

Safer Whanganui Strategy

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Executive Summary

On average 25 people are dying in our community each year due to intentional or un-intentional injury. Death is the extreme, however we are still filling our hospitals and emergency departments with high numbers. We are 34 percent above the New Zealand comparison for injury hospitalisation rates. The data shows that falls across all ages is our biggest injury burden and we also know that 15 to 64 year olds are at the greatest risk in our community.

Safer Whanganui is a community led collaboration that provides leadership and direction with everyone working in partnership to create a safer community for all. The strategic direction is informed by international, national and local strategies, best practice and the results of our needs assessment. This strategy covers all people, all ages, all ethnicities living, visiting or passing through our District.

We have consulted with experts and key organisations across the district in the development of the strategic plan. This has resulted in a collective response and commitment by the partners who have all agreed on the seven key principles that collectively will help us achieve the desired outcomes outlined in each of the four goals.

Our Vision

Safer Whanganui - Works for everyone, a positive place to live, learn, work and play

Goal 1:

Youth - We are a community that is the best place to start your life.

Goal 2:

Places - Our built and public environments are safe.

Goal 3

Community - We are a connected and collaborative community.

Goal 4:

Homes - Every Whanganui resident has a safe home to live in.

This strategy has been developed by the Safer Whanganui steering group to collectively address safety in our community. We want a community that is attractive to live, work and visit, where people can go about their daily activities in an environment without fear and risk of harm and injury.



Foreword from the Mayor

Tēnā koutou

Safer Whanganui is about finding new and creative solutions to addressing issues the community faces. It acknowledges that a problem shared is a problem halved. I've seen this in action recently with a minor issue. Instead of the approach being heavy-handed and a negative experience for some, an opportunity to learn and educate while encouraging a change in behaviour was taken. Many groups were involved and it was an excellent use of our shared resources to resolve an issue.

Thank you for taking the time to read our Safer Whanganui Strategy. For me this is a very important document. Central government give local government responsibility for infrastructure and public services and I believe it is crucial for Councils to also work towards increasing the wellbeing of our community.

While Safer Whanganui is facilitated by Council, you will see through this document that it is a commitment from the whole community. We've got many community, statutory and social services who have skin in the game.

This strategy outlines goals that every single one of these agencies and organisations believe in, from lwi to Fire and Emergency New Zealand. This level of collaboration cannot be discounted, and it makes me so proud to live in a place where our community is so strongly united.

As you read this document, I ask that you adopt these goals, be it in your workplace, home, sports team or community group. Whanganui is literally the best city in the country and I'm committed to working with our community to ensure everyone can call it a safe city.

Hamish McDouall Mayor of Whanganui District



Introduction from the Safer Whanganui Manager

"The difference between what we do and what we are capable of doing would suffice to solve most of the world's problems."

- M Ghandi.

As manager of Safer Whanganui, I am pleased to present and share with you the focus of what Safer Whanganui will look to achieve over the next 10 years and at the same time celebrate the agencies and experts working proactively and collaboratively to achieve this.

The development of the Safer Whanganui Needs Assessment 2017 lays down the foundation for the development of our goals and strategies going forward. This is an exciting time for Safer Whanganui – where we plan to implement and monitor our progress against the Needs Assessment.

Safer Whanganui is not a programme, nor is it a mechanism for assessing if our community is safe, rather it is a process that creates local infrastructure to enable community members, community organisations, lwi, businesses, local government, government agencies and others with an interest in and concern about community safety issues to work together in a coordinated and collaborative way. It is underpinned by the restorative practices philosophy that recognises individuals and communities thrive best in an environment of positive relationship.

The purpose of this strategy is to reduce and prevent injury, increase safety and foster resilient communities.

Lauren Tamehana Manager Safer Whanganui



This strategy covers all people, of all ages, and ethnicities living, visiting or passing through the Whanganui District. It focuses on key spaces where our communities live, learn, work and play, prioritising socioeconomically deprived, which includes a high proportion of Māori and youth.

"A safe community is a place that is attractive to live, work and visit. A safe community is a liveable community, where people can go about their daily activities in an environment without fear, risk of harm or injury. Perceptions of community safety, real or perceived, impact on the way people feel and interact in their community. Community safety is not only about reducing and preventing injury and crime. It is about building strong, cohesive, vibrant, participatory communities" (Pan Pacific Safe Communities Network 2017).

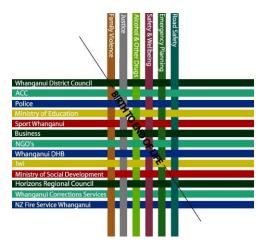


The role of Safer Whanganui

Safer Whanganui is a community led Council mandated coalition that provides leadership and direction to achieve a safer community.

Safer Whanganui takes its leadership from its Steering Group that provides leadership and direction to achieve the Safer Whanganui Strategy by working in partnership with all key stakeholders involved in injury prevention and community safety.

The Safer Whanganui Steering Group is informed by seven reference groups which are aligned to key priorities set out in this plan. (See Safer Whanganui structure in Appendix 1).



The Whariki is the framework for Safer Whanganui - combined strength is the key, where one strand is not strong then there is weakness within the fabric of the community.

Safer Whanganui Steering Group

- Mayor, Whanganui District Council
- CEO, Whanganui District Health Board
- Group Manager, Horizons Regional Council
- Director, Children's Team
- Representative of NGO sector
- Prison Director Whanganui Prison
- Regional Manager, Ministry of Education
- Community Member
- Injury Prevention Consultant, Accident Compensation Corporation

- Manager Safer Whanganui
- Area Commander Whanganui Police
- Representative Whanganui Iwi
- Regional Manager, Ministry of Social Development
- CEO, Sport Wanganui
- Area Commander, Fire & Emergency NZ
- Wanganui Chamber of Commerce & Industry
- Representatives from Reference Group

Seven Reference Groups

- Safety and Wellbeing
- Alcohol and Other Drugs
- Justice

Road Safety

- Family Violence
- Emergency Planning

Housing

Safety Counts

Whanganui District's Annual Injury Toll

POPULATION 42,150 25 DEATHS

1,580 HOSPITALISATIONS

3,720 EMERGENCY DEPARTMENT VISITS 21,900 ACC INSURANCE CLAIMS

including 4,100 active claims for moderate or serious injury



Whanganui District's Annual Injury Toll

INJURY DEATHS 25 PER YEAR 6% of of all deaths in the district				
HIGHEST NUMBERS	TOP RISK GROUPS	TOP CAUSES	RISK FACTORS	NZ COMPARISON
75+ year olds25-44 year olds	Women 75+Men 75+Men 25-44	 Falls (27%) Intentional self-harm (25%) Transport accidents (22%) Assault (5%) Accidental poisoning (4%) 	Socioeconomic disadvantageMāori ethnicity	34% above NZ injury hospitalisation rate
ROAD CRASH CASUALTIES 5 fatalities, 11 people seriously injured, 79 with minor injuries (2015)				

ROAD CRASH CASOALTES 3 latalities, if people seriously injuried, 73 with million injuries (2013)						
HIGHEST CASUALTY NUMBERS*	TYPES OF ROAD USERS IN INJURY SCRASHES^	TOP INJURY CRASH TIMES [^]	DRIVERS OFTEN AT FAULT/PARTLY AT FAULT^			
45-64 year olds25-44 year olds15-24 year olds	 Car, SUV and van drivers & passengers (64%) Cyclists (12%) Motorcyclists (9%) Pedestrians (9%) 	3.00pm - 5.00pmFridays, WednesdaysMay, February	Men 20-24Men 15-19Men 25-29			

^ Fatal, serious or minor injuries

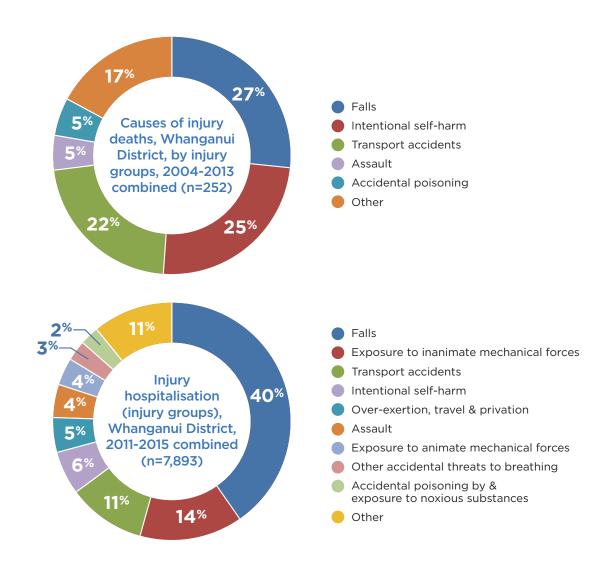
* Fatal or serious injuries

INJURY HOSPITALISATIONS 1,580 PER YEAR 13% of Whanganui District public hospital admissions				
HIGHEST NUMBERS	TOP RISK GROUPS	TOP CAUSES	RISK FACTORS	NZ COMPARISON
45-54 year olds25-44 year olds	Women 85+Men 85+Women 75-84Men 75-84Men 15-24	 Falls (40%) Exposure to inanimate mechanical forces (14%) Transport accidents (11%) Intentional self-harm (6%) Over-exertion, travel & privation (5%) Assault (4%) 	Socioeconomic disadvantage	34% above NZ injury hospitalisation rate

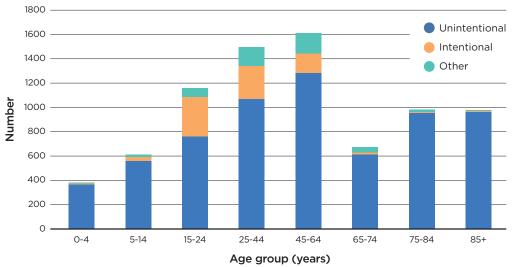
HOSPITAL EMERGENCY DEPARTMENT VISITS 3,720 PER YEAR 23% of Whanganui Hospital ED visits				
HIGHEST NUMBERS*	TOP RISK GROUPS*	TOP CAUSES*	PLACE OF INJURY*	RISK FACTORS*
 20-29 year olds 80+ year olds 	Women 80+Men 80+Men 15-24Men 20-29	 Falls (33%) Inanimate forces (20%) Over-exertion (7%) Animate forces (6%) Transport accidents (6%) Self-harm (5%) 	Home (44%)Recreation/sport (9%)Roads (8%)	 Urban resident Socioeconomic disadvantage
* Based on analysis of total injury events rather than visits		• Assault (4%)		

ACC INSURANCE CLAIMS 21,900 ACTIVE CLAIMS PER YEAR (4,100 for moderate/serious injury)				
HIGHEST NUMBERS*	TOP RISK GROUPS*	TOP CAUSES*	PLACE OF INJURY*	TOP INJURY TYPES*
 O-14 year olds 15-24 year olds * All new claims in 2015 	15-24 year olds25-34 year olds75+ year olds	Loss balance / personal control (28%)Lifting/carrying/strain (10%)Struck by person/animal (10%)	Home (59%)Recreation and sports places (14%)	 Soft tissue injury (57%) Laceration, puncture wound, sting (22%)

Sources of data: Ministry of Health, NZ Transport Agency, Whanganui District Health Board, ACC, graphic and analysis by HealthSearch Ltd. Deaths are annual average for 2004-2013. Road crash casualties are for 2015. Hospitalisations are annual average admissions for 2011-2015. Emergency department visits are injury presentations by Whanganui District residents to Whanganui Hospital's Emergency Department in 2015. ACC statistics are for new claims in 2015, unless otherwise stated. Claims for moderate/serious injury are entitlement claims.



Unintentional & intentional injury hospitalisations, Whanganui District, by age, 2011-2015 combined



¹ The 'other' category includes fatalities caused by the following: Exposure to inanimate mechanical forces; Accidental drowning and submersion; Other accidental threats to breathing; Exposure to smoke, fire and flames; Contact with heat and hot substances; Exposure to forces of nature; Over-exertion, travel and privation; Accidental exposure to other and unspecified factors; and Event of undetermined intent.

Top three causes of injury hospitalisation, Whanganui District, by gender and age, 2011-2015

MALES		FE	MAL
0-4 year olds		0-4 year olds	
ICD-10 Cause category % of injury hospitalisations	s (n=196)	ICD-10 Cause category	% of inj
Falls	38%	Falls	
Exposure to inanimate mechanical forces	18%	Exposure to inanimat	
Accidental poisoning by & exposure to noxious substances	13%	Contact with heat and	d hot sub
5-14 year olds		5-14 year olds	0/ afini
CD-10 Cause category % of injury hospitalisations	s (n=363)	ICD-10 Cause category	% of inj
Falls	40%	Falls Exposure to inanimat	o mocha
Transport accidents	18%	Transport accidents	e mecna
Exposure to inanimate mechanical forces	17%	Transport accidents	
15-24 year olds		15-24 year olds	
CD-10 Cause category % of injury hospitalisations	s (n=727)	ICD-10 Cause category	% of inj
Exposure to inanimate mechanical forces	21%	Intentional self-harm	
Transport accidents	19%	Transport accidents	
Falls	17%	Falls	
		25-44 year olds	
25-44 year olds		ICD-10 Cause category	% of inj
CD-10 Cause category % of injury hospitalisations	s (n=994)	Falls	
Exposure to inanimate mechanical forces	24%	Intentional self-harm	
- -alls	15%	Transport accidents	
Transport accidents	15%	Transport accidents	
45.64		45-64 year olds	
15-64 year olds	(~=0.40)	ICD-10 Cause category	% of inj
CD-10 Cause category % of injury hospitalisations	<u> </u>	Falls	
Falls	23%	Intentional self-harm	
Exposure to inanimate mechanical forces	23%	Over-exertion, travel	& privation
ransport accidents	15%		
65-74 year olds		65-74 year olds	
DD-74 year Olds CD-10 Cause category % of injury hospitalisation:	s (n=339)	ICD-10 Cause category	% of inj
Falls	44%	Falls	
Exposure to inanimate mechanical forces	16%	Sequelae of transport intentional self harm,	t & other
Fransport accidents	10%	of undetermined inte	
Tansport accidents	1070	Exposure to inanimat	e mecha
75-84 year olds	- (n=752)	75-84 year olds	
CD-10 Cause category % of injury hospitalisations		ICD-10 Cause category	% of inj
Falls	62%	Falls	
Other accidental threats to breathing	13%	Other accidental thre	ats to be
Transport accidents	8%	Exposure to inanimat	
85+ year olds		05.	
ICD-10 Cause category % of injury hospitalisations	s (n=265)	85+ year olds	0/ - 5: •
Falls	77%	ICD-10 Cause category	% of inj
Other accidental threats to breathing	12%	Falls	
Exposure to inanimate mechanical forces	3%	Exposure to inanimat Over-exertion, travel	
		Over-exertion, traver	х рпуаці

FEMALES	
O-4 year olds ICD-10 Cause category % of injury hospitalisation	s (n=183)
Falls	31%
Exposure to inanimate mechanical forces	22%
Contact with heat and hot substances	17%
5-14 year olds ICD-10 Cause category % of injury hospitalisation	s (n=248)
Falls	40%
Exposure to inanimate mechanical forces	19%
Transport accidents	11%
15-24 year olds	
ICD-10 Cause category % of injury hospitalisation	
Intentional self-harm	31%
Transport accidents	17%
Falls	12%
25-44 year olds	
ICD-10 Cause category % of injury hospitalisation	s (n=503)
Falls	18%
Intentional self-harm	15%
Transport accidents	14%
45-64 year olds	
45-64 year olds ICD-10 Cause category % of injury hospitalisation	s (n=666)
	s (n=666) 38%
ICD-10 Cause category % of injury hospitalisation	
Falls % of injury hospitalisation	38%
Falls Intentional self-harm Over-exertion, travel & privation	38% 12%
Falls Intentional self-harm Over-exertion, travel & privation 65-74 year olds	38% 12% 9%
Falls Intentional self-harm Over-exertion, travel & privation 65-74 year olds ICD-10 Cause category % of injury hospitalisation	38% 12% 9% s (n=332)
Falls Intentional self-harm Over-exertion, travel & privation 65-74 year olds ICD-10 Cause category % of injury hospitalisation Falls	38% 12% 9% s (n=332) 69%
Falls Intentional self-harm Over-exertion, travel & privation 65-74 year olds ICD-10 Cause category % of injury hospitalisation	38% 12% 9% s (n=332)
Falls Intentional self-harm Over-exertion, travel & privation 65-74 year olds ICD-10 Cause category % of injury hospitalisation Falls Sequelae of transport & other accidents, intentional self harm, assault and events	38% 12% 9% s (n=332) 69%
Falls Intentional self-harm Over-exertion, travel & privation 65-74 year olds ICD-10 Cause category % of injury hospitalisation Falls Sequelae of transport & other accidents, intentional self harm, assault and events of undetermined intent	38% 12% 9% s (n=332) 69% 7%
Falls Intentional self-harm Over-exertion, travel & privation 65-74 year olds ICD-10 Cause category % of injury hospitalisation Falls Sequelae of transport & other accidents, intentional self harm, assault and events of undetermined intent Exposure to inanimate mechanical forces 75-84 year olds ICD-10 Cause category % of injury hospitalisation	38% 12% 9% s (n=332) 69% 7% 5%
Falls Intentional self-harm Over-exertion, travel & privation 65-74 year olds ICD-10 Cause category % of injury hospitalisation Falls Sequelae of transport & other accidents, intentional self harm, assault and events of undetermined intent Exposure to inanimate mechanical forces 75-84 year olds ICD-10 Cause category % of injury hospitalisation Falls	38% 12% 9% s (n=332) 69% 7% 5% s (n=629) 80%
Falls Intentional self-harm Over-exertion, travel & privation 65-74 year olds ICD-10 Cause category % of injury hospitalisation Falls Sequelae of transport & other accidents, intentional self harm, assault and events of undetermined intent Exposure to inanimate mechanical forces 75-84 year olds ICD-10 Cause category % of injury hospitalisation Falls Other accidental threats to breathing	38% 12% 9% s (n=332) 69% 7% 5% s (n=629) 80% 5%
Falls Intentional self-harm Over-exertion, travel & privation 65-74 year olds ICD-10 Cause category % of injury hospitalisation Falls Sequelae of transport & other accidents, intentional self harm, assault and events of undetermined intent Exposure to inanimate mechanical forces 75-84 year olds ICD-10 Cause category % of injury hospitalisation Falls	38% 12% 9% s (n=332) 69% 7% 5% s (n=629) 80%
Falls Intentional self-harm Over-exertion, travel & privation 65-74 year olds ICD-10 Cause category % of injury hospitalisation Falls Sequelae of transport & other accidents, intentional self harm, assault and events of undetermined intent Exposure to inanimate mechanical forces 75-84 year olds ICD-10 Cause category % of injury hospitalisation Falls Other accidental threats to breathing Exposure to inanimate mechanical forces 85+ year olds	38% 12% 9% s (n=332) 69% 7% 5% s (n=629) 80% 5% 3%
Falls Intentional self-harm Over-exertion, travel & privation 65-74 year olds ICD-10 Cause category % of injury hospitalisation Falls Sequelae of transport & other accidents, intentional self harm, assault and events of undetermined intent Exposure to inanimate mechanical forces 75-84 year olds ICD-10 Cause category % of injury hospitalisation Falls Other accidental threats to breathing Exposure to inanimate mechanical forces	38% 12% 9% s (n=332) 69% 7% 5% s (n=629) 80% 5% 3%
Falls Intentional self-harm Over-exertion, travel & privation 65-74 year olds ICD-10 Cause category % of injury hospitalisation Falls Sequelae of transport & other accidents, intentional self harm, assault and events of undetermined intent Exposure to inanimate mechanical forces 75-84 year olds ICD-10 Cause category % of injury hospitalisation Falls Other accidental threats to breathing Exposure to inanimate mechanical forces 85+ year olds ICD-10 Cause category % of injury hospitalisation Falls	38% 12% 9% s (n=332) 69% 7% 5% s (n=629) 80% 5% 3%
Falls Intentional self-harm Over-exertion, travel & privation 65-74 year olds ICD-10 Cause category % of injury hospitalisation Falls Sequelae of transport & other accidents, intentional self harm, assault and events of undetermined intent Exposure to inanimate mechanical forces 75-84 year olds ICD-10 Cause category % of injury hospitalisation Falls Other accidental threats to breathing Exposure to inanimate mechanical forces 85+ year olds ICD-10 Cause category % of injury hospitalisation	38% 12% 9% s (n=332) 69% 7% 5% s (n=629) 80% 5% 3% s (n=714)

Strategic Context

Our strategy takes its lead from the World Health Organisation Strategic Development Goals and the international Pan Pacific Safe Communities. It intertwines what our partners do nationally and locally and mirrors the policy direction of Council's Long Term Plan and Leading Edge Strategy.

We are a place resounding with community spirit, there is an intangible essence that underpins what it means to be from or in Whanganui. We support each other, work in partnership, are resilient and can handle challenges. We keep talking to each other and are pulling in the same direction. We know where we are heading but celebrate and champion diversity. Our roots run deep. (Leading Edge Strategy)

'Community safety is not only about reducing and preventing injury and crime. It is about building strong, cohesive, vibrant, participatory communities'. (Pan Pacific Safe Communities Network's current vision for Safe Communities)



Sustainable Development Goals



- TARGET 3.2
- TARGET 3.5
- TARGET 3.6



- TARGET 5.2
- TARGET 5.3



- TARGET 11.2
- TARGET 11.5



- TARGET 16.1
- TARGET 16.2

INTERNATIONAL

- World Health Organisation Sustainable **Development Goals**
- · Pan Pacific Safe Communities Network
- · World Health Organisation Age-Friendly Cities
- · Sendai Framework for Disaster Risk Reduction 2015 - 2030 (UNISDR)

NATIONAL

- · Safe Communities Foundation New Zealand 2017-2020 strategy
- Investing in Children Programme
- · Change lives Shape Futures, **Department of Corrections**
- · Better Public Services
- · The Safest Country: Policing 2021
- · ACC Statement of Intent 2015-19
- · Safer Journeys: Action Plan 2016-2020
- Child Unintentional Deaths & Injuries in NZ and prevention Strategies: SafeKids Aotearoa
- · NZ Positive Ageing Strategy
- · National Guidelines for Crime Prevention Through Environmental Design

LOCAL

- Leading Edge Strategy
- Sport Whanganui Strategic Plan
- WDC Active **Transport Strategy**
- Provisional Local Alcohol Policy
- Emergency Management Plans
- Road Safety Action Plan
- Alcohol Control Bylaw
- · Restorative Cities Framework

SAFER WHANGANUI STRATEGY

Our Journey

Safer Whanganui has been working successfully to reduce injuries and increase community safety. The group's key drivers are taken from Pan Pacific Safer Communities Network Accreditation and its Terms of Reference. The Steering Group knew we could be achieving much more for our district with a planning document that clearly indicated the priorities and what collectively can be done to achieve them.

As a group we recognised we were data rich but information poor- in other words, members of Safer Whanganui and other key stakeholders in the community had various deposits of and access to data, providing glimpses into safety and injury issues rather than the wider picture.

As a result, the Safer Whanganui Community Needs Assessment was completed in 2017 with two key objectives:

- 1) gather, analyse and present the latest available Whanganui District injury and safety statistics
- 2) consult with knowledgeable people in the Whanganui District to obtain further advice on the significant harms, injuries and safety-related needs in the district.

Engagement with communities and key stakeholders was also undertaken and involved a series of workshops, focus groups meetings, online methods and one on one meetings.

Examined in combination with one another, the engagement findings and the statistical data provided Safer Whanganui with a rich information base for fostering discussion about the district's key safety issues, and for prioritising and planning appropriate multi-sector intervention projects.

Our Vision

Safer Whanganui - Works for everyone, a positive place to live, learn, work and play

Safer Whanganui Principles:

- A strong collective voice working together will create positive change,
- Local and national leadership can mobilise community response,
- Evidence based approaches will lead to success,
- Prioritisation and partnerships will improve community safety,
- A safe and injury-free community to live in is achievable,
- · Injuries are preventable,
- · Resilient communities can better deal with hardships.



Goal 1: Youth - We are a community that is the best place to start your life

	Priorities	Responsibility (Steering or Reference Group)	What we will do
1	Promote and support families and young children to be better equipped for life	Steering group Safety & Wellbeing Reference Group	 Resource our young people and parents/whanau with information and opportunities to develop better strategies to manage risks to digital safety. Investigate existing networks to assist schools, alternative education and early childhood centres to connect with health professionals to support and develop wellbeing programmes in schools. Investigate and identify equal opportunity for kids to participate in sports including programmes aimed at improving side-line behaviour. Provide easy accessibility to emergency or disaster readiness planning tools and advice for young families.
2	Positive parenting - ensure our parents and caregivers in the district are confident and capable	Steering group – advocate Family Violence Reference group lead	 Work towards a one-stop shop referral and triage system. Connect with and support existing services so our parents are committed to life-long learning.
3	Develop programs and support existing services to support the first 1000 days	Steering Group - advocate Family violence / Safety & Wellbeing Reference Groups lead	Advocate systems and processes to better connect child, adolescent and maternity services.
4	Prevent and reduce the rate of self-harm and suicide	Safety & Wellbeing Reference group - lead	 Better connect Safer Whanganui with schools. Participate in supporting the development of the district's suicide prevention strategy and implementation plan.
	Target	Data source	Baseline
	 20% reduction in suicides in Whanganui Reduction in Family Violence 	1. Coronial Services data 2. Police data	 2014/15 - 7 2015/16 - 9 (provisional data) New Police Family Harm Strategy under development and Baseline data will come from the strategy when developed

Goal 2: Places - Our built and public environments are safe

	Priorities	Responsibility (Steering or Reference Group)	What we will do
1	Advise and advocate for the application of Crime Prevention through Environmental Design (CPTED) and Injury Prevention Through Environmental Design (IPTED) principles.	Steering group	 Continue to deliver the district's CCTV network and strategic framework. Demonstrate urban design through District Plan change. Involvement in Town Centre Regeneration project.
2	Promote safe enjoyment and travel in our public places	Road Safety Reference Group - lead	Continue to promote public awareness campaigns to address current issues such as road safety and safety for vulnerable road users.
3	Promote safer workplaces / businesses within our region		 Health & Safety workshops delivered across Whanganui. "Be prepared in a disaster" workshops delivered as required.
4	Develop and support existing programmes that reduce alcohol and other drug related harm	Alcohol & Other Drug Reference Group - lead	 Understand current trends by undertaking data collection including Rataora and Control Purchase Operations data. Clarify and socialise pathways for alcohol and other drug treatment across the board. Work with Sport Whanganui and Sports clubs. Socialise Local Alcohol Policy.
5	Support development of mitigation initiatives and actions aligned with Disaster Risk Reduction principles		Work with groups involved in Earthquake prone building, flood mitigation, Whangaehu Uplift project and other activities to emphasise a safe for people focus.
	Target	Data source	Baseline
	 Increase in the % of respondents who report their feelings of safety in the CBD during the evening Reduction in number of road crash casualties in the Whanganui district Reduction in pedestrians injury and non-injury crashes 	 Perceptions of safety - WDC Community Views Survey NZTA Crash Analysis Systems (CAS) data NZTA CAS data 	 61% of respondents report they feel safe in the CBD in the evening 2017: 22 fatalities, 24 serious and 81 minor Injuries 2017: 3 serious and 4 minor injuries

Goal 3: Community - We are a connected and collaborative community

	Priorities	Responsibility (Steering or Reference Group)	What we will do
1	Work with local communities, including community hubs, neighbourhood support groups and rainbow communities to increase resilience, build social capital, participation in democratic decision-making, and encourage community inclusiveness.	Steering group - advocacy and leadership All reference groups	 Continue to support the work of Hubs of excellence and business hubs (Te Manu Atatu, 100% sweet, RMI). Identify and provide new opportunities for communities to connect such as "Step Up Durie Hill". Develop and implement innovative ways to enable community leadership and role modelling. Adopt the restorative approach to build respectful relationships. Disseminate good news stories to support our communities' achievements and stimulate community building. Create and support community engagement activities focussed on readiness for disaster such as Tsunami walk out days, Shakeout, and Whanganui Rocks.
2	Work smarter together	Family Violence Reference Group - lead Steering group - advocacy and leadership	 Develop strategic action plan and review annually with Safer Whanganui Partners. Enable inter-agency pathways and look for ways to deliver targeted multi-agency support for whanau/families facing complex challenges. Continue to advocate to government on healthy public policy. Increase community education on how to report and prevent crime and injury. Facilitate regular steering group meetings. Work in partnership on national submissions with Safer Whanganui steering group partners. Work alongside Council on policies that relate to injury prevention, safety and community wellbeing. Develop a communication plan that raises the profile of Safer Whanganui.

Goal 3: continued

	Priorities	Responsibility (Steering or Reference Group)	What we will do
3	Building on existing research and		Disseminate Community Needs Assessment.
	data collections to assist monitoring focus areas.		 Share annual data provided by Safe Community Foundation New Zealand.
			Develop and share Results Based Accountability (RBA) result cards.
			 Repeat Community Needs Assessment every five years to ensure Safer Whanganui is in touch with the safety needs of communities.
			Develop and disseminate Safer Whanganui newsletter.
			Identify vulnerable communities and individuals through needs assessment to inform better emergency response to support specific needs in disasters and increase resilience.
4	Support community contract projects which have an injury, safety and crime prevention focus.		Continue to refine Community Contracts process to ensure best outcomes for the community.
5	Continue to maintain Pan Pacific Safe Communities Network Accreditation through achievement and demonstration of the six indicators.		 Leadership and Collaboration: demonstration of leadership by a coalition or group focused on improving community safety.
			 Programme Reach: the range and reach of community safety programmes operating throughout the community/ region, including an indication of the extent to which they are based on proven or promising intervention strategies.
			 Priority Setting: demonstration of programmes that target and promote safety for high risk/vulnerable groups and environments.
			 Data Analysis and Strategic Alignment: analysis of available safety (injury, crime, violence and safety perception) data for your community/region and how they align with established national/regional priorities and action plans.
			 Evaluation: outline of expected impacts and how they are being measured or evaluated.
			Communication and Networking.
	Target	Data source	Baseline
	Increase in the number of households who reported they had an emergency response plan Increase in the number of households who have an emergency survival kit Reaccreditation is achieved in 2020	1. WDC Community Views Survey 2. Safe Community Foundation NZ	2017: 64% of respondents reported they had an emergency response plan 1.1 50% or respondents reported they had an emergency survival kit Initial accreditation in 2010 and reaccreditation in 2016

Goal 4: Homes - Every Whanganui resident has a safe home to live in

	Priorities	Responsibility (Steering or Reference Group)	What we will do
1	Define and deliver a safe home model approach for the district	Safety & Wellbeing Reference Group Family Violence Reference Group	 Literature review and desktop research into best practices of safe home model. Scope and design the logic model used in delivering safe home model.
2	Work collaboratively across organisations to reduce injuries that occur in the home	Safety & Wellbeing Reference Group	 Support and deliver programs that reduce incidents of family harm and family violence. Enable youth to be safe home ambassadors. Promote pathways to access support available for families. Promote community 'strength and balance' programmes to reduce harm from falls.
3	Partner with Fire and Emergency New Zealand to implement measures that reduce the risk of house fires.	Safety & Wellbeing Reference Group	 Generate public engagement and awareness to reduce house fires. Build partnerships with organisations that have a focus on home safety such as Plunket and Civil Defence to deliver home safety messages. Promote Fire Service smoke alarm referral pathway.
4	Advocate for legislative change		Prepare submissions, working with Local Government New Zealand, and create discussions with relevant Ministers and Governmental Departments.
5	Map and promulgate natural hazards to allow for better prepared homes.		 Work with Civil Defence and Council to ensure user friendly and accurate maps are easily available for the community to identify hazards.
	Target	Data source	Baseline
	 Reduction in falls at all age levels Five percent reduction in structure fires in Whanganui 	Ministry of Health Emergency NZ	1. 2017: Falls presentations to Emergency Department 1.2 2017 1 % of falls patients transported to ED by ambulance 2. 2017: 158 structure fires in Whanganui

Monitoring and Review

The strategy will become a standing agenda item for each Safer Whanganui Steering Group meeting and Reference Group meetings.

The targets within the strategy will be monitored yearly with a report on trends against the targets going to all partners including the Strategy and Finance Committee and Safe Community Foundation NZ. The strategy will be reviewed five yearly.

Action Plan

An action plan will be developed annually to ensure we are on track to meet the targets within the strategy. The actions under each goal will be expanded within the action plan to ensure that they are current and new actions added as required.

References

- World Health Organisation Sustainable Development Goals
- Pan Pacific Safe Communities Network
- World Health Organisation Age-Friendly Cities
- Safe Communities Foundation New Zealand 2017-2020 strategy
- Investing in Children Programme
- Change lives Shape Futures, Department of Corrections
- Better Public Services
- The Safest Country: Policing 2021
- ACC Statement of Intent 2015-2019
- Safer Journeys: Action Plan 2016-2020
- · Child Unintentional Deaths & Injuries in NZ and prevention Strategies: SafeKids Aotearoa
- NZ Positive Ageing Strategy
- National Guidelines for Crime Prevention Through Environmental Design
- · Whanganui District Council's Leading Edge Strategy
- Sport Whanganui Strategic Plan
- WDC Active Transport Strategy
- Provisional Local Alcohol Policy
- Emergency Management Plans
- · Road Safety Action Plan
- Alcohol Control Bylaw
- Whanganui Towards a Restorative City

Appendix 1: Safer Whanganui Governance Structure

PanPacific Safe Communities Network

SAFER WHANGANUI STEERING GROUP

Safe Community Foundation NZ

Business	Community	ge Concern Sarnardos NZ CYF's CLAW Community Probation Family Works Family Planning, Life to the Max Nga Tai O Te Awa (PARS) Plunket Te Ora Hou Tupoho Trust WellStop Inc WDHB YMCA salth .; ust
ganui	Comn	Age Concern Barnardos NZ CYF's CLAW Community Pro Family Works Family Planning Life to the Max Nga Tai O Te Av (PARS) ces Plunket Te Ora Hou Tupoho Trust WDHB YMCA I Health I I I Health I I Health I I Health I I Health I I I I Health I I I I I I I I I I I I I I I I I I I
Whanganui DHB		ce nui Inc ndergarten ganui Court, i i Court, i i ce idation olence Servi Schools milies Metwork Health Auth I Community rative Justice iility Resourc n Whanganu & Free 'K, Whanganui
Ministry of Social	Development	Family Violence 303 Parent Support Centre Age Conc Armstrong Barton Birthright Wanganui Inc Cyt's Central Baptist Kindergarten City Mission Wanganui Courts – District Court, HIPPY Whanganui New Zealand Police Open Home Foundation Rise: Stopping Violence Services Plunket Social Workers in Schools Rise: Stopping Violence Services Plunket Social Workers in Schools Rise: Stopping Health Network Work & Income Strengthening Families Work & Income Supporting Families in Mental Health Te Oranganui Iwi Health Authority Wai Ora Christian Community Wanganui Restorative Justice Trust Whanganui Disability Resources Centre, Whanganui Safe & Free Women's Network, Whanganui Women's Network, Whanganui Youth Services Trust
Horizons Regional Council	Corrections	Justice Probation PARS Police WDC Whanganui Prison Restorative Cities Salvation Army CLAW Oranga Tamariki Maori Wardens WDHB Tupoho Tamaupoko WNSG Principals Association Community Whanganui Safe & Free
Children's cy Team	lwi	Housing WDC Corrections Police WEHT Jigsaw City Mission Salvation Army Women's Refuge Women's Network MSD PARS WDHB LinkPeople HNZ Tupoho social TOIHA TE Ora Hou
Fire & Emergency	NZ	
Sport Whanganui	NGO	Alcohol & other Drugs ACC NTOTA WDHB Police WDC Sport Whanganui FENZ TOIHA Maori Wardens YST Horizons RC
New Zealand Sport Police Whan	ACC	Emergency Planning WDC Civil Defence WDHB Horizons RC Police FENZ St Johns Red Cross Envirohaz MSD GasNet Powerco Oranga Tamariki Armed Forces TOIHA WNSG WRPHO MidCentral Health Protection
Ministry of	Education	Safety & Wellbeing ACC WDC WDC WDHB Sport Whanganui FENZ Age Concern Community patrols Maori Wardens Community House City Mission WNSG Castlecliff Community Trust YMCA Disability Support Services WRHN TPK Police NTOTA Citizens Advice
Whanganui District Council		Road Safety WDC Horizons RC Police Highway Patrol ACC NZTA AA AA WDHB

Highlights

Reaccreditation 2016

Safe Communities Foundation NZ provided the following feedback after reaccreditation. Safer Whanganui is an outstanding example of collaborative leadership, involving local authority, central Government agencies and community networks. It is impressive to see such a diverse range of stakeholders involved. A major strength highlighted during the review process included the long history and strong commitment from senior positions within key stakeholder's organisations and the inclusion of Safe Communities in Council's long term plan.

Smoke Alarm Referrals

Whanganui is leading the country in Smoke Alarm fitting. In 2016 Whanganui had one of the highest fire death rates in the country. In a number of the house fires there were no smoke alarms installed. The Safety and Wellbeing Reference Group worked with the Fire and Emergency NZ to develop a referral form. This form was then developed into an online form that is available on Whanganui District Council's website and accessible to all. In 2017 Whanganui Fire & Emergency NZ was leading the country on smoke alarm installations. The online form has been followed up by Fire and Emergency NZ staff in other regions so that they can also implement it in their own communities

Community Needs Assessment

This was completed in 2017 and provides us with Baselines for our Safe Community but also a resource for the community to use. Having the data for injuries for our district accessible in one area is something that has not happened in this community before. Sitting alongside the data are the qualitative responses from community experts and solutions to drive our community safely forward.

Family Fun Day

Held in May 2017 and March 2018 where organisations came together to provide fun, free, interactive activities for the community with a focus on safety. Approximately 1000 to 1500 people have attended the event each year. One of the highlights of the event for the parents and caregivers is the interactive Safety Whare that is transported to Whanganui by Safe Kids Aotearoa, for the children it is the Fire Service with their escape my house activities. The evaluation of the events was positive with many commenting that they will make changes after learning something on the day and all organisations saying that they want to continue being part of the event.



Safe Communities align with the Sustainable Development Agenda. Sustainable Development Goals that relate directly to violence and injury prevention are:





















































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ND WELL-BEING



improving road safety, notably by expanding public transport, with of those in vulnerable situations, TARGET 11.2 By 2030, provide women, children, persons with special attention to the needs disabilities and older persons. accessible and sustainable access to safe, affordable, transport systems for all,



at least as low as 25 per 1000

live births.



TARGET 16.1 Significantly reduce

TARGET 16.2 End abuse

TARGET 3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol

the number of global deaths and injuries from road traffic **TARGET 3.6** By 2020, halve accidents



preventable deaths of newborns age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births and under-5 mortality to

TARGET 3.2 By 2030, end

and children under 5 years of

people affected and substantially

decrease the direct economic losses relative to global gross

domestic product caused by disasters, including water-

significantly reduce the number

TARGET 11.5 By 2030,

of deaths and the number of

related disasters, with a focus on

protecting the poor and people

n vulnerable situations.