

Relevant Calls to Action

- ▣ Violence against women and children is reduced
- ▣ Active Waitakere
- ▣ Te Korowai Manaaki

WAITAKERE WELLBEING SUMMIT

EVERYONE IS HEALTHY AND SAFE IN WAITAKERE

Potential Focus Areas: Healthy and Active lifestyles, Victimisation, Family Violence

HOW ARE WE ACTUALLY DOING?

Issues and Indicators:

Healthy and Active Lifestyles

Waitakere health statistics such as infant mortality and life expectancy compare well overall with the national average.

ESTIMATED LIFE EXPECTANCY AT BIRTH (Data source: Statistics New Zealand)

	1995 to 1997		2000 to 2002	
	Male Years	Female Years	Male Years	Female Years
Waitakere	74.6	77.7	80.1	81.7
Total NZ	74.4	79.7	76.3	81.1

- In the WDHB area breastfeeding rates are 70% at 2 weeks comparable with national rates. However, nationally rates of exclusive breastfeeding drop to 50% at the first 6 week well child visit with only around 10% breastfeeding exclusively at 6 months.
- 21% of people in Waitakere smoke, slightly higher than the national average. Nationally 22.1% have stopped but less in Waitakere (19.9%). Refer: *Census 2006*.
- Waitakere residents are among the least active in New Zealand. More than a third of Waitakere respondents to the Sport and Recreation New Zealand (SPARC) continuous monitoring survey were either insufficiently active or sedentary (SPARC 2006).

Victimisation

- Single parents are significantly more at risk of crimes against property, confrontational crimes (including violent) from a person known to the victim as well as persons unknown to the victim. They have a 50% higher victimisation risk than average. Note 21.2% of families in Waitakere City are single parent families (10,479)
- Young people 15 – 24, students, single people and those in de-facto relationships, private renters and flatmates also featured with a higher rate of likelihood of victimisation from 25% – 50%. (Ministry of Justice Crime and Safety Survey 2006)

Family Violence

- Recorded incidences of domestic violence in Waitakere fluctuate but there appears to have been an upward trend since the late 1990s. Nearly 3000 family violence incidences were reported 2003-2004 with over 700 as repeat offences.
- Reporting of child abuse amongst children 0 – 3 years old has increased significantly in Waitakere between 2002-2006. Confirmed cases of child abuse have gone from around 150 confirmed cases in 2002 to over 450 in 2006.
- Over 50% of violent and sexual offences in Waitakere occur within the home.

HOW CAN WE MAKE A DIFFERENCE – WHAT WORKS?

Proven & Promising Strategies & Activities:

Healthy and Active Lifestyles

- Promote breastfeeding and support good breastfeeding environments for mothers at home, in community facilities and public places with flexible working hours and workplace childcare facilities. Breastfeeding provides the best start in life for infants with proven positive impacts on both the baby and mother's physical and emotional wellbeing
- Promote smoking cessation programmes and smoke-free environments alongside other strategies such as media campaigns and taxes known to impact on smoking rates
- Reduce barriers to activity: - low cost gym and club memberships, access to facilities, address safety and cost issues for those least able to have opportunities to participate
- Increase walking school buses – currently only 11 schools with a total of 19 walking school buses operate in Waitakere. Walking school buses are perceived to increase sense of community, reduce congestion and increase exercise
- Facilitate better engagement and retention of young people in sports and cultural performance activities eg social sports and kapa haka.
- Increase opportunities for group activity and encourage activity at workplaces, community groups etc, possibly through incentives, competitions and reward schemes
- Support other health and nutrition programmes in Waitakere such as the Ministry of Health's Healthy Eating Healthy Action (HEHA) programme.

Victimisation:

- Build on existing self-help and community initiatives to support and protect single parent families.

Family Violence:

- Enhance and support inter-agency collaboration across prevention and intervention strategies
- Provide training programmes to increase awareness and intervention but ensure that initiatives to increase referrals are matched with increased referral agency capacity.
- Support and develop the capacity of crisis and other support services including infrastructure, facilities, and resources.