

162 SECTION H INDICATOR 6:

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

Community groups create forums for discussion on changes in safety trends, available resources and changes to personal. These groups meet on a regular basis. Injury statistics, purpose collected surveys, evaluation results and routinely collected data (see Section D, E and G) is used to drive action areas, identify high risk population groups and environments as well as gaps in information. This information is used to inform strategic planning and programme development for Marlborough's community safety initiatives.

6.1 How does your community analyse results from the injury data to track trends and results from the programs?

Marlborough Road Safety Action Planning Committee

Road safety activities are co-ordinated by a funded co-ordinator. Injury and crash data from multiple agencies along with evaluation results of programmes are shared in the Road Safety Action Planning Committee meetings. Reducing key risk factors such as speed, alcohol, road and roadside, high-risk drivers, vehicle factors, along with addressing issues facing vulnerable road users (i.e pedestrians, cyclists, and motorcyclists), in a co-ordinated manner is the core function of this group and results in a co-ordinated activity and consistent messaging. A number of combined agency initiatives are developed from this committee to improve driver behaviour which requires a thought out process and capacity to deliver.

A relatively recent example was the observation that during 2008 and 2013 period, motorcyclists represented 12% of all injury crashes in the Marlborough district, resulting in two deaths, 30 serious injuries and 40 minor injuries. ACC gave priority to funding opportunities to stimulate improvements in motorcycle safety. Because injury crashes involving motorcyclists in Marlborough, Tasman and Nelson were proportionally higher than in similar authorities, the three councils, together with ACC, NZ Police and NZ Transport Agency, developed a three year strategy document in 2010 entitled the 'Top of the South Regional Motorcycle Safety Plan'. This plan provided a framework for a consistent and collaborative approach to address identified risk factors associated with motorcycle and scooter rider safety and monitors process (such as the number of people attending courses), quality and new knowledge gained (attendee evaluations of the motorcycle skills courses) and outcomes (a reduction in injuries involving motorcyclists).

Alcohol and drugs - Alcohol

Representatives with regulatory functions from Council, Police and Public Health along with representatives from other key agencies, or related roles such as Hospitality Association NZ, ACC, A & D harm minimisation advocates, and Road Safety Coordinator meet regularly to discuss issues and plan collaborative action. Alcohol and other drugs is an area that the community agrees needs to be strengthened and supported.

Health & Safety Forum

The Health and Safety forum is facilitated by Marlborough District Council and provides a forum for sharing up-coming training (health and safety training, MBIE and ACC courses, CIMS training, dog safety etc), guest speakers, requests for assistance and collaborative action, statistics, evaluation results and hosting Health and Safety EXPOs. This includes disseminating updates and opportunities arising from Safe and Sound at the Top. At the time of writing there is a current membership of 163 people representing 133 organisations which is indicative that this forum works well, is valued by the community and should continue.



Older Persons Forum

Analyses of the Marlborough community showed that both the total number of older people and the proportion of older people in relation to other ages, is increasing. Between 1991 and 2006, Marlborough's total population increased by around 21% while the number of people aged over 65 increased by 47% (4,680 to 6,876). More importantly, over the same period, the median age of Marlborough's population increased from 34 in 1991 to 41 in 2006. Statistics New Zealand projects that, by the year 2016, 22% of Marlborough's population will be 65 years or older, and that by 2026 the median age will be 51.3. (Data source - Statistics NZ).

In response to the need for advocacy of the needs of our aging population at a local level, the Older Persons Forum was established over 10 years ago in Marlborough and is identified as the key network within the community to address many of these issues. The Forum is utilised as a network for the testing and reporting on current community projects such as Good Homes (see Section F), Seniors Expo and Dance, the Positive Ageing survey and information book and the WHO CCCSP International Safe Communities project and is an important conduit for the dissemination of information out to older people in the community.

Marlborough Child Safety Group (MCSG)

The MCSG was formed as a Marlborough community support group in 2006 mainly to network and collaborate with other organisations dealing with child safety issues and promotion. Previously, most local community groups involved in safety have tended to work independently, but because the MCSG now meets together every term, they collectively focus on and identify local community issues from a bigger picture perspective.

A programme that developed from this group was the Marlborough Clued up Kids programme. This is a collaborative programme based on the 'clued up kids' project developed in Strathclyde, Scotland. (2001). See sections 6.2 and 6.3 for more detail.

6.2 Describe how the results from the program evaluations are used

Alcohol and drugs – Alcohol

There are several key gaps that the community is currently working to address. For example:

- The Marlborough Alcohol Advisory Committee (MAAC) has initiated a needs assessment to provide an accurate overview of what is currently working well - or not at all. The results will help inform the local alcohol policy framework and shape the strategic planning for action areas around safe practices with alcohol and vulnerable groups.
- Reliable information and knowledge on the burden of alcohol related harm continues to be a challenge. NMDHB continues to develop a reliable system to monitor alcohol related harm. ACC have recently facilitated a process for sharing alcohol related data collected through St John attendances, which has promising value and reliability. Improvements in surveillance of alcohol-related harm will enable the community to have better quality of quantitative data to inform planning and monitor changes in pattern of injuries.
- The Marlborough Youth Trust (MYT) has also commissioned a needs assessment to be undertaken to provide an overview of youth services in Marlborough which when completed will be integrated into their strategic planning processes.



Crime Prevention Through Environmental Design (CPTED)

Representatives of the Safer Community Council had identified a number of residential areas where offending rates were high. A CPTED programme was subsequently developed and implemented.

Based on the first year's evaluation, the CPTED programme was able to use the findings (see 6.3) in media opportunities to profile community support and local commitment from organisations and groups. These strategies showcase and promote positive changes in the community and assisted with achieving a sustainable process for the programme to be implemented in other areas of high need.

Marlborough Child Safety Group (MCSG)

Programme evaluation reports are used to identify learning behaviour changes and profile the supporting safety organisations in the community.

Safe and Sound @ the Top (SASATT)

The Safe and Sound @ the Top project itself has not only provided baseline data and analysis for the accreditation process but will ultimately utilize the information to sustain and endorse the establishment of a funded programme - post accreditation.

Project Goodhomes

Results of the evaluation will be used to assess the degree of empowerment and action taken, to inform the ongoing community development approach of the project and assist with funding applications.

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

The CPTED programme

The first year evaluation comprised of a statistical analysis of police offending data which showed that, compared to the average rate of reported offending for the three years prior to the intervention, a reduction in reported offending of 41% was achieved in the year of the CPTED project. Incidents in all categories had dropped with the exception of burglaries, juvenile, others and wilful damage. This included an increase in reported offending for wilful damage and burglary indicating enhanced levels of proprietary on the part of residents and decreased tolerance for crime.

Reducing reoffending

As a result of a variety of initiatives (including building stronger community engagement) aimed to reduce reoffending, the Department of Correction noted a reduction in reoffending by 11.3% (YTD) for the Southern Region (all of the South Island).

We currently have 397 offenders on sentences in the Marlborough district - and our muster numbers are dropping! We have 156 on Community Work, 33 on electronically monitored sentences (Home Detention or Community Detention) 155 on supervisory sentences and 53 on post release sentences (Parole). We write about 30 reports per month for the Court and the Parole Board.

Marlborough Clued-up Kids programme

Over the eight year period the programme has run, according to data prepared by ACC, there was been a 42.3% reduction in medical treatment claims for injuries compared to a 3.4% reduction nationally in the 10-18 year olds (the participating cohort so far). In addition, student evaluations showed a 10% improvement in learning behaviours each year. Although it is only one of many safety programmes in the community, there is supportive evidence to suggest that this programme is contributing to the personal safety of this age group.



Alcohol and drugs – Alcohol

The reliable information about the burden of alcohol-related harm is a gap that the community is currently working to address. For example, NMDHB continues to develop a reliable system to monitor alcohol related harm. ACC have recently facilitated a process for sharing alcohol related data collected through St John attendances, which has promising value and reliability. Improvements in surveillance of alcohol-related harm will enable the community to have better quality of quantitative data to inform planning and monitor changes in pattern of injuries.

Project Goodhomes

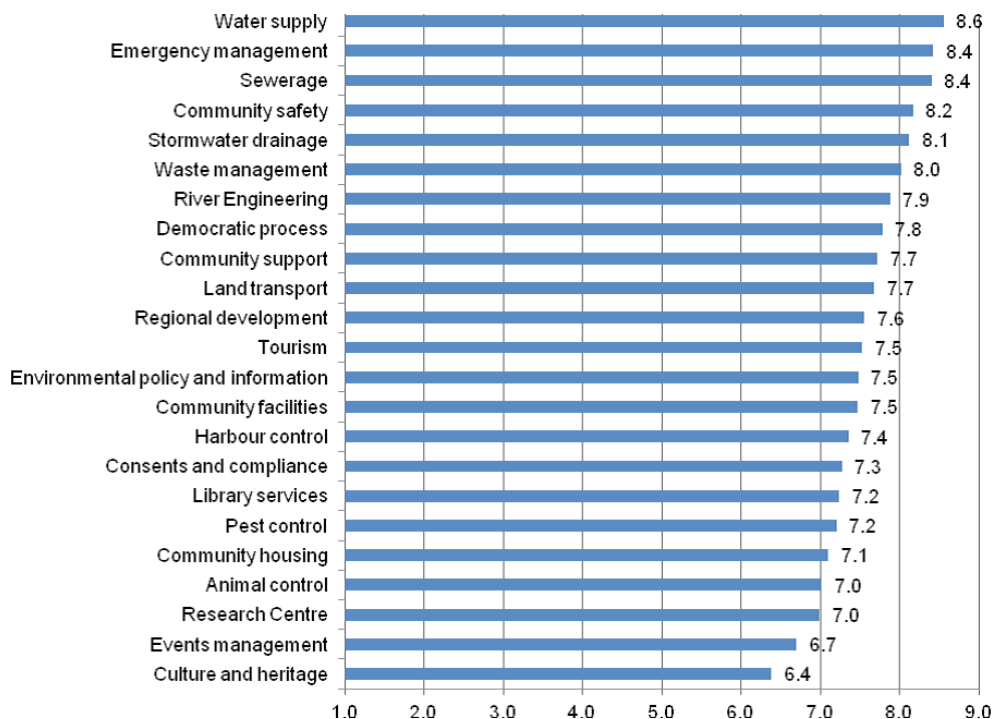
See Section F for changes resulting from this project.

Safe and Sound @ the Top

Community safety groups continue to meet on a regular basis and create forums for discussion on changes in safety trends. The Safe and Sound @ the Top project has not only provided baseline data, information and analysis for accreditation: it has presented an opportunity to collaborate better towards improving safety outcomes.

The Working Group also monitors the perceptions of safety information collected by Marlborough District Council as part of their ongoing review systems. Comparing the prioritisation rating with the participation level provides the Council with a balance between meeting the needs of specific groups and meeting the needs of the community as a whole. When survey participants were asked to rank their perceptions of how the Council should prioritise the provision of their services, community safety was identified as the fourth most important priority area out of 23 (see Figure 3-2)

Figure 3-2 Preferred Prioritisation of Council Services and Activities - 2012



Satisfaction with Community Safety was 79.8%. Measuring success or otherwise is more than a statistical and cost benefit analysis. The 'softer' and more holistic an intervention is, the more difficult it becomes to measure. It includes anecdotal evidence - *someone waving in the street to a police officer or council staff member*, changes in attitude and a multitude of other facets that are impossible to quantify. These subtle changes are intrinsic to the fabric of a community.

