

Accreditation as an ISC based on the WHO Safe Communities model is recognised worldwide as an effective and acceptable intervention to improve community safety. For example, three years after the initial implementation of the Falkoping project in Sweden, injury surveillance data showed a 27% reduction in injuries (intentional and unintentional) occurring in the workplace, at home and on the roads. The Harstad Safe Communities project in Norway resulted in a 26% decrease in traffic injury rates. Data from the first year of the occupational safety programme in Ontario, Canada indicated that injury claims costs reduced by over 50% and injury rates by 22%. www.phs.ki.se/csp

In NZ, the Safe Communities (SC) accreditation programme is mindful of the issue of attribution and recognises that no one agency or initiative can assume sole responsibility for reducing the injury/violence burden. As such, SCFNZ, together with many of the SC are supporting the Results Based Accountability framework www.resultsaccountability.com

Selected impacts for NZ accredited SC includes:

- Waitakere (designated 1999, redesignated 2006), following accreditation had significantly reduced injury death rates and had lower injury hospitalisation rates than the rest of Auckland.
 - Significant reductions in vehicle crime offending from 65 car crimes in West Auckland carparks and beaches in 2003 to 23 in 2005 as a result of CPTED initiatives.
- Waimakariri (1999, 2006), for the 3 years following accreditation had the lowest injury fatality rate among all 74 TLAs throughout NZ.
 - 95% of Rangiora households have smoke alarms fitted as a result of the Smoke Alarm Campaign.
- New Plymouth (2005, 2010), from 2005-2009 public hospitalisation fall rates among adults aged >60 years were consistently below the national average. ACC new entitlement claims for fall-related injuries among this age group also declined steadily, going from a rate 31% higher than the national average to a comparable rate. ACC new entitlement claims age-standardised rates for workplace injuries also tracked below the national average. Since 2002, the rate of hospital admissions for falls for <5years halved, going from a rate 34% higher than the national average to a rate 33% lower in 2008.
 - Overall a 6% drop in recorded offences 2008 to 2009, at a time when the national rate rose by 4.6%.
 - NRB Communitrak Survey findings over the last three years have shown that the percentage of respondents who consider the New Plymouth CBD at night to be 'safe' or 'very safe' have increased each year.
- Wellington City (2006), reported a 30% reduction in traffic crashes, a 6% overall reduction in crime in 2007 and a 42% increase in perceptions of safety in the CBD at night.
- North Shore (2007) significantly reduced reported crimes 683/10,000 in 2004, to 490 per 10,000 residents in 2010.
 - Reductions over the past 3 years in the number of drownings, dog attacks, road crashes and boating incidents as a result of the 'Make it a Safe Summer Campaign'.
- Tauranga (2008), after the first year of operation, reported a 5% decrease in injury claims to ACC resulting from the Port Users' Health and Safety Forum activities.
 - Blow the Whistle on Violence Tauranga Safe City campaign successfully targeted the link between sporting events (and the often associated macho sports culture and heavy drinking) and family violence.
- Christchurch (2008), reported an 8% reduction in ACC claims for older persons' falls as a result of increased participation in Modified Tai Chi classes and the Otago Exercise Programme.
- Porirua (2008), Porirua City Council, an active SC coalition member and the largest employer, reduced the number of ACC claims by 40% and costs by 50%.
 - A continued reduction in burglary over the last three years (n=755 incidents in 2003 to n=517 in 2007), as well as significant reductions in vandalism and graffiti due to the Guardians' Programme and Waitangirua Action Group.



Additionally, all ISC in NZ have demonstrated improvements in a range of performance measures including:

- Increased use of safety devices by residents when travelling, in the home, while at work or school and when engaging in leisure activities.
- Incorporation of safety/crime prevention principles into design of urban spaces.
- Rejection of unsafe behaviours and the development of a positive safety culture and appropriate risk-management.

ACC EVALUATION OF SCFNZ AND SAFE COMMUNITIES

Fact Sheet #52

ACC commissioned UMR research to undertake an independent evaluation of the ISC model operating in NZ and the work of the SCFNZ. This evaluation was undertaken in late 2009.

Key findings include:

- Strengths of the ISC model operating in New Zealand are that it has:
 - an internationally backed framework of operation
 - the support of local government
 - encouraged community buy-in
 - led to coordinated community efforts that address injury and violence prevention
 - supported local Safety Coalition groups to work well.
- The goals of the ISC model were seen to be creating an environment that embraces a holistic view of community safety, where communities work together to ensure their citizens can live safely, both in terms of unintentional injuries, violence and crime.
- Having the ISC framework that included a data collection and evaluation component was found to be useful in keeping communities centered on achieving overall community safety goals for their community.
- The ISC model supports the current principles of the NZ Injury Prevention Strategy and ACC. Additionally, ACC was found to have the services of an organisation, the SCFNZ, which is focused on supporting communities to work to the ISC model thus releasing ACC staff to work on other injury prevention initiatives.
- Using an outcomes model, participants were able to identify areas where outcomes are being met and also areas where performance could be improved. Currently many of the lower-level outcomes are being achieved setting a strong platform for achievement of higher-level outcomes.
- Numerous examples were given where Safe Communities are performing well. These included:
 - Police working more in partnership rather than in isolation.
 - Internal local council departments willing to listen to Safe Community concerns.
 - Localised injury prevention activities.
 - Working with Maori.
 - Working with businesses.
 - Enhanced collaboration and networking.
- The ISC model provides confidence that the programme and initiatives are operating within a connected community environment.
- Being an accredited Safe Community increases confidence of accountability for funding providers.
- SCFNZ received very high praise for its achievements. “SCFNZ provides a robust and professional service to Safe Communities in a responsive and timely manner. Their expertise and support is well recognised and, most importantly, there is a feeling of partnership and mutual respect that Safe Communities participants value.”

In addition to the above: a draft outcomes model was developed; a document review was completed; and a table identifying how the Safe Community model is working in the NZ context was developed. This comprehensive table summarises the results achieved for each of the nine NZ Safe Communities that had achieved the criteria for ISC designation as at November 2009. Electronic copies of the full evaluation are available from www.nzips.co.nz



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SCFNZ is a: Certifying Centre and Affiliate Safe Community Support Centre of the WHO Collaborating Centre on Community Safety Promotion; Accrediting Centre for Pacific Safe Community Accreditation Programme.