hosts, Māori Wardens
Crime Prevention and Reduction	Project Vanguard / Safe City Angel	Females 16 - 24	Reducing sexual violence facilitated by intoxication, reducing public place violence, reducing alcohol harm and injury.	Safe City Hosts	NZP
Crime Prevention and Reduction	Safe City Host Programme	Whole of population	Reduction in violence in the CBD	Safe City Trust	
Crime Prevention and Reduction	Safe City Hosts	Whole of population	Deployment of Safe City Hosts through CBD during social busy times at night to keep people safe	Safe City Trust	

Are the descriptions sufficient?

YES NO

If NO, what is missing?

## SECTION D | INDICATOR 2

Questions to be answered by the community

Questions to be answered by the certifiers

Safety Theme	Programme	Target Demographic	Outcomes	Developer	Partner
Crime Prevention and Reduction	Manawatū Women's Refuge	Adult females	24 hour services to women and children who are victims of family violence	Women's Refugee	
Elderly	Tai Chi	Elderly	Injury prevention programme building strength and balance	Independent providers	
Elderly	Car fit	Elderly	Programme that shows older drivers how to set-up their car so they are in the best position physically, have the greatest range of vision and can access all the controls.	Automobile Association	
Elderly	Vitamin D supplement	Elderly	Aiming to have 75% of all rest home residents on Vitamin D supplement to prevent falls.	ACC	MidCentral DHB
Elderly	Staying Safe	Elderly	Staying Safe workshops help seniors re familiarise themselves with traffic rules and safer driving practices as well as increasing their knowledge about other transport options available.	Age Concern	
Elderly	Fall prevention presentations / workshops / education	Elderly	Raised awareness on fall prevention and reduced numbers falling	MidCentral Health	ACC, Public Health Services
Elderly	Age Concern Manawatū	Elderly	Provides support service, information, advice and personal advocacy	PNCC	
Elderly	Green Prescription Programme	Elderly	Improved activity levels leading to other health and nutrition benefits	Sport Manawatū	MOH, DHB

Are the descriptions sufficient?

YES NO

If NO, what is missing?

# SECTION D | INDICATOR 2

Questions to be answered by the community

Questions to be answered by the certifiers

Safety Theme	Programme	Target Demographic	Outcomes	Developer	Partner
Emergency Preparedness	Drop Cover and Hold	Whole of population	Earthquake awareness	Civil Defence	The New Zealand Society of Earthquake Engineering
Emergency Preparedness	Operation Combi	Students	Fire prevention awareness and education	Fire Service	NZP, ACC, PNCC, Massey University Students Association
Emergency Preparedness	Emergency Planning Support Primary Care services and NGO services (Regional Project)	General Practice Teams and NGO	Support provider to instigate emergency planning by way of business continuity planning	MidCentral District Health Board	Regional Contract
Emergency Preparedness	Get Fire Wise	Whole of population	Prevention – fire safety awareness including evacuation plans	NZFS	MoE
Emergency Preparedness	Emergency Management responsiveness	Migrants and refugees	Increasing community awareness by providing education and training to migrants and refugees	PNCC Civil Defence	
Emergency Preparedness	Junior Neighbourhood Support	Students	Education - school fire drills, having a home emergency plan and helping others in the community.	PNCC Civil Defence	Neighbourhood Support, NZP, Fire, MOE
Emergency Preparedness	Emergency Management awareness	Whole of population	Increasing community awareness by providing education and training for community groups, schools and workplaces.	PNCC Civil Defence	Neighbourhood Support
Emergency Preparedness	Emergency Management Planning	Whole of population	Building resilient communities by co-ordinating the emergency services, life-line utilities, volunteers, community groups and others.	PNCC Civil Defence	Palmerston North Emergency Management Committee

Are the descriptions sufficient?  
 YES NO  
 If NO, what is missing?

## SECTION D | INDICATOR 2

Questions to be answered by the community

Questions to be answered by the certifiers

Safety Theme	Programme	Target Demographic	Outcomes	Developer	Partner
Family / Whanau	Home Safety Checklist	Whole of population	Reduce injuries in the home	ACC	
Family / Whanau	RESPECT	Youth	Sexual Abuse Prevention Programme run successfully in many of the Manawatū High Schools	ARCS – Abuse Rape Crisis Support	
Family / Whanau	VOYAGE	Youth	Court-approved programme for children who have experienced the effects of family violence aims to break the cycle and secrecy of abuse by providing children with positive experiences on which to build their self-esteem.	ARCS – Abuse Rape Crisis Support	
Family / Whanau	Social Workers in Schools (SWIS) – Takaro, Awapuni, Sommerset, Roslyn, Terrace End	Primary aged children	Programme for children with challenging needs	CentralPHO	MSD
Family / Whanau	It's not Okay campaign	Whole of population	Explore and implement appropriate interventions to minimize incidents of family violence	M.A.I.N - Manawatū Abuse intervention network	PNSAB
Family / Whanau	Manawatū Multicultural Centre	Migrants	Provide information, advice, support and education to the multicultural community	Manawatū Multicultural Centre	
Family / Whanau	Incredible years	Parents and carers 3 – 8 yrs	Supporting families to better manage behavioural issues	MidCentral District Health Board	Education

Are the descriptions sufficient?

YES NO

If NO, what is missing?

## SECTION D | INDICATOR 2

Questions to be answered by the community

Questions to be answered by the certifiers

Safety Theme	Programme	Target Demographic	Outcomes	Developer	Partner
Family / Whanau	PPP Parenting Programme	Parents, carers and whānau of children aged 3 – 7 but can include up to 12yrs	Supporting families to better manage behavioural issues	MidCentral District Health Board	ACROSS Social Services
Family / Whanau	Oranga Hinengaro	All ages - children	Kaupapa Māori specialist clinical mental health services	MidCentral Health	
Family / Whanau	WellChild/Tamariki Ora	Pre school	Improve the understanding of parents and well child providers to keep babies, toddlers and pre-schoolers well, growing and developing.	MidCentral Health; Wellchild forum	Raukawa Whakapai Hauroa Te Waka Huia Plunket
Family / Whanau	Fire Awareness Intervention programme	Pre School	Reduce the likelihood of fire lighting behaviour recurring	NZFS	
Family / Whanau	Don't drink and fry – never leave cooking unattended	Whole of population	Reduced number of fires in the kitchen	NZFS	
Family / Whanau	Get Out, Stay Out, Get Down, Get Low	Whole of population	Fire safety awareness	NZFS	
Family / Whanau	Child restraint technicians	Whole of population	Reduce injuries in motor vehicles	NZTA	Plunket
Family / Whanau	Mental Health Services	Whole of population	Providing mental health services to the community	Palmerston North Community Mental Health	

Are the descriptions sufficient?

YES NO

If NO, what is missing?

## SECTION D | INDICATOR 2

Questions to be answered by the community

Questions to be answered by the certifiers

Safety Theme	Programme	Target Demographic	Outcomes	Developer	Partner
Family / Whanau	Parentline Manawatū	Whole of population	Empower parents and whānau to effect change by providing accessible and specialized services to enhance and support parenting and, in the process, eliminate child abuse.	Parentline Manawatū	
Family / Whanau	Crewe Crescent Community Initiative	Ethnic Community	Ethnic Community Development	PNCC	NZP
Family / Whanau	Information pack and resources to assist migrants with interpreter services	Migrants	Identify opportunities on interagency co-operation to provide collaborative approaches to reduce family violence	PNCC	MBIE Settlement Support
Family / Whanau	CYFS/PNCC and Dog Control/SPCA MoU's to identify family violence indicators	Whole of population	Improving our ability in identifying family violence warning signs	PNCC	
Family / Whanau	Te Aroha Noa Community Services	Whole of population	Committed to providing multi-disciplinary, holistic and integrated services that are designed to assist young families/whānau unleash their potential	PNCC	
Family / Whanau	Highbury Whānau Centre	Youth	HWC cater for recreational and social needs of local neighbourhoods. Also the provider of an alternative education programme for young people alienated from mainstream schools.	PNCC	MoE

Are the descriptions sufficient?

YES NO

If NO, what is missing?

## SECTION D | INDICATOR 2

Questions to be answered by the community

Questions to be answered by the certifiers

Safety Theme	Programme	Target Demographic	Outcomes	Developer	Partner
Family / Whanau	Rock On – Truancy Programme	Students	Reduction in the number of students truant from school, Police led meetings with Child, Youth and Family and START Whana Tu Youth Service and work with the family/ whānau to put a wrap-around strategy in place to re-engage the child or young person into education.	NZP	CYS
Family / Whanau	Commitment to Police / M.A.I.N referrals	Whole of population	Improving the reporting and documenting of family violence	NZP	
Family / Whanau	Migrant family violence advice packs	Migrants	Understanding and raising awareness of cultural requirements in reducing family violence	PNSAB	
Family / Whanau	Safekids	Children	A national child injury prevention, capacity building and public awareness programme, providing valuable information, services and advice to government agencies, territorial authorities, Well Child providers, health professionals, private industry, media, educators and families.	Safekids New Zealand	
Family / Whanau	Settlement Support Manawatū	Migrants	Help newcomers (migrants, refugees and their families) to Palmerston North settle in to the local community.	Settlement Support Manawatū	MBIE
Family / Whanau	Push Play	Mental Health	Regular moderate physical activity leads to physical and mental health benefits	Sport Manawatū	SPARC; Public Health Services

Are the descriptions sufficient?

YES NO

If NO, what is missing?

## SECTION D | INDICATOR 2

Questions to be answered by the community

Questions to be answered by the certifiers

Safety Theme	Programme	Target Demographic	Outcomes	Developer	Partner
Family / Whanau	Active Movement	Pre school	Engaging in quality physical movement experiences, which strongly affect the healthy development of a child's brain - as well as their body	Sport Manawatū	YMCA
Family / Whanau	Safe Environments for Whānau	All ages – children	Community injury prevention promotion	Whakapai Hauora	
Family / Whanau	Kia Piki Te Ora – Māori suicide	Mental Health	Reduce suicide numbers in the community. Promote mental health and well-being for Māori	Whakapai Hauora	MidCentral Health, Public Services
Road Safety	Practice on line driving programme	Youth	Better prepared young drivers for the Restricted Test	ACC	NZTA
Road Safety	Great mates drive sober campaign	Whole of population	National campaign promoting sober driving	Horizons Regional Council	
Road Safety	Motorcycle Training / Open Day	Whole of population	Safe motorcycle riders on our roads, Higher visibility for motorcyclists	Horizons Regional Council	PNCC, ACC
Road Safety	ROCK UP	Youth	Programme looking at how distractions can affect their behaviour in a safe environment while promoting the importance of team work and reinforcing the need to 'belt up' and stay safe."	Horizons Regional Council	
Road Safety	Youth alcohol education resource	Youth, Parents, Teachers, Health Promoters, Addiction Services, Police	Raised awareness of the risks and consequences of driving while impaired, increased awareness of the risks for young drivers.	Horizons Regional Council	ACC

Are the descriptions sufficient?

YES NO

If NO, what is missing?

## SECTION D | INDICATOR 2

Questions to be answered by the community

Questions to be answered by the certifiers

Safety Theme	Programme	Target Demographic	Outcomes	Developer	Partner
Road Safety	'Buckle up stay safe', 'Make it click every time'.	Early childhood Centre's, Play Groups, kohanga Reo, Parents / Caregiver	Increased use of booster seats, Increased number of correctly fitted restraints for age, weight and height, increased number of correctly installed child/infant restraints	Plunket	Horizons Regional Council
Road Safety	'Placemaking' City wide design programme	Whole of population	PNCC involvement with communities in setting environmental designs.	PNCC	
Road Safety	Manawatū – best place to ride a bike	Whole of population	On-going work identifying initiatives and strategies to make Manawatū a safe place to ride a bike, increase the number of people riding a bike, improving the quality of experience	PNCC	
Road Safety	Mobility parking permits	Whole of population	People with disabilities are entitled to use mobility parking spaces for their convenience and safety	PNCC	CCS
Road Safety	SADD	Youth 15 – 19 years	Raised awareness of consequences of drinking and driving	SADD, Horizons Regional Council	ACC, MidCentral Health, DHB
Road Safety	Be Bright with Bike Wise	Whole of population	Campaign run throughout the country to promote legal requirements for cyclist visibility	Sport Manawatū	NZP, Horizons Regional Council
Road Safety	Look about before stepping out	Students	Campaign run encouraging pedestrians to take care before crossing the road	Horizons Regional Council	
Road Safety	Do a good turn	Whole of population	Advertising reminding drivers to indicate and to turn into the correct lane	Horizons Regional Council	

Are the descriptions sufficient?

YES NO

If NO, what is missing?

## SECTION D | INDICATOR 2

Questions to be answered by the community

Questions to be answered by the certifiers

Safety Theme	Programme	Target Demographic	Outcomes	Developer	Partner
Sport and Leisure	ActiveSmart	Whole of population	Online personal training tool developing tailored exercise programmes for walking running and cycling	ACC	
Sport and Leisure	Mountain biking	Whole of population	An off the road code and advice re well maintained gear helping to prevent injuries	ACC	
Sport and Leisure	NetballSmart	Whole of population	Online access to information on how to prevent netball injuries, can create own personalised training programme	ACC	
Sport and Leisure	SnowSmart	Whole of population	Online access to information and personalised training programme to help prevent injuries on the slopes	ACC	
Sport and Leisure	SoccerSmart	Whole of population	Online access to information on how to prevent soccer injuries, can create own personalised training programme	ACC	
Sport and Leisure	Sports first aid course and kits	Whole of population	First Aid Kits and courses training specifically designed for the treatment and management of sporting injuries	ACC	
Sport and Leisure	SportSmart 10 point plan	Whole of population	Online guide to help prevent injuries and perform better in your chosen sport or activity.	ACC	
Sport and Leisure	RugbySmart	Whole of population	A programme providing players, coaches and referees an online injury prevention programme	ACC / NZ Rugby Union	

Are the descriptions sufficient?

YES NO

If NO, what is missing?

## SECTION D | INDICATOR 2

Questions to be answered by the community

Questions to be answered by the certifiers

Safety Theme	Programme	Target Demographic	Outcomes	Developer	Partner
Sport and Leisure	LeagueSmart	Whole of population	A programme providing players, coaches and referees an online injury prevention programme	ACC / NZRL	
Sport and Leisure	Coaching toolbox	Whole of population	Information on injury prevention, reporting and treatment	NZ Rugby Union	
Sport and Leisure	Learn to ride	Primary and intermediate children	Learn to ride bike skills programme	Sport Manawatū	
Sport and Leisure	Adult cycle safety workshops	Adult cyclists	Adult cycle safety workshops are available to help cyclists build confidence when biking around the city and region.	Sports Manawatū	
Sport and Leisure	iMove	Students	Encouraging children to travel to school actively, using modes of transport such as walking, biking, scootering, skateboarding, rather than being driven by a car.	Sports Manawatū	
Sports / Leisure	ACC River Safe Programme	Students year 7 - 10	River Safe Education specifically for year 7 & 8 students, teachers and parents	Water Safety NZ	
Sports / Leisure	Aqua aerobics	Whole of population	Classes vary between high energy, low impact cardio workouts that use interval training to build stamina and strength, whilst promoting correct posture and core stability	Freyberg Swimming Pool	
Sports / Leisure	Beach Education	Years 0 – 8	Generic beach safety education	Surf Life Saving	

Are the descriptions sufficient?

YES NO

If NO, what is missing?

## SECTION D | INDICATOR 2

Questions to be answered by the community

Questions to be answered by the certifiers

Safety Theme	Programme	Target Demographic	Outcomes	Developer	Partner
Sports / Leisure	Swim Magic	Adults	Adult classes for all abilities from complete beginners through to technique improvement	Swimming New Zealand	Lido Aquatics
Sports / Leisure	Sealord swim for life programme	Primary Schools Students	Learn to swim programme delivered through schools	Water Safety New Zealand	
Sports / Leisure	Be water wise – safer play with water	Whole of population	Generic water safety education for early childhood education (ECE) and parents	Water Safety NZ	
Sports / Leisure	Life Jacket Campaign	Whole of population	Generic awareness for recreational boaters and the general public	Water Safety NZ	
Workplace Safety	Smart tips	Whole of population	Smart tips is a free online tool that lets you customise health and safety information (or 'smart tips') specific to your work, employees and colleagues.	ACC	
Workplace Safety	Workplace Safety Programme	Whole of population	Programme rewards employers who build safer workplaces. In exchange for putting in place systems and processes that promote injury prevention, the programme gives employers discounts on their standard ACC Workplace Cover levies	ACC	
Workplace Safety	iWorkWell – mental health	Workplace	New initiative to help to improve activity and health of workplace	Sport Manawātū	MidCentral Health, DHB
Youth	Board of Trustees discipline management	Students	Sponsor and support early intervention initiatives / programmes particular in at-risk communities	CYFS	Principals Association

Are the descriptions sufficient?

YES NO

If NO, what is missing?

## SECTION D | INDICATOR 2

Questions to be answered by the community

Questions to be answered by the certifiers

Safety Theme	Programme	Target Demographic	Outcomes	Developer	Partner
Youth	He Ngakau Noa programme	Teenage females	CYFS led initiative targeting high risk teenage females. Focus on goal setting structured to address education, A & D issues, self-esteem	CYFS	NZP
Youth	Palmerston North Youth Network	Youth	Consults with the wider youth sector and young people to develop collaborative action plans for crime, education, employment, health and safety.	Family and Community Serves	MSD
Youth	Māori Wardens	Youth	A sole Māori Warden is active during the day with focus of early engagement with young people and diverting behaviours that would otherwise bring the young people to the attention of Police	Māori Wardens	NZP
Youth	Conduct Disorders Service for Children	Children / Youth	Delivered by specialist child mental health clinicians based in MoE Special Education Service.	MidCentral DHB	MoE
Youth	Road Safety Education	Children	New entrant children receive training in road safety procedures including safe road crossing, use of walkways, safe practices around buses, cycling (year 5+)	MoE	NZP
Youth	After School Holiday Programme	Students	Learning social and coping skills in a safe place	MSD	
Youth	Break-Away	Youth	Holiday activity programmes helping young people build skills so they can respond to challenges and make positive choices about life	MSD	

Are the descriptions sufficient?

YES NO

If NO, what is missing?

## SECTION D | INDICATOR 2

Questions to be answered by the community

Questions to be answered by the certifiers

Safety Theme	Programme	Target Demographic	Outcomes	Developer	Partner
Youth	Limited Services Volunteer programme	Youth	Motivational training course run by NZ Defence Force, aim to increase the number of young people entering employment, training. Improve self-discipline, confidence and motivation.	MSD	Defence Force
Youth	Link to Youth Taskforce	Youth	Life awareness and skills for youth at risk in terms of consequences through intervention programmes	MSD	
Youth	START Whana Tu Youth Service	Youth	Assisting young people to make transition from school to further education, training or employment	MSD	PNCC
Youth	Youth Action Plan	Youth	Development of collaborative action plans to improve safety education, employment, health, crime and safety for people working with young people. We aim to connect the youth sector, raise the standards, and champion youth development.	Palmerston North Youth Network	PNCC, MSD, NZP, MCDHB, START Whana Tu Youth Service, YOSS, Big Brothers Big Sisters
Youth	Project Tuakana	Māori males	Iwi driven equivalent of Big Brothers Big Sisters. Used for culturally appropriate interventions with young Māori males.	Whaioro Trust	
Youth	Checkm8	Youth	A Manawatū site for youth by youth offering information and advice	PNCC	
Youth	PNSAB initiative monitoring regime	Youth	Linking with and contributing to research around youth behaviour in New Zealand	PNCC	PNSAB

Are the descriptions sufficient?

YES NO

If NO, what is missing?

## SECTION D | INDICATOR 2

Questions to be answered by the community

Questions to be answered by the certifiers

Safety Theme	Programme	Target Demographic	Outcomes	Developer	Partner
Youth	Social media / schools	Youth	Identify and promote education opportunities minimizing risk to youth	PNCC	
Youth	Youth Space	Youth (13-19)	Centralized safe area connected to library promoting well-being and safety	PNCC	
Youth	Truant – free Shopping Zone	Students	A joint project complementing the Rock-On programme discouraging truants in the CBD, offending and associated anti-social behaviours	NZP	Primary and Secondary schools
Youth	Cops in school programme	Youth	Community and youth engagement through schools, reducing youth offending, reduced bullying.	NZP	Big Brothers Big Sisters
Youth	Kool Kids Klub	Youth	Targeting of at risk intermediate children who are engaged with Police in an on-going mentoring role.	NZP	School Community Officers, CYS Managers
Youth	Sex and Ethics	Youth (16 – 24)	The long term goal is to build the capacity of young people to negotiate sexual intimacy and prevent sexual assault and to reduce unwanted, coerced sex.	Public Health Services	ARCS, Start
Youth	YOSS and the Youth Task Force	Youth	Empowering young people to make informed choices to enhance their positive well-being and self-development.	PNSAB	CYFS, the Ministry of Health and Central PHO

Are the descriptions sufficient?

YES NO

If NO, what is missing?

# SECTION D | INDICATOR 2

Questions to be answered by the community

Questions to be answered by the certifiers

Safety Theme	Programme	Target Demographic	Outcomes	Developer	Partner
Youth	Māori role models in schools	Youth	Community and youth engagement through schools, reduced youth offending and reduced bullying	West End School	
Youth	After school care	Students	Healthy children engaged in activities to stay safe after school	YMCA	

Are the descriptions sufficient?  
 YES NO  
 If NO, what is missing?

# SECTION D | INDICATOR 2

Questions to be answered by the community

Questions to be answered by the certifiers

## 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 Working Party in association with the PNSAB has worked to identify the nine key community safety issue areas as highlighted in Section B.2. Intervention programmes and projects currently in place have been designed with consideration of Palmerston North's population, demographics and socio economic profile.

The table outlined in 2.1 list the long term programmes in Palmerston North managed by a range of partner organisations. They are listed by 'Safety Theme'. Note several programmes may relate to more than one target demographic.



Are the descriptions sufficient?

YES NO

If NO, what is missing?



# SECTION E | INDICATOR 3

Questions to be answered by the community

Questions to be answered by the certifiers

## 3.1 Identified high risk groups in Palmerston North City.

### YOUNG PEOPLE

Palmerston North City has a lower median age than the country as a whole (32 years compared with 35). This is believed to be caused from larger proportions of young adults in the City as a result of the presence of tertiary institutions. Most other age groups were lower than national averages. The 2006 Census recorded around 15,330 children under the age of 15 years with 36% of Palmerston North City's population between 15 and 24.9yrs<sup>11</sup>.

The PNSAB in coordination with other stake holders in the community are involved in the following safety programmes.

#### Youth One Stop Shop – YOSS

YOSS is an approved social service provider, supported by the Department of Child, Youth and Family, the Ministry of Health and Central PHO. YOSS offers free information, support, advocacy, counselling, health services, preparation or life skills programmes and holiday programmes for young people in Palmerston North aged between 10 and 24. YOSS work from a youth development framework. This approach helps ensure young people are fully prepared for adult life by addressing broader developmental needs instead of focusing primarily on solving or fixing their 'problems'. YOSS empowers young people

to make informed choices to enhance their positive well-being and self development.

#### Students against Driving Drunk (SADD)

SADD is a highly effective peer education programme targeting secondary aged students across New Zealand to reduce the harm caused on our roads by intoxicated drivers. The programme targets and reaches secondary schools nationally, and currently has active programmes running in over 290 (66% of all) schools across the country.

SADD effectively empowers young people to create, promote and employ strategies that aim to encourage their peers to adopt safer attitudes and behaviours. SADD's key messages are positive and follow a harm minimisation approach that is delivered through a peer education model within the school setting. SADD is a highly recognisable brand and programme within schools; it has a solid public image and a high level of credibility.

#### Help for Students

StudyLink continues to assist the increasing numbers of students who want to further their education through study by paying

Are the descriptions sufficient?

YES NO

If NO, what is missing?

<sup>11</sup> Family and Community Services. (2012) Palmerston North Community Profile. Retrieved from <http://www.communityresponse.org.nz>

# SECTION E | INDICATOR 3

## Questions to be answered by the community

financial support through Student Allowances, Student Loans, Jobseeker Support Student Hardship and other assistance.

StudyLink connects students with the information they need to make considered decisions about their education, and provides financial information and support, enabling them to achieve a better future. StudyLink helps students to:

- successfully complete their courses
- only borrow what they need
- effectively transition into the workforce.

Twice a year, StudyLink meets with student association and education provider representatives in the Central region to plan, debrief and discuss new initiatives and operational and policy changes.

### Palmerston North Youth Network

Palmerston North has a Youth Action Plan sponsored by the Youth Network Steering Group. This Plan was developed using Family and Community Service's Local Services Mapping process including extensive youth participation. The five priority outcome areas for youth in the plan are centred around:

- crime
- education
- employment
- health
- safety

This project has utilised a Result-Based Accountability framework to organise and focus the activities. Result Cards for the Youth Action Plan (for each of the above priorities) can be viewed in full on the Family and Community Services website [www.familyservices.govt.nz](http://www.familyservices.govt.nz).

### Youth Transition Services

Youth Transition Services aim to help young people make the transition from school into further education, training or employment. This service is a collaboration with local authorities and Mayors, government agencies, employers, schools, training providers, iwi, and community groups to identify opportunities and services available for young people. In the Central Region there are four Youth Transition Services with one based in Palmerston North, provided by START Whana Tu Youth Service.

### Massey University

The University's Health and Safety policy details the responsibility of students to play a vital role in maintaining a safe and healthy workplace for employees, students and visitors. Additional to this the University provides a number of services for the safety and well-being of their students. These include:

- Running of orientation programmes at the commencement of the tertiary year
- Promotion of safety initiatives in the Halls of Residence
- Flatting expo
- Working closely with the students association

## Questions to be answered by the certifiers

Are the descriptions sufficient?

YES

NO

If NO, what is missing?

# SECTION E | INDICATOR 3

Questions to be answered by the community

- Critical incident management
- Support clubs / societies for multicultural groups
- Harassment rules and principles
- Assisting in funding the Safe City Hosts
- MOU with the PNCC re matters of joint importance
- Safety audits conducted around the University
- Security patrols at night and weekends
- Welfare Advisory Groups (WAG)
- Unlimited bus activity from the campus into the CBD and return on a Friday / Saturday night
- Additional buses made available for special events

Questions to be answered by the certifiers

Are the descriptions sufficient?

YES NO

If NO, what is missing?



# SECTION E | INDICATOR 3

Questions to be answered by the community

## MENTAL ILLNESS / SELF HARM

In 2013 the total number of suicides for the year was 541, which is a decrease of 6 from last year, and 2 less than the average number of suicides over the last 6 years.

In the last year, 69 people in the 10 to 19 year old age cohort took their own lives compared to 91 the year before. The average annual number of suicides for this age cohort over the past 6 years is 69.

In the last year, 105 Māori died by suicide, which is a significant drop after a spike last year of 132 suicides. The average annual number of Māori suicides for the past 6 years is 104.

Whilst there had been a reduction in the number of suicides the Chief Coroner Judge MacLean said the annual suicide total has been stubbornly consistent since records began in July 2007 with between 531 and 558 suicides a year. "Sadly this year is no different and it is frustrating that we cannot seem to make inroads into our unacceptably high suicide rate"<sup>12</sup>.

Questions to be answered by the certifiers

Are the descriptions sufficient?

YES

NO

If NO, what is missing?

**Table 7. Provisional Suicide deaths by Coronial Region between 1 July 2007 and 30 June 2013**

Coronial Court Name	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013
Auckland CS	154	146	139	151	137	155
Christchurch CS	92	70	80	89	117	88
Dunedin CS	37	50	60	45	42	48
Hamilton CS	48	68	55	49	40	37
Hastings CS	35	32	32	37	35	25
Palmerston North CS	53	53	54	53	51	47
Rotorua CS	35	53	44	60	51	49
Wellington CS	64	40	57	52	48	58
Whangarei CS	22	19	20	22	26	34
<b>Total</b>	<b>540</b>	<b>531</b>	<b>541</b>	<b>558</b>	<b>547</b>	<b>541</b>

NB: The Coronial Region of Palmerston North includes Taranaki, Whangnui and Horowhenua.

<sup>12</sup> Chief Coroner releases annual suicide figures. (2013, August 26) Retrieved from <http://www.justice.govt.nz/courts>

# SECTION E | INDICATOR 3

Questions to be answered by the community

MidCentral DHB works in conjunction with primary health, mental health and addiction non-government organisations (NGOs), Kaupapa Māori services and community agencies to provide specialist services for the assessment and treatment of alcohol and drug issues and suspected or actual moderate to severe mental illness for adults, children and adolescents in the MidCentral Health catchment area.

Services include crisis work, housing, income, cultural, spiritual, day-to-day living support, recreational, educational and employment needs.

## Community Mental Health Services:

### *Oranga Hinengaro*

Is a Kaupapa Māori Mental Health service that provides access to a range of Clinical and Cultural Interventions in the recovery and wellness of whānau. Persons whom have moderate to severe mental illness are eligible to contact the Child & Youth or Adult team. There is a CAFS team working with Tamariki and Taiohi (Children and Adolescent) 0-19 years. The Adult team works with 20 - 65+ years.

### *Pasifika Mental Health Clinical Consult Liaison Service*

The Pasifika Mental Health Clinical Consult Liaison Service provides consultation liaison to the MidCentral DHB region and is embraced within the korowai of Oranga Hinengaro Māori Mental Health Service. This service was established in March 2010 to ensure Pasifika Peoples in the MidCentral DHB region

have access to Mental Health and Addiction services that met their clinical and cultural needs.

### *Mental Health and Addiction Treatment Service*

The Mental Health and Addiction Treatment Service cover the MidCentral, Wanganui and Hawkes Bay DHB areas. The programmes in this service have been developed on recovery principles to enable those with alcohol and/or other drug issues who have simultaneous mental health difficulties to regain or develop control over their lives and begin to establish the skills needed to achieve a life that they feel is fulfilling. Interventions are based on co-existing mental health and substance use frameworks. This service provides various levels of care to assist people within the MidCentral DHB area who are experiencing significant impairment to the function of their everyday life due to their alcohol and/or other drug use<sup>13</sup>.

## LOW INCOME GROUPS

In 2006, Palmerston North City residents aged 15 years and over had a lower median personal income than New Zealanders as a whole (\$23,100 compared with \$24,400). This resulted from slightly larger proportions than nationally having incomes of \$40,000 or less. The lowest incomes of \$10,000 or less were reported by 23% of Palmerston North adults (21% nationally), while 22% received between \$10,001 and \$20,000 (the same

Questions to be answered by the certifiers

Are the descriptions sufficient?

YES NO

If NO, what is missing?

<sup>13</sup> Family and Community Services. (2012) Palmerston North Community Profile. Retrieved from <http://www.communityresponse.org.nz>

# SECTION E | INDICATOR 3

Questions to be answered by the community

proportion as nationally). In Palmerston North 16% of adults had incomes between \$20,001 and \$30,000 (15% nationwide), and another 15% received between \$30,001 and \$40,000 (14% nationally).

Local / national differences were also small in the income bands above \$40,000. However, in each case, the Palmerston North proportion was just under the New Zealand-wide proportion. Almost 9% of the City's adults had incomes between \$40,001 and \$50,000, another 9% received between \$50,001 and \$70,000, and just over 6% received more than \$70,000.

The distribution of household income follows a similar pattern. In 2006, Palmerston North City households had a median income of \$47,800 compared with \$51,400 across New Zealand.

## Affordable Housing for Low income families

Central government has a number of initiatives which contribute to the provision and regulation of housing in New Zealand. These include the provision of social housing, the oversight of building quality, initiatives to improve the quality of existing housing stock, and (through the recently announced Productivity Commission) efforts to improve the affordability of housing.

Palmerston North City Council is committed to the Sustainable City Strategy, which sets guidelines for future development. The Council has also undertaken a Residential Growth Review and is currently considering the nature of future housing developments through the Residential Zone Review<sup>14</sup>.

## Family and Community Services - Family Start

Family Start is a home visiting programme that focuses on improving children's growth and health, learning and relationships, family circumstance, environment and safety. Family Start helps families and whānau who are struggling with challenges or problems that make it harder for them to care for their baby or young child.

## Te Aroha Noa

Te Aroha Noa Community Services is committed to providing multi-disciplinary, holistic and integrated services that are designed to assist families/whānau to unleash their potential. It seeks to empower the community through a community development approach to identify its own needs, resources and solutions.

## ELDERLY

Palmerston North in 2006 had a population of 75,540 and was New Zealand's seventh largest City. At the 2006 Census, the 65+ years age group made up around 11.5% of the local population (around 9,000 older people). This is slightly below the overall New Zealand figure of 12.3%. Statistics New Zealand medium growth projections show that the 65+ years age group will grow to 18.9% (18,500) of the Palmerston North population by 2031.

<sup>14</sup> Palmerston North City Council. (2011) Palmerston North Housing Needs Assessment. Palmerston North New Zealand

Questions to be answered by the certifiers

Are the descriptions sufficient?

YES

NO

If NO, what is missing?

# SECTION E | INDICATOR 3

## Questions to be answered by the community

Palmerston North's ageing population will influence future local health care needs as most diseases and causes of disability are more common in the older age group. The prevalence of disability is higher with increasing age, with rates of moderate and severe levels of disability markedly higher among older people than among adults aged 45 – 64 years.

In 2004 Midcentral Health produced a Disability Needs Assessment for Older People which found that the most common types of disability experienced by older people in the Midcentral region are physical (83.3%) and sensory (51.2%). Most disabled older people (70%) had more than one type of disability. The most common causes for disability among those 65 years and over are disease/illness (50%), the ageing process (40%), and accident/injury (25.6%) (although disability can have more than one cause)<sup>15</sup>.

### Falls Prevention

ACC National Falls Prevention Strategy (NFPS) aims to reduce the incidence and severity of injury from falls, and guides the activities of Government, health agencies, service providers, non-government and community organisations to provide services in a coordinated and collaborative way. It is hoped that by building effective leadership, improving knowledge, developing effective interventions and resources, plus creating safer environments,

injuries caused by falls will reduce. ACC is the lead agency for the NFPS, which is one of the New Zealand Injury Prevention Strategy's (NZIPS) priority areas.

### Green Prescription

Green Prescription is a Ministry of Health and MidCentral District Health Board funded programme aimed at getting more people physically active. Sport Manawatū run the programme providing support, advice and motivation to participants.

### Age Concern (National Office) Elder Abuse and Neglect Prevention Service

Providing confidential support, advocacy and information for people facing elder abuse and neglect. Age Concern also provides visitors who make regular visits to socially isolated older people in their homes via Age Concern Accredited Visiting Service and non-accredited programmes.

### Strengthening community connections

Being connected is important if older people are to age well in their communities. Achievements in this area include the Palmerston North City Council's community BBQs. These provide an opportunity for people to get to know their neighbours and feel safer in their neighbourhood.

## Questions to be answered by the certifiers

Are the descriptions sufficient?

YES NO

If NO, what is missing?

<sup>15</sup> Palmerston North City Council. (2012). Older Persons Profile 2012. Palmerston North, New Zealand: McDonald J

# SECTION E | INDICATOR 3

Questions to be answered by the community

## 3.2 Give examples of high risk environments

- Describe how risk environments in the community are identified.
- Describe prioritized groups and/or environments.
- Are there specific programs for their safety in the community.
- Describe the timetable of the work.
- Are these groups involved in the prevention aspect of these programs?

High risk environments in Palmerston North City have been identified from a combination of national and local quantitative data and research which has then been analysed by the 'Working Party' to identify the following high risk environments.

### ROADS

In 2011 Land Transport New Zealand prepared a Crash Analysis Report for the Wanganui Manawatū road safety region for 2006 – 2010. The intent of the report was to produce a set of briefing notes reporting on traffic crash data and addressing road safety issues across all territorial authorities. The report focuses on areas of high, medium and emerging concern, set out in Safer Journeys that are a strategic priority when compared nationally.

Questions to be answered by the certifiers

Are the descriptions sufficient?

YES

NO

If NO, what is missing?

# SECTION E | INDICATOR 3

Questions to be answered by the community

Questions to be answered by the certifiers

## Palmerston North City 2010 overview

2010 road trauma	
Casualties	Palmerston North City
Death	4
Serious injury	26
Minor injury	189
<b>Total casualties</b>	<b>219</b>



Police reported crashes	Palmerston North City
Fatal crashes	4
Serious injury crashes	24
Minor injury crashes	147
<b>Total injury crashes</b>	<b>175</b>
Non-injury crashes	476

2010 MoT calculation social cost of all crashes	
Local roads	\$ 33.78M
State highways	\$ 21.08M
<b>Total</b>	<b>\$ 54.86M</b>

NOTE: The estimated social cost includes loss of life or quality of life, loss of output due to injuries, medical and rehabilitation costs, legal and court costs and property damage.



Are the descriptions sufficient?

YES      NO

If NO, what is missing?

# SECTION E | INDICATOR 3

Questions to be answered by the community

In the 2006-2010 period in Palmerston North City there were 703 injury crashes on local roads resulting in 17 deaths and 150 serious injuries. The latest five year data shows a downward trend in both fatal and serious injury crashes on local roads.

The table below shows the number of casualties split into rural or urban areas, (rural is defined as an area with a speed limit of 80km/hr or more). A third of fatal and serious injury crashes involved crossing and turning movements. A quarter of the fatal and serious injury crashes were loss of control or head-on. Nearly a half of fatal and serious injury crashes involved poor observation. A third of the fatal and serious injury crashes involved failing to give way or stop. A fifth of the fatal and serious injury crashes involved both speed too fast for the conditions and alcohol.

Casualties by urban / rural 2006 to 2010				
Local roads				
	Fatalities	Serious injuries	Minor injuries	Total
Rural	4	28	57	89
Urban	13	122	631	766
Total	17	150	688	855

## Initiatives

Horizons Regional Council employs one road safety coordinator to undertake road safety education activities in the Palmerston North Region. The work the coordinator undertakes is directed by the Regional Land Transport Strategy and provides the regional council's contribution to the national "Safer Journeys 2020" strategy. The coordinator works closely with the local district and City Councils, ACC, the Police, District Health Boards to undertake road safety education and awareness activities addressing the key issues that cause crashes in their areas.

*Examples "Protect Your Mates at Intersections" billboards were installed at intersections in Palmerston North and Wanganui as part of the intersection campaign but also to educate young drivers who feature as high risk in intersection crashes in these districts.*

*iMove is an active transport promotion, run in schools and workplaces twice per year. It aims to reduce traffic congestion and improve road safety. A full time iMove Coordinator works from Sport Manawatū to deliver the programme with key partner organisations. Adult cycle workshops were added to the programme to improve the safety of cyclists, both inexperienced and experienced, in Palmerston North.*

ACC also has a series of initiatives in place to improve road safety, including:

- The 'Drive to the Conditions' advertising and education campaign
- Targeting employer and community campaigns with road safety information
- Working with the Police, Land Transport New Zealand (LTNZ)

Questions to be answered by the certifiers

Are the descriptions sufficient?

YES NO

If NO, what is missing?

# SECTION E | INDICATOR 3

## Questions to be answered by the community

and local government to reduce serious traffic accidents on high risk sections of roads

- Working with road safety partners on the use of safety belts and child restraints
- Regional projects focusing on raising safety awareness amongst motorcyclists.

These are very much on-going initiatives with further road safety examples listed in Section D2.1.

## HOME

People who live in poor neighbourhoods have higher mortality rates than people who live in well-off neighbourhoods, irrespective of family income. Anderson et al. (1997) argue that an area's socio-economic status may summarise an area's potential for health risk from ecological exposures such as from the concentration of poverty, unemployment, economic

disinvestment, and social disorganisation. Hence, an individual's risk of engaging in health-damaging behaviours may be conditioned by social and community contexts, not just the social position of the individual<sup>16</sup>.

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

NZDep is one measure of deprivation. 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. There is a consistent and pervasive correlation between increasing deprivation and worsening health and risk factor measures. This includes shorter life expectancy and higher mortality rates<sup>17</sup>.

## Questions to be answered by the certifiers

Are the descriptions sufficient?

YES NO

If NO, what is missing?

<sup>16</sup> Cameron, P.(1997). NZDep91: A New Index of Deprivation. Retrieved from <http://www.msd.govt.nz>

<sup>17</sup> Source Healthy People, Healthy Places, HBDHB Health Status Review 2010, Socio Economic Determinants Health

# SECTION E | INDICATOR 3

Questions to be answered by the community

In 2006:

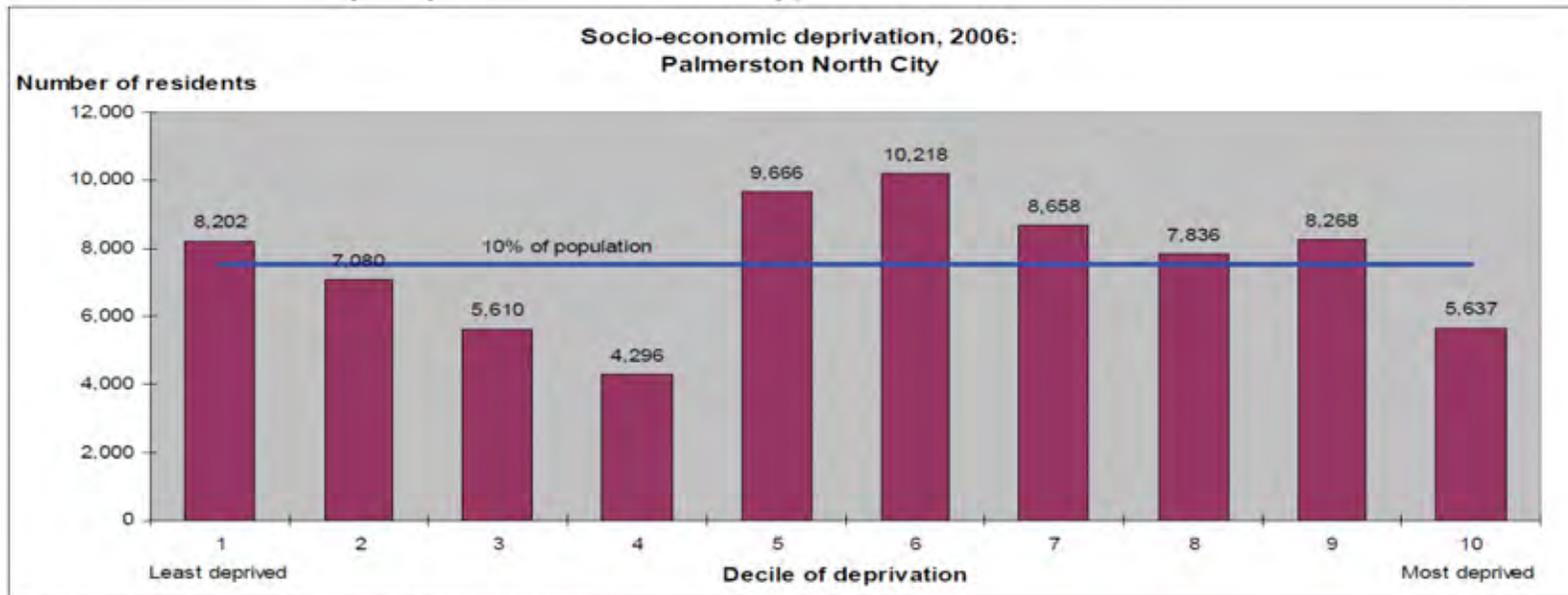
- 11% of Palmerston North's population lived in areas considered among the 10% least deprived in the country (decile 1)
- 22% lived in areas considered to be in deciles 2 to 4
- there was a clustering of the City's population in deciles 5 to 9
- 7% of residents lived in areas assessed as decile 10 (i.e. among the 10% most socio economically deprived in the country).

Questions to be answered by the certifiers

Are the descriptions sufficient?

YES NO

If NO, what is missing?



Source: NZDep 2006 Index of Deprivation

# SECTION E | INDICATOR 3

Questions to be answered by the community

Questions to be answered by the certifiers

## Initiatives

**Big Brothers Big Sisters** - matches children and young people aged 6 through 18 with mentors in professionally supported one-to-one relationships. The Big Brothers Big Sisters model of mentoring has been affirmed by rigorous, ongoing external evaluation. This independent research has shown the positive relationships between youth and their Big Brothers and Big Sisters have a direct and measurable impact on children's lives.

**Community Days** - A multi-agency initiative saw the local communities of Westbrook, Highbury and Takaro come together to celebrate the refurbished community centre, to have fun and to take a stand against family violence. The day went well beyond just providing a day of entertainment but promoted the services the centre provides. The shared space and the activities run from the centre increase the community's ability to empower itself, to build social cohesion, and to improve the community's ability to resist negative influences such as anti-social behaviour and crime.

A similar day was held in Awapuni. 'Awesome Awapuni' was multicultural community day which was held at Alexander Park. The aim was to bring the community together and promote safety in the community by making use of organisations such as Neighbourhood Support and other groups.

This project was driven by Community Policing, and supported by the Palmerston North City Council, Awapuni Rotary, Local Awapuni Churches, Kohanga Reo, Schools and Kindergartens.

These initiatives are very much ongoing with further outcomes and projects under discussion with the PNSAB.

## PUBLIC PLACE

The latest crime figures reveal that total recorded crime for Palmerston North City, in the year to December 31, 2012, has dropped 40 % since 1994, and more than 4 % on 2011. Although this news is encouraging it is important to note that in terms of offences, five offence types together make up over 80% of recorded offences.

- *Theft and related offences* accounted for 36% of Palmerston North's recorded crime (33% nationally). Motor vehicle theft and related offences were the most common offence type in this category, followed by theft (except motor vehicles).
- *Unlawful entry with intent / burglary*, breaking and entering made up 17% (14% nationally).
- *Property damage and environmental pollution* made up 16% (14% across the country). Almost all offences in that category consisted of property damage.
- *Acts intended to cause injury* accounted for 9% (10% nationally). Assault made up almost all offences in this category.
- *Public order offences* made up 7% (10% nationally). Disorderly conduct was the most common offence in this category.

Although not all of the above offences are committed in a public place the Working Group recognizes the importance to create an environment that deters criminal activity and reduces the

Are the descriptions sufficient?

YES NO

If NO, what is missing?

# SECTION E | INDICATOR 3

Questions to be answered by the community



perception of danger. An example of this is the redevelopment of the Palmerston North city centre commonly known as The Square. A green open space of 17 acres had become a place of notoriety due to constant number of serious crime and disorder incidents occurring there.

Public perception of the centre of Palmerston North was poor, with most people afraid of venturing into the City at night. The Palmerston North Central Business District was also visibly declining with a proportion of unoccupied buildings in the inner city retail area increasing, raising concerns that the compact CBD was about to leak out into areas beyond the ring road.

As a result PNCC initiated the City Heart project which culminated in the redevelopment of The Square in 2006. The principles of Crime prevention through environmental design (CPTED) were applied to the redesign and resulted in a number of actions being completed.

These included:

- **Improving Formal and Informal Supervision** – providing a base for Police and community crime prevention personnel in The Square during night and weekends
- **Landscape design to enhance safety** – eliminating visual confusion, maintaining clear sight lines, keep potential obstructive planting away from pathways, prune mature trees to allow clear sight lines beneath the canopy, eliminate entrapment zones, create safe desirable seating, create shelter, implement a maintenance plan

Questions to be answered by the certifiers

Are the descriptions sufficient?

YES

NO

If NO, what is missing?

## SECTION E | INDICATOR 3

Questions to be answered by the community

- **Use of appropriate lighting** – replace orange sodium vapour lamps with white light sources, show up main pedestrian routes, link the square to the perimeter buildings and shop front spaces, improve the brightness and distribution of light
- **Use Management strategies** – fix vandalised objects and remove graffiti, roster street cleaning staff early, close off spaces to traffic at specific times to eliminate vehicles in The Square late at night
- **Plan for events and activities** – provide infrastructure required for events

These actions for an extended period saw a reduction in the crime committed in The Square and an improved perception of safety. However, more recently The Square has proven to be an area prone to crime and disorder once again. The combination of excessive alcohol, large numbers of people vacating licensed premises at closing time, congestion and competition for taxis contribute to the level of disorder in this area.

Community organisations, Safe City Hosts, Palmerston North Street Van and Māori Wardens work predominantly in the CBD to improve safety outcomes in The Square and surrounding CBD. The PNSAB in conjunction with the Police have identified The Square as a priority area and through Operation Bolt are now focusing their attention on the licensed premises in this area Friday and Saturday nights. A reduction in the number of incidents Police are attending would indicate that this strategy is currently working.

The Liquor ban area in the CBD, Main Street Accord, Hospitality's Charter, Mellow Yellow' programme are other proactive initiatives which are very much ongoing in this area.



Questions to be answered by the certifiers

Are the descriptions sufficient?

YES

NO

If NO, what is missing?



# SECTION F | INDICATOR 4

Questions to be answered by the community

## 4.1 Describe the evidence-based strategies/programs that have been implemented for different age-groups and environments.

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

- Review of Family and Community Service Publications
- Reviewing the 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. Pan Pacific Safe Communities Website, Ministries of Transport, ACC, Health Promotion Agency (formerly ALAC), Justice and Health databases.
- Reviewing Otago University Injury Prevention Research Unit Publications and a literature search of other designated International Safer Communities who have instigated safety programmes and were able to report significant improvements in vital statistics.

Details of the specific programmes are listed in Section D2.1.

### Case Study

Farmers experienced more than 18,600 injuries on farms in 2009 or 50 injuries a day, according to ACC. The highest numbers of ACC injury claims were in Waikato, Canterbury and Manawatu-Wanganui where there were a total of nearly 8,000 injuries or one person injured nearly every hour. The most common causes of injuries were poor handling of quad bikes, animals and tractors.

In late 2010, the Department of Labour (now the Ministry of Business, Innovation and Employment) began a quad bike project and campaign activity to reduce the harm resulting from the use of quad bikes. The campaign included:

- Engaging with different stakeholders including quad bike suppliers, helmet suppliers and groups such as Federated Farmers and Rural Women
- Revision of the Department of Labours Quad Bikes guidelines
- Information visits by Health and Safety Inspectors to farms and the premises of farm supply companies
- An engagement campaign with farmers and
- A media awareness campaign

Questions to be answered by the certifiers

Are the descriptions sufficient?

YES NO

If NO, what is missing?

# SECTION F | INDICATOR 4

## Questions to be answered by the community

The campaign also focused on four key safety messages:

- Riders must be trained / experienced enough to do the job
- Choose the right vehicle for the job
- Always wear a helmet
- Don't let kids ride adult quad bikes

This campaign was reinforced by a similar promotion run by ACC who produced a booklet on tips how to stay safe on quad bikes, posters with safety messages and a link to an interactive website – making the farm a safer place for children.

Since the commencement of these campaigns new research shows that farmers are making positive changes to reduce their chances of having a quad bike accident. In a survey of quad bike users by the Ministry of Business, Innovation and Employment, 16% more farmers reported some or all riders wearing helmets than in 2010. Quad bike helmet sales continue to increase, with sales almost doubling in the year to June 2012 from the previous year. This continues a trend which showed a similar increase in 2011.

In the two years to June 2012, all ACC claims for quad bike accidents on farms have dropped 17%. In the same period, all ACC entitlement claims (representing serious harm) for quad bike accidents on farms have dropped 10%.

A survey of quad bike accident victims found that half of respondents had made changes to act more safely in their use of quad bikes since their accident. Changes included fewer people carrying passengers and an increased use of helmets.

Ms de Rooy General Manager Health and Safety Operations stated "The Ministry's targeted quad bike campaign has made a significant impact on farmers' awareness of our key messages for keeping safe when using quads. This is one part of a wider initiative involving government, industry organisations and the sector to reduce harm."

"The combined efforts of farmers, industry representatives and government are contributing to the positive changes we are seeing in the agricultural sector."

Two research reports available are *Quad Bikes: A look at the safety behaviour of accident victims and Quad Bike Harm Reduction Project: Indicators of progress to June 2012*.

## Questions to be answered by the certifiers

Are the descriptions sufficient?

YES

NO

If NO, what is missing?

# SECTION F | INDICATOR 4

Questions to be answered by the community

## 4.2 Has 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 forum held annually and organised by SCFNZ in its capacity as an Affiliate Support Centre for Safe Communities (ASCSC) we have had the opportunity to meet and speak with other accredited Safe Communities as part of our preparation. The SCFNZ also distributes relevant information and sources of knowledge identified through its work with other ASCSC and WHO CCCSP.

Additionally, a range of New Zealand academic institutions are used for their expertise in certain fields. For example, Canterbury, Otago and Auckland have for a long time had a focus on self-harm and suicide prevention research and many other areas of injury prevention, e.g. Falls Prevention, Motor Vehicle Traffic Crashes.

Other relevant information is obtained from intersecting a network of legislation, agencies, strategies and policies working towards a common goal i.e. reducing alcohol harm where information is obtained from the Alcohol Advisory Council, NZ Police Action Plan, National Drug Policy just to name a few.

For specific age groups, e.g. Child Safety the evidence provided locally by SafeKids New Zealand which is part of Safe Kids Worldwide – another ASCSC for ISC was also used.

Questions to be answered by the certifiers

Are the descriptions sufficient?

YES NO

If NO, what is missing?



# SECTION G | INDICATOR 5

Questions to be answered by the community

## 5.1 What local data is used to determine the injury prevention strategies?

**For example, registering injuries can be done at hospitals, health centres, dentists, schools, care of the elderly organisations and the local police. Household surveys can also be used**

Local data used to determine injury prevention strategies are derived from multiple organisations and sources within the community. Key organisations include

- ACC – National and Palmerston North City Profile
- Individual NGOs Reports and Surveys
- New Zealand Fire Service data
- NZP – Palmerston North Police recorded and resolved offences 2010-2012
- NZTA – Road Safety Statistics
- Palmerston North City Council – Social Strategy, Sustainable City Strategy, Safe City Strategy, Community Profile, Māori Community Development Strategy

**for collection of data about injuries and risk environments and risk situations.**

**Which methods are used in the community?**

- Palmerston North Multicultural Council – Palmerston North Settlers Profile 2011
- Palmerston North Safety Advisory Board Strategic Plan
- Plunket – Family Violence Evaluation Project
- Safer Communities Foundation NZ – Series of 15 Fact sheets including a home safety checklist available on line at [www.safecommunities.org.nz](http://www.safecommunities.org.nz)
- University of Otago – National Injury Prevention Research Unit, Palmerston North fatalities 1988-2009, Palmerston North Hospital injury discharges 1988-2009
- Workplace related safety culture project initiatives

Questions to be answered by the certifiers

Are the descriptions sufficient?

YES NO

If NO, what is missing?

# SECTION G | INDICATOR 5

Questions to be answered by the community

*Below are some examples of injury and safety data collected by PNSAB partners.*

## ACCIDENT COMPENSATION CORPORATION

Palmerston North City Injury Comparison Report 2011/2012 identified the top 5 Injury Sources

SCENE	COST
Home 46.2%	\$9,105,923
Sport and Recreation 23.5%	\$8,232,851
Community/Service/Location 10.9%	\$5,801,036
Road or Street 8.4%	\$4,008,990
School 4.7%	\$2,113,317

ACTIVITY	COST
Recreation/Sporting Activity 31.6%	\$6,157,219
Walking or Running 25.8%	\$6,107,962
Lifting/Lowering/Loading 10.1%	\$4,583,777
Employment tasks 7.8%	\$3,333,136
Children Playing 5.1%	\$3,237,168

CAUSE	COST
Loss of Balance 32.3%	\$7,840,716
Lifting/Carrying/Strain 13.1%	\$4,589,567
Struck by Person/Animal 11.7%	\$3,013,935
Collision/Knocked over by object 6.7%	\$2,972,945
Slipping, Skidding on Feet 6.4%	\$2321,566

## UNIVERSITY OF OTAGO, NATIONAL INJURY PREVENTION RESEARCH UNIT

1988 to 2009 New Zealand Fatalities, all external causes, all intents, both genders, all age groups, Palmerston North TLA

### Top 5

EXTERNAL CAUSE	NUMBER OF DEATHS
Occupant in MVC	158
Fall	132
Suffocation	113
Poisoning	107
Motorcyclist in MVTC	32

Questions to be answered by the certifiers

Are the descriptions sufficient?

YES NO

If NO, what is missing?

# SECTION G | INDICATOR 5

Questions to be answered by the community

AGE GROUP	NUMBER OF DEATHS
85+	96
20 – 24	96
15-19	78
25 – 29	63
30 – 34	55
Males	477
Females	260

1988 to 2009 New Zealand Public Hospital Discharges, all external causes, all intents, both genders, all age groups, Palmerston North TLA

## Top 5

EXTERNAL CAUSE	NUMBER OF DISCHARGES
Fall	5,991
Medical Care	2,572
Poisoning	2,009
Struck by or against	1,771
Occupant in MVTC	1,362

Questions to be answered by the certifiers

AGE GROUP	NUMBER OF DISCHARGES
20 – 24	2,486
15 – 19	2,174
25 – 29	1,591
5 – 9	1,356
0 – 4	1,345

Are the descriptions sufficient?

YES NO

If NO, what is missing?



# SECTION G | INDICATOR 5

Questions to be answered by the community

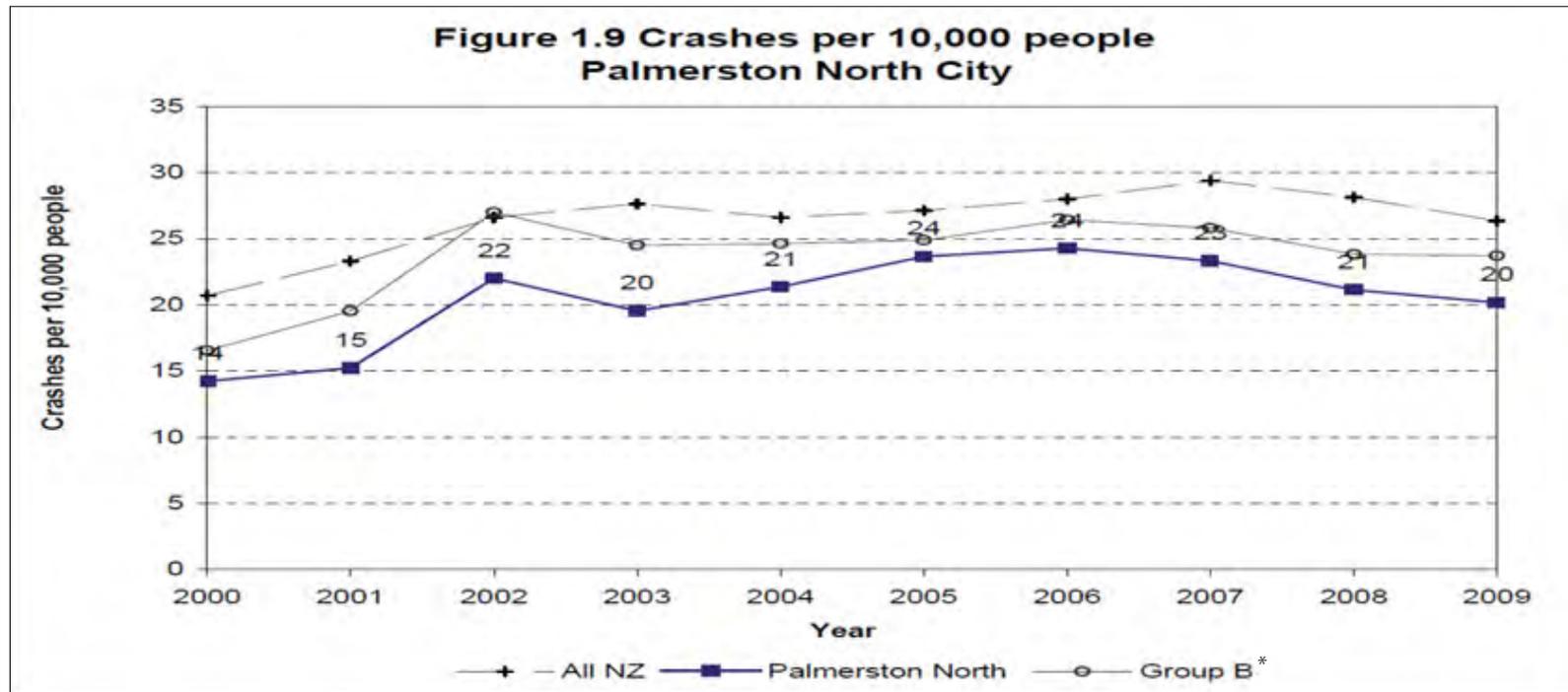
## NEW ZEALAND TRANSPORT AGENCY (NZTA) Palmerston North Road Safety Report 2005-2009

Questions to be answered by the certifiers

Are the descriptions sufficient?

YES NO

If NO, what is missing?



\* GROUP B - Major urban areas with some rural areas on the outskirts (population 40,000 - 97,500)

# SECTION G | INDICATOR 5

Questions to be answered by the community

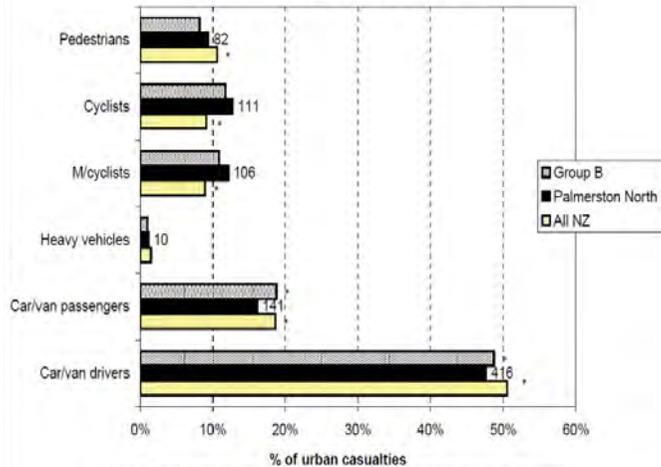
Questions to be answered by the certifiers

Figure 2.1: Crash numbers and severity 2005 to 2009 - whole City

	2005	2006	2007	2008	2009	Total	%	Group B
Fatal crashes	1	3	6	8	7	25	3%	2%
Serious crashes	37	32	42	37	34	182	21%	19%
Minor crashes	144	154	134	121	118	671	76%	79%
Total injury crashes	182	189	182	166	159	878	100%	100%
Non-injury crashes	534	480	396	381	392	2183		

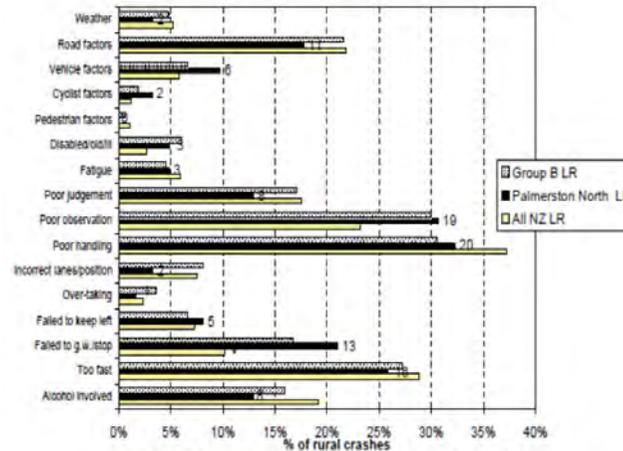
Are the descriptions sufficient?  
 YES NO  
 If NO, what is missing?

Figure 3.1 Road user casualties - urban Palmerston North City (2005-2009)



Note: While the graph plots percentages, the number of casualties is shown against the data points.  
 \*Denotes statistically significant difference between Local Authority and National or Peer Group Proportions

Figure 8.14 Contributing factors - rural Palmerston North City council roads (2005-2009)



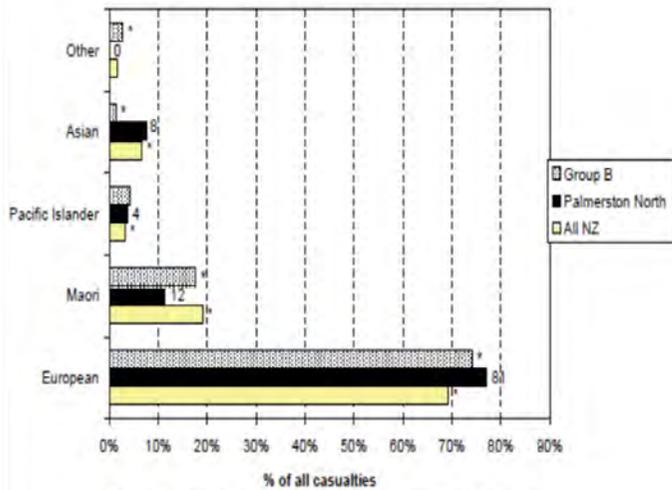
Note: While the graph plots percentages, the number of casualties is shown against the data points.  
 \*Denotes statistically significant difference between Local Authority and National or Peer Group Proportions

# SECTION G | INDICATOR 5

Questions to be answered by the community

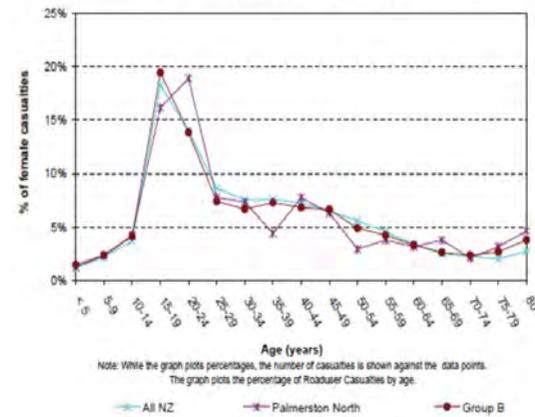
Questions to be answered by the certifiers

**Figure 3.26 Casualty ethnicity - rural Palmerston North City (2005-2009)**



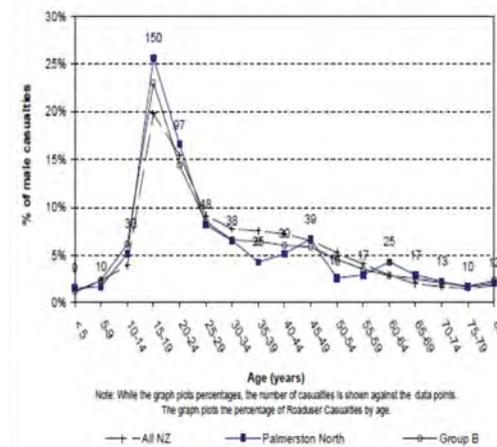
Note: While the graph plots percentages, the number of crashes is shown against the data points.  
 \*Denotes statistically significant difference between Local Authority and National or Peer Group Proportions

**Figure 3.6 Female casualties by age Palmerston North City (2005-2009)**



Note: While the graph plots percentages, the number of casualties is shown against the data points.  
 The graph plots the percentage of Roaduser Casualties by age.

**Figure 3.5 Male casualties by age Palmerston North City (2005-2009)**



Note: While the graph plots percentages, the number of casualties is shown against the data points.  
 The graph plots the percentage of Roaduser Casualties by age.

Are the descriptions sufficient?

YES NO

If NO, what is missing?

# SECTION G | INDICATOR 5

Questions to be answered by the community

Questions to be answered by the certifiers

**Table 9.1: Council Roads Black Spot List Urban (Injury and Non-Injury Crashes)**

Site Radius = 30 metres

Sites with 3 or more injury crashes or more than \$250000 in social costs

CRASH ROAD	SIDE ROAD	2005	2006	2007	2008	2009	TOTAL	Non-Injury	Wet Crash %	Dark Crash %	Crash Costs
FERGUSON ST	FITZHERBERT AVENUE	5	10	6	10	11	42	33	17	29	\$4,877,727
WALDING ST	TAONU I ST	5	2	2	6	8	23	17	22	4	\$4,354,003
FITZHERBERT AVENUE	TE AWE AWE ST	5	8	4	1	4	22	18	9	36	\$4,230,663
RUAHINE ST	FEATHERSTON ST	4	5	2	4		15	12	20	27	\$4,063,424
JOHN F KENNEDY DRIVE	MILSON LINE				2	5	7	5	57	57	\$3,415,150
VOGEL ST	FEATHERSTON ST		1		2		3	1	33	67	\$3,346,450
FERGUSON ST	COOK ST	18	12	5	2	2	39	26	31	31	\$2,708,339
TREMAINE AVENUE	RUAHINE ST	6	8	4	6	5	29	19	17	28	\$2,017,213
RUAHINE ST	CHURCH ST	7	8	5	6	3	29	18	21	17	\$1,614,487
SUMMERHILL DRIVE	BYPASS ROAD	3	3			2	8	3	13	25	\$1,594,187
GREY ST	ALBERT ST	4	5	2	2	2	15	9	20	20	\$1,484,524
ALBERT ST	BROADWAY AVENUE	4	4	4		2	14	9	14	43	\$1,407,978
PITT ST	BOURKE ST	2	1	4	4	3	14	9	29	36	\$1,406,079
FEATHERSTON ST	50 W SH 3	1	3	4	4	3	15	12	13	27	\$1,327,720
BOURKE ST	WALDING ST	2		1	1		4	2	25	50	\$1,266,300
BOTANICAL ROAD	TREMAINE AVENUE	5	3	7	3	10	28	22	18	32	\$1,250,421
PIONEER HIGHWAY	BOTANICAL ROAD	9	4	4	4	2	23	17	17	39	\$1,164,307
ALBERT ST	CHURCH ST	4	1	4	4	1	14	7	21	29	\$1,060,046
MAIN ST	COOK ST	12	13	2	5	5	37	29	19	24	\$1,056,137
MAIN ST	WEST ST	3	4	4	3	5	19	14	37	26	\$1,044,233
RUAHINE ST	FERGUSON ST	4	4	4	3		15	9	33	20	\$1,020,124
FITZHERBERT AVENUE	COLLEGE ST	5	3	2	4	3	17	12	18	29	\$1,010,307

Are the descriptions sufficient?

YES NO

If NO, what is missing?

# SECTION G | INDICATOR 5

Questions to be answered by the community

## 5.2 Describe how data are presented in order to promote safety and prevent injuries in the community.

Community Safety surveys and reports are freely publicised and available in on-line form from community websites such as [www.pncc.govt.nz](http://www.pncc.govt.nz).

These reports and key findings are reported to Council and other interested groups and organisations. The key survey findings allow those parties to then explore the issues and ascertain what factors are motivating the data i.e. suffocation and poisoning appears to be a priority in Palmerston North but what does that mean? Is the cause mental illness, alcohol, peer pressure,

self-inflicted or accidental? Knowing the answers will allow the opportunity to target the highest risk areas.

Individual organisations through their respective websites also promote safety messages and programmes often using local media to maximize exposure.

It should be noted that dissemination of results will play an important part of the results based accountability process as PNCC and their partners initiate and measure progress of their respective work streams.

Questions to be answered by the certifiers

Are the descriptions sufficient?

YES

NO

If NO, what is missing?

# SECTION G | INDICATOR 5

Questions to be answered by the community

## 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?

Government and Non-Government organisations / Community Groups regularly meet within their own environment to discuss and analyse trends and identify areas of risk to the community. This information is then presented to the PNSAB to support discussion and formulate plans and future programmes. These programmes/projects are regularly assessed by the respective stakeholders and reported to the PNSAB who meet monthly. PNSAB subsequently report to the Palmerston North City Council on all matters pertaining to safety and crime within the Palmerston North City area.

### Example

Road Safety – The Road Safety Coordinator writes an annual 'Road Safety Action Plan' to outline proposed initiatives for the upcoming year. These reports are based largely on 'Crash

analysis of the Manawatū Region' which is collated statistics from NZTA (New Zealand Transport Agency). Information is also obtained from the 'Communities at Risk' register which outlines where road safety priorities are in New Zealand and identifies communities that are over represented in terms of road safety. The register ranks communities by local authority area and is based on the Safer Journeys areas of concern. This information is shared with key community stakeholders.

For example from the data an area of high concern in Palmerston North is rural intersections. This has led to the LTSA to undertake activities and advocacy leading to changes such as upcoming installation of rural intersection active warning signs on SH3-SH54 intersections. This is likely to reduce the speed limit to 70km/h (Variable) at this intersection. This action to be re-evaluated every 6 months and any relevant improvements made.

Questions to be answered by the certifiers

Are the descriptions sufficient?

YES NO

If NO, what is missing?



# SECTION H | INDICATOR 6

Questions to be answered by the community

## 6.1 How does your community analyze results from the injury data to track trends and results from the programs? What is working well and has given you good results. What are the plans to continue? What needs to be changed?

Government and Non-Government organisations / Community Groups regularly meet within their own environments to discuss and analyse trends and identify areas of risk to the community. Action plans / programmes are then formulated and implemented within set time frames and then reviewed and evaluated. Each partner is responsible for their own assessment, analysis and the setting of future programmes.

Currently there is no consistent assessment model applied across all agencies however when collaborative programmes involving multiple community groups are applied, as illustrated using the PNSAB model, consistent and regular updates by programme drivers allow for constant review of the actions and their effect on the projected outcomes.



Questions to be answered by the certifiers

Are the descriptions sufficient?

YES

NO

If NO, what is missing?

# SECTION H | INDICATOR 6

Questions to be answered by the community

Examples:

## ACC - Falls Prevention

Data from ACC Injury Comparison Report -Palmerston North City 2011/2012

FALLS <sup>1</sup>	Palmerston North City	NZ	5 YR TREND
ACC injury claim rate <sup>2</sup>	1,244.67	1,496.16	▲
ACC moderate to serious cost injury claim rate <sup>2</sup>	87.34	98.57	▼
Number of days lost productivity	50,281	2,909,488	▼
ACC catastrophic injury rate <sup>2</sup>	0.00	0.13	▼
ACC fatal injury rate <sup>2</sup>	1.29	0.83	▼
Number of streets costing ACC over \$1m in claims <sup>3</sup>	1	107	NA

<sup>1</sup> - TLA is allocated based on claimants residence at the time of accident

<sup>2</sup> - per 10,000 of population

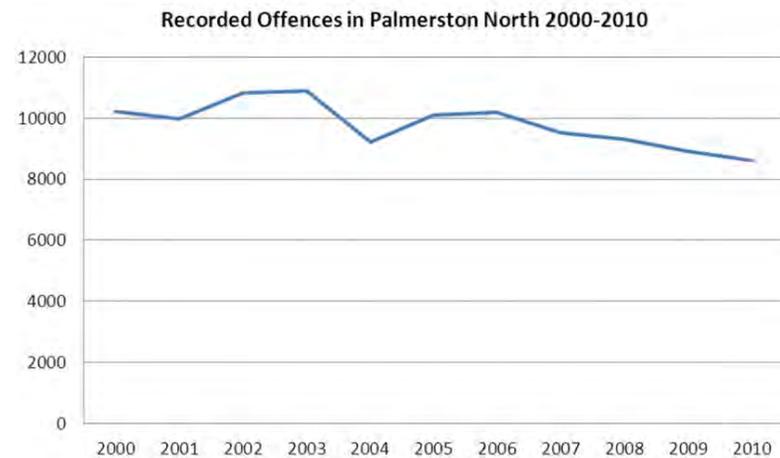
<sup>3</sup> - Total cost (excl. GST) over the past 5 financial years (2007/08-2011/12) greater than \$1million, excluding Catastrophic injuries

The reduction in the number of falls communicated by the above data could anecdotally indicate that the ACC Preventing Injury's from Falls, National Strategy 2005 – 2015 is working. The Strategy primarily addresses preventing falls where they most happen – at home, during sports and recreation activities, in social settings, at schools and early childhood education centres and in facilities for older adults, including rest homes and hospitals.

It provides organisations and individuals with a foundation on which to build further programmes and initiatives to reduce

the incidence and severity of falls and the impact of fall related injury and death on New Zealanders' health and well-being. An example of this is the Otago Exercise Programme, an initiative from Otago University. The programme consists of a set of leg muscle strengthening and balance retraining exercises progressing in difficulty, and a walking plan. The exercises are individually prescribed and are overseen by a trained instructor. The programme has been effective in reducing by 35% both the number of falls and the number of injuries resulting from falls. It was equally effective in men and women<sup>18</sup>.

## New Zealand Police



<sup>18</sup> ACC New Zealand. (2007). Otago exercise programme to prevent falls in older adults. Retrieved from <http://www.acc.co.nz>

Questions to be answered by the certifiers

Are the descriptions sufficient?

YES

NO

If NO, what is missing?

# SECTION H | INDICATOR 6

Questions to be answered by the community

Palmerston North City Police has worked effectively alongside community partners resulting in achieving our lowest crime rate since 1993. Cumulatively over the last six years there has been a reduction in the total reported and recorded crime by approximately 20%. The clearance/resolution rate has also improved to 42% in the 2009/10 fiscal year. This has been achieved by employing both strategic and tactical options to tackle identified crime and community safety issues.

The *7-Day Tasking and Co-ordination Model* has been developed as the mechanism by which police / community target immediate or emerging crime / road safety issues. Strategic options focus on evident or developing crime and crash trends, based around the three key areas of prevention, enforcement and partnerships.

## MSD – Positive Ageing Strategy

As part of the Positive Ageing Strategy housing affordability is an important factor in older people’s well-being. Housing costs need to be at a level where the costs of other basic needs such as food, clothing, transport and medical care can be met comfortably. Older people spending more than 30% of their income on housing may have difficulty meeting these costs.

In 2009 8% of people aged 65 years and over were spending more than 30% of their income, compared with 25% of the total adult population aged 15 years and over and 37% of children aged 0 to 17. The relatively low proportion of older people in households spending more than 30% of their disposable income on housing likely reflects their higher levels of home ownership<sup>19</sup>.

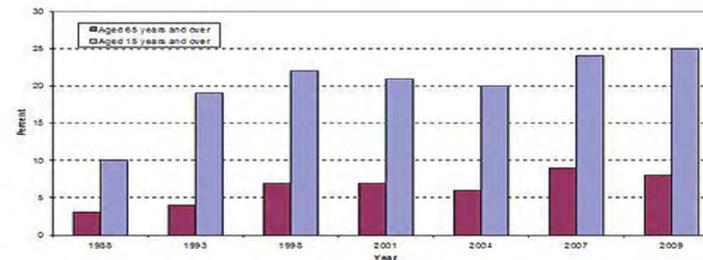
Questions to be answered by the certifiers

Are the descriptions sufficient?

YES NO

If NO, what is missing?

Proportion of the adult and older population in households with housing cost outgoings-to-income ratio greater than 30 per cent, selected years, 1988-2009



Source: Derived from Statistics New Zealand’s Household Economic Survey (1988–2009) by the Ministry of Social Development

To assess how well current programmes are working MSD conducted an assessment, drawing on analysis of actions by local and central government agencies. The assessment involves knowing who is doing what, where, and whether those actions are making a difference to the well-being of older people in New Zealand. With this information they identify priority areas for action in the future.

Locally Palmerston North City Council wants safe, secure and accessible community housing for older people. They want council housing to be a well-managed asset and want to support other social housing providers in Palmerston North. They are doing this by insulating council housing units, upgrading kitchens and bathrooms so they are more accessible, and adding

<sup>19</sup> Ministry of Social Development. (2010). Affordable and appropriate housing options for older people. Retrieved from <http://www.msd.govt.nz>

# SECTION H | INDICATOR 6

## Questions to be answered by the community

a porch with a power point for tenants with mobility scooters. Planning has begun for the redevelopment of 49 units at Papaioea Place. They will evaluate it's effectiveness by analysing the residents' survey.

### What are the plans to continue?

- Council and elected members are aware of the Safety Advisory Board and utilise its expertise
- Refund of the Community Funding Policy
- Council advocates (where appropriate) to Central Government and the private sector for funding of safety initiatives
- Palmerston North applies to become a WHO International Safe Community. Funding and support for the accreditation process is included in the 2012 LTP
- Council, government and community organisations work collaboratively in the aim to improve community safety
- A media campaign promoting the City's safety initiatives is undertaken. The campaign is tailored to communities of interest including youth, older person, Māori, minority ethnic groups, students
- Investigate the feasibility of public safety audits. Incorporating Safety Audits and the development of neighbourhood safety plans
- Increased participation in Neighbourhood Support
- Urban Design Strategy

- Small scale safety initiatives to be actioned as part of Operation Safe Az
- Graffiti will continue to be removed as per the Councils Operational Graffiti policy
- Greater media coverage and promotion of positive feedback and information regarding safety and also the safety initiatives undertaken in the City
- Safety audits of Council facilities
- The District Plan review includes CPTED principles
- Review of the Manawatū Active Transport Strategy
- Implementation of the Cycle Investigation Working Party recommendations
- Promotion of Household Emergency Plans and Civil Defence kits for City households

*Sourced from the Safe City Strategy 2012.*

### What needs to be changed?

A common method of evaluating projects and other initiatives. Consideration to be given to the concept of Results Based Accountability (RBA) evaluation framework. The RBA models is used by other accredited Safe Communities and will enable Palmerston North to effectively share evaluation results meaningfully on collaborative programmes.

## Questions to be answered by the certifiers

Are the descriptions sufficient?

YES

NO

If NO, what is missing?

# SECTION H | INDICATOR 6

Questions to be answered by the community

Questions to be answered by the certifiers

Palmerston North has used result cards to evaluate programmes using the RBA method. See below.

Are the descriptions sufficient?  
 YES NO  
 If NO, what is missing?

## Overview of the Crime result card

### Result

Zero youth antisocial behaviour in Palmerston North Central Business District

### Target population

Young people 10 to 17 years of age

### How will we measure success (indicator)

Rate of youth apprehensions by ethnicity

### Summarised action plan

Actions	Contact agency
<i>Preventative actions</i>	
1 Design and implement a parenting programme that meets the specific needs of families/whānau who have intergenerational and entrenched patterns of antisocial or criminal behaviour.	Dale Anderson
2 Expand the following initiatives, through involving new partners and developing information sharing protocols: <ul style="list-style-type: none"> <li>• <i>Operation Juvie</i> – a project that proactively patrols hot-spot areas (i.e. the CBD) targeting antisocial behaviour.</li> <li>• <i>Operation Fence Post</i> – which provides a co-ordinated response to address the needs of high-risk adolescents aged 9–13 years and their family/whānau before the situation escalates.</li> </ul>	Child, Youth & Family and Police Youth Offending Team
3 Develop an action plan to target and reduce Māori youth offending.	Youth Offending Team
<i>Data Development</i>	
4 Undertake a stocktake of preventative services in the Palmerston North Youth Directory and identify how preventative work to reduce youth offending can be strengthened.	Ministry of Social Development

# SECTION H | INDICATOR 6

Questions to be answered by the community

Questions to be answered by the certifiers

## 6.2 Describe how the results from the program evaluations are used

The results of quantitative and qualitative information will continue to be used by all participating, affected and relevant community groups and organisations as part of the evaluation process. This process very much supports the development of strategic plans and goals of the individual organisations and ensures with the guidance of the PNSAB the actions taken are efficient and effective. See also sections D and E.

*Examples:*

### Crime Prevention and Reduction – Hospitality Charter

Hospitality Charter for Main Street in Palmerston North was created by the CBD Hospitality Charter group which formed in November 2011 following meetings between bar owners and managers, enforcement agencies and other related agencies and groups (associated stake holders). Issues the group identified included

- Increasing loitering crowds on streets, including youths loitering.
- Public breaking the Council Liquor Control Bylaw (Liquor Ban) and taxi liquor bans (drinking in public areas).
- An increase in underage people trying to access bars and people arriving in town already heavily intoxicated after pre loading.

CBD Hospitality Charter chairman Jason Deane stated they were committed to delivering high standards in hospitality and host responsibility, while helping achieve a safer city for the precinct we all operate within. “The bar owner members want to extend their responsibilities beyond their legal responsibilities under the Sale of Liquor Act. We want to contribute to a reduction in the level of disorderly behaviour from the various groups and people in our area,” says Mr Deane.

“Our message to people in the Main St precinct is that we are committed to making our area, safer, more vibrant and more fun for those that are in the vicinity of our bars. We want to educate people on what we call our ‘Customer Code of Conduct’ and what their obligations are and what behaviour we expect from them while visiting our street. This will enhance the experience and benefits to everyone in the area.”

Since the creation of the Charter a number of initiatives have been adopted. They include:

- Police assisting in the training for Duty Managers and Security, specifically around intoxication assessment of patrons.
- One way door policy: ALL bars operating a strict 2.30 am policy on Saturday Nights (Sunday morning).
- Bars to enforce Street liquor ban: by not letting members of the public into the bars if they are drinking illegally in the streets.

Are the descriptions sufficient?

YES

NO

If NO, what is missing?

# SECTION H | INDICATOR 6

## Questions to be answered by the community

- Radio “communication tree” down Main Street: Bars have a structured line of communication with each other.
- Blanket refusal of entry for drunk or disorderly patrons: Using the communication tree to ensure refusal of a patron is enforced through ALL the venues, by sharing information (and a description) with each bar. “Banned from one, Banned from ALL”
- Extra security presence at 3am close: Bar security post up to two security guards out on the street in the direct vicinity of the bar at 3am when the bar closes for a minimum of 15 minutes.
- (Mellow Yellow) High Visibility Jackets: All bar security (working on the door) wear high visibility yellow vests from 2am. Police and Safe City staff to wear them also.
- Initiatives to discourage drink driving:
- Under-age sting: Door security to make an effort to retain ALL fake or tampered IDs provided by underage people and issue a trespass notice to offenders.
- Additional staff training to members’ staff on: Host Responsibility training, First Aid and Conflict Resolution.

Outcomes – the latest crime figures reveal that total recorded crime for Palmerston North city, in the year to December 31, 2012 has dropped 40 % since 1994, and more than 4 % on 2011. Among the crimes to happen less frequently were property damage, down 12 %, public order offences, down 18 %. Inspector Handcock, Area Commander Palmerston North believed public

disorder offences had declined thanks to the efforts of the Safety Advisory Board and the hospitality charter's initiatives which included the Mellow Yellow programme, where police officers, security staff and Safe City Hosts wore reflector jackets while on patrol.

## Alcohol / Drug Reduction – Legal Highs

Synthetic Cannabis is a synthesised psychoactive chemical that mimics the effects of cannabis and is generally synthesised and sprayed onto a smoking material for ease of consumption. Following the banning of other drugs (eg BZP), different forms of synthetic cannabis were vigorously sold including through neighbourhood shops such as dairies. As these are a “smoking product” they come under the Smokefree Environments Act 1990, and should not be sold to people under 18. But this law was not always adhered to. These substances have never undergone extensive testing for potential harm and there have been more and more reports of users suffering negative consequences, precipitating widespread community concern.

In Palmerston North a meeting of interested parties was convened and attended by the Mayor, Council staff, MidCentral Health (promotion, regulatory and AOD staff; Public Health Services), Police, NGOs, public and the local MP. At the meeting, it was agreed that there was a lack of information about effects and legal issues concerning the sale of synthetic cannabis. MidCentral Communications agreed to take the lead on refining the Communications strategy and developing resources to

## Questions to be answered by the certifiers

Are the descriptions sufficient?

YES NO

If NO, what is missing?

# SECTION H | INDICATOR 6

## Questions to be answered by the community

address this issue, and other organisations agreed to take roles in visiting retailers and in the dispersal of key information.

At the next meeting MidCentral presented the developed following resources:

- a pamphlet for the general public and schools;
- a letter for retailers with information on the products and on the legislation;
- an information document in the "Lets Talk About Health" series (placed in regional papers and sent to agencies, medical persons etc.); and
- a positive community-friendly poster for retailers who aren't selling these products, stating "We Don't Sell Drugs To Your Kids".

A strategy for media releases from the different agencies was also presented, as was a strategy involving Public Health regulatory officers and Police visiting retailers with the Mayor and MP also visiting.

The resources produced were then sent out by Public Health to all schools, tertiary institutions, AOD treatment providers and others who we felt could pass the information on. MCH AOD staff were also holding numerous sessions with those working in the field to alert them to the issues arising. Once the legislation came into force many sellers (e.g. dairies, convenience stores) were out of the business. But some original sellers are using a provision of the Act to try and keep selling. More publicity is being sought to alert the public to the provisions and effects of the Act.

This is still a fluid situation with questions and challenges arising as business interests try to cash in on opportunities and agencies attempt to follow the legislation and limit harm. It seems that there is still a place for community pressure but this may be less effective as the premises selling are keeping the drug(s) away from groceries and youth aged under 18. The Police and Public Health are doing more enforcement to mitigate the supply of products that are still legally available.

## Questions to be answered by the certifiers

Are the descriptions sufficient?

YES

NO

If NO, what is missing?

# SECTION H | INDICATOR 6

Questions to be answered by the community

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

Injury data supplied by ACC, Statistics New Zealand, New Zealand Transport Agency (NZTA), Police and others provide communities with a comprehensive picture of local injury rates and trends, and help prioritise and plan local injury prevention initiatives. These initiatives are regularly assessed and where changes in patterns of injuries identified programmes are modified to fit the changing landscape.

In terms of attitudes and perceptions the Safe City Strategy 2012 examined this area in detail and identified that media played a significant role in shaping the public's perception towards safety. It recognised that it was natural for people to feel concerned or fearful when confronted with accounts of violent crime, even if they have never experienced crime themselves. Therefore accurate and regular reporting of improvements in crime statistics and Safe City initiatives can provide a balanced account of safety in the City and assist in shaping positive perceptions of the City.

A PNCC biennial resident survey also emphasised the importance of maintenance in public places, good urban design, incorporating CPTED design principles and programmes that build community pride in neighbourhoods.

The PNSAB will continue to oversee and manage the work being

completed to date on risk assessment, community collaboration and the development of safety programmes. Changes in patterns of injuries, attitudes behaviour and perceptions will be monitored over time.

### Examples of changes:

#### Elderly

Vitamin D has been identified as an effective strategy to reduce both falls and the effect of falls in the residential care setting. Fifty-five fewer hip-fracture admissions and more than \$705,000 in reduced costs have been recorded at Palmerston North Hospital since rest home residents began receiving vitamin D supplements. In an 18 month-period after it began, there was a 32% reduction in presentations to the emergency department and a 41% reduction in hospital admissions for fractures, compared with the 18 months prior.

MidCentral DHB pharmacy advisor Andrew Orange stated a ripple effect was also likely in reduced need for clinical support and other services such as hospital pharmacy, physiotherapy, and rehabilitation services. ACC funded the programme, with the \$705,000 savings and the cost of dispensing vitamin D, the return on investment for the DHB is \$540,821, MidCentral

Questions to be answered by the certifiers

Are the descriptions sufficient?

YES NO

If NO, what is missing?

# SECTION H | INDICATOR 6

## Questions to be answered by the community

stated. When planning the programme, ACC said New Zealand care-facility residents have 18,000 falls a year and vitamin D supplements could reduce these by up to 5000.

### Workplace - Kiwi Rail

All KiwiRail staff are responsible for safety and security, and are committed to Zero Harm – encompassing the belief that all injuries are preventable. Safety experts within KiwiRail are leading this project which includes developing a workplace safety culture where safety and injury prevention is everyone's responsibility, where rehabilitation at work is the usual course of action, and where excellence in health and safety is integral to all of KiwiRail's activities.

KiwiRail uses a number of indices to measure workplace safety and health. The two most important are Lost Time Injury Frequency Rate (LTIFR) and Medical Treatment Injury Frequency Rate (MTIFR). Both have been trending down over time. The LTIFR for the 2010-2011 year was 6.1 per million hours worked, a reduction on the previous year's figure of 6.3, but the index stood at almost 83 years ago.

The MTIFR was also down to 49.1 per million hours worked and three years ago it stood at just over 60. 80% of injuries were either muscular strains from physical tasks or bruises. KiwiRail has been working to reduce workplace injuries with education programmes implemented through toolbox sessions, the TalkSAFE programme and publicity material such as RailSAFE and Express (internal staff newsletters).

### Sport and Leisure – LeagueSmart

A player safety initiative, originally introduced in New Zealand as a result of collaboration between ACC and NZ Rugby League (NZRL), has been implemented on the world stage. Rugby League's International Federation recently moved to ban the 'shoulder charge' from all international competitions worldwide.

ACC's Programme Manager Sport, Joe Harawira, says this is a major step towards improving player safety internationally, and one that reinforces the huge amount of work done to improve player safety here in New Zealand.

NZRL General Manager Community Development, Dain Guttenbeil, says outcomes of the collaboration with ACC included "introducing compulsory use of mouthguards; a minimum age for 'open-age/open-weight' participation, and banning the shoulder charge in all domestic competition."

Efforts to improve player safety in New Zealand continue to evolve, with NZRL recently launching a new, holistic model called 'the Fundamentals', which targets not only play on the field, but also health and safety in the wider league community, addressing issues including unsafe drinking and domestic violence.

A positive sign of the ongoing focus on health and safety and injury prevention is a recent drop in ACC claims for more serious injuries resulting from rugby league, with these claims falling by around 4% in 2011/12.

## Questions to be answered by the certifiers

Are the descriptions sufficient?

YES

NO

If NO, what is missing?

# SECTION H | INDICATOR 6

Questions to be answered by the community

## Road Safety

The promotion of Road safety is usually contracted out from the NZTA to the TLAs. In Palmerston North the governing authority is different to that of other New Zealand cities. The Regional Council, Horizons Regional Council (HRC), has this responsibility instead of the Palmerston North City Council (PNCC). PNCC have a small supporting budget which they use to work collaboratively with other interested parties and they work closely with HRC to ensure outcomes for road safety in the region. They also actively monitor their road safety partner to ensure that outcomes are being achieved and they assist in coordinating agencies working together. However the responsibility for ensuring that road safety initiatives meet key government objects and reflect the need as identified in the statistical data, falls on HRC.

HRC works with key agencies to deliver road safety education, promotion, events and resources. One of the successful projects done in collaboration with the police is Operation TOEDS, (Traffic Offence Education Diversionary Scheme) – funded and facilitated by HRC. Road crash data available through the Crash Analysis System revealed that there was a high incident rate of low level traffic offences with crash contributing factors occurring in low socio-economic areas of Palmerston North. Two areas in particular were highlighted and a programme aimed at reducing this offending without causing further financial hardship to offenders or their families was devised. It was accepted that fines were not a motivator in deterring road users living in these areas from offending.

An application by Police was made to the infringement bureau to support the waiving of fines incurred for certain traffic offences, if the offender attended an education evening. The programme was designed on the lines of a game show format in order to appeal to participants of all levels of education and literacy and to engage them more actively in the learning. All the questions were road safety and road code based.

Police identified potential participants and offered the choice of attending one two hour workshop or paying the fine. The workshops were conducted every Wednesday evening for a month and were preceded by a BBQ hosted by Police. Unexpectedly high numbers attended to the point that the number of subsequent invitations being reduced in order to manage the numbers.

After two cycles of the programme statistics were gathered which showed in the period immediately following the end of the month in which the seminars took place, there was a 30% reduction in reported crashes referred to police in that area, with a 10% reduction in the number of complaints laid about driver behaviour. Whilst it is difficult to tell what exactly can be attributed to the programme in this, it can safely be reported as a possibility and one to continue to monitor. Anecdotal evidence of greater social cohesion is being reported by several parties, Police, HRC and residents. Police report having a better understanding of the issues facing these residents and the participants report being more inclined to approach Police rather than seeing them as punishment focused.

Questions to be answered by the certifiers

Are the descriptions sufficient?

YES NO

If NO, what is missing?



# SECTION I | INDICATOR 7

Questions to be answered by the community

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

The PNSAB and its partners are committed to continuing a collaborative approach to community safety, building and strengthening partnerships, becoming partners / leaders in strategic planning, identifying emerging trends and providing

community safety advice and support to the PNCC. The PNCC will positively promote itself as a designated WHO International Safe Community and will support national community safety measures and campaigns.

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

Yet to be determined, timing of the designation ceremony to be identified in conjunction with SCFNZ.

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

To be discussed with SCFNZ.

Questions to be answered by the certifiers

Are the descriptions sufficient?

YES NO

If NO, what is missing?

# SECTION I | INDICATOR 7

Questions to be answered by the community

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

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- 2008 Safe Community Conference, Christchurch
- 2012 11th World Conference on Injury Prevention and Safety Promotion
- 2013 SCFNZ National Forum
- Injury data and your Safe Community Webinar 2013

## 7.5 In which Regional Network for Safe Communities is the community a member or planning to seek membership? (Asian, European, Pan-Pacific, African or Latin-American Regional Network for Safe Communities)

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Palmerston North is seeking accreditation as a WHO International Safe Community and membership of the Pan Pacific Communities Network.

Questions to be answered by the certifiers

Are the descriptions sufficient?

YES

NO

If NO, what is missing?





PALMERSTON NORTH CITY  
**SAFETY advisory BOARD**



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