Safe Communities Foundation New Zealand

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Rationale for and proposed structure of Safe Communities Foundation New Zealand

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Introduction

This document provides the rationale for, and proposed structure of, the establishment of a Safe Communities Foundation in New Zealand (SCFNZ). It is proposed that the SCFNZ be established as a not-for-profit organisation with charitable status.

This document has been prepared by Associate Professor Carolyn Coggan, Director of the Injury Prevention Research Centre, University of Auckland. Carolyn is recognised internationally and nationally as a leader within the fields of injury prevention. She is also the only New Zealand person able to designate Safe Communities on behalf of the World Health Organisation (WHO) Collaborating Centre on Community Safety Promotion based at the Karolinska Institutet in Sweden. Carolyn has over 15 years experience in community-based injury prevention and over 200 publications on injury prevention. However she recognises that academic based research is unable to fully support community initiatives and therefore an additional approach is necessary to bring about a real difference to the injury burden. Carolyn strongly believes that the establishment of a SCFNZ will provide a platform to further advance the existing efforts of government, industry, academics, community groups and organisations to reduce injuries and improve safety for all sectors of New Zealand society.

Background: Injury burden and community-based initiatives

In New Zealand, injury (unintentional and intentional) is the leading cause of death for ages 1 to 34 years, and the second leading cause of hospitalisation. Injuries currently result in approximately 1,600 deaths and 42,000 hospitalisations per year.[1] Injuries also account for more potential years of life lost than cancer and heart disease combined. In childhood, injury accounts for approximately 60% of all deaths and by adolescence and young adulthood, injury (including suicides) accounts for approximately 80% of deaths.[2] Additionally, during 2002/03, over 1.5 million injury claims were accepted by the Accident Compensation Corporation (ACC).[3]

Injury is also an important cause of disability and costs New Zealand taxpayers, employers, insurers and individuals billions of dollars each year. Current evidence indicates that the social and economic costs of injury are high, approximately $6-7 billion per year, yet many injuries and their consequences are preventable.[4] The impact of injury on a person, their family, their friends and the community as a whole can be devastating. Many injuries result in lifelong changes for all those involved. It is recognised that the cost of injuries are far greater than treatment and rehabilitation costs alone, and that the cost of a life, of lost potential and opportunities foregone are immeasurable.

Although injury prevention is a relatively new discipline, there is increasing recognition nationally and internationally that active partnerships between injury prevention specialists and communities are an effective means of producing a positive sustainable impact on reducing the injury burden.[(4-9)] Injury prevention is an investment in maintaining wellness and provides an opportunity to encourage the development of a safety culture within individuals, families and the wider community.[4-9] Consequently, injury prevention is necessarily a collaborative undertaking involving many stakeholders.[10]

In order to both increase safety and reduce the burden of injuries experienced by individuals, families, businesses and communities, it is necessary to develop appropriate safety promotion and injury prevention interventions. Community-based injury prevention occurs when people and organisations collaborate as communities to design and implement strategies to promote safety, reduce the incidence and/or severity of injury in their population, and reduce the prevalence of injury determinants in the community. Current evidence suggests that community-based injury prevention will work best when it:

- addresses the multiple factors that contribute to injury;
- encourages environmental and behavioural change;
- engages the people who are most at risk;
- involves action across all sectors of society; and
- is sustained and reinforced over time.[9,11]

Internationally the World Health Organisation (WHO) Safe Communities model is the best example of the importance of partnerships between injury prevention specialists and community groups in injury prevention initiatives.[9,11] Within New Zealand initiatives based on this model have been referred to as Community Injury Prevention Projects (CIPP). One of the strengths of the WHO Safe Communities model is that the model is based on a community development approach and consequently able to be adapted to the diverse cultural and socio-economic circumstances of communities. Acknowledging that Maori is over-represented in injury deaths and hospitalisations, the ability of the SCFNZ to respond to the needs of Maori communities will be important.[5] Both the WHO Safe Communities model and the New Zealand version of the CIPP initiatives are recognised worldwide as effective and acceptable interventions which reduce the burden of injury experienced by individuals, families, and communities.[(6,8,12)] For example, three years after the initial implementation of the Falkoping project, injury surveillance data showed a 27% reduction in injuries resulting from injuries in the workplace, at home and on the roads.[9] The Harstad Safe Communities project resulted in a 26.6% decrease in traffic injury rates.[13] Data from the first year of the occupational safety programme in

Ontario, Canada indicated that claims costs reduced by over 50% and injury rates by 22%.[14]

Evaluation evidence on the Latrobe Valley Safe Communities programme in Australia reported that Emergency Department presentation rates per 100,000 persons, all targeted injuries, fell from 6594 to 4821 in the final year of the programme. There were also significant reductions in home injuries, playground injuries, sporting injuries and in the number of assaults among 10-24 year olds.[15] Within New Zealand, evaluation findings from the Safe Waitakere CIPP indicated: significant increases in awareness of injury prevention opportunities; significant increased use of safety devices; and a positive impact on Waitakere City Council's safety policies and practices. Outcome evaluation findings also demonstrated significant reductions in rates of Waitakere child injury hospitalisations.[6] The injury death rate for Waitakere City also decreased considerably between 1997 and 1999.[7] Following implementation of Safe Waitakere in 1996 injury death rates decreased considerably from 48 deaths per 100,000 population in 1997 to 34 deaths per 100,000 per population in 1999. Waitakere City also had a lower injury hospitalisation rate than the rest of Auckland in 1998, 2000 and 2001. This injury hospitalisation rate for Waitakere City was considerably lower than the comparison community (where there were no community-based injury prevention programmes in place), from 1997-2001.[7]

All of the examples provided above are accredited WHO Safe Communities. Accredited WHO Safe Communities must have:

- an infrastructure based on partnership and collaborations, governed by a cross-sectional group that is responsible for safety promotion in their community;
- long-term, sustainable programmes covering both genders and all ages, environments and situations;
- programmes that target high-risk groups and environments, and programmes that promote safety for vulnerable groups;
- programmes that document the frequency and causes of injury;

- evaluation measures to assess their programmes, processes and the effects of change; and
- ongoing participation in national and international Safe Communities networks[16].

Additionally, in an attempt to reduce the burden of injuries in New Zealand, in 2002 the Accident Compensation Corporation (ACC) established 23 ThinkSafe Community Projects (TCP). These community initiatives are informed by community development principles and aim to build community capability, thereby encouraging a safety culture and creating safe environments to reduce the frequency and severity of injuries in New Zealand. The ACC TCP initiatives are developed and initiated by a government agency, rather than being generated by grassroots community interest groups. As such, the TCP initiatives could be considered a "middle out" approach where national expertise and resources (top-down) are successfully integrated with community resources (bottom-up).

Similar to the WHO Safe Communities model, a key component of the TCP model is an infrastructure based on partnership and collaboration.[11] The operational approach of both the TCP and WHO Safe Communities model are essentially similar in addressing injury prevention across the life-cycle for both genders in all environments and situations. The TCP is also similar to the European adaptation of the WHO Safe Communities model in that it has a strong focus on occupational injury prevention. This is in contrast to the two New Zealand accredited WHO Safe Communities. Additionally, similar to the Canadian Safe Communities model, the TCP specifically involves employers as a key stakeholder and partner in injury prevention initiatives.[11] Finally, acknowledging that the WHO Safe Communities model is internationally recognised as effective, beneficial and sustainable in the long-term to reduce and prevent injuries, and recognising the potential of the ACC TCP model, it is also useful to critically consider the rationale for the establishment of a SCFNZ.

Rationale: Safe Communities Foundation New Zealand

Recent changes in Government's commitment to injury prevention are demonstrated by the development of the New Zealand Injury Prevention Strategy (NZIPS).[4] As part of this process Government has recognised the role of ACC as an injury prevention champion and has appointed ACC as the lead agency for the NZIPS. This suggests that the ACC's support for community-based injury prevention is intended to be sustainable in the long-term. However, as implementation activities of the NZIPS increase, two key issues have emerged that are critical to the long-term success of achieving the vision and goals of NZIPS. The first issue is the need to strengthen injury prevention capacity and capability (Objective 2) and the second is integrating injury prevention activity through collaboration and co-ordination particularly at community level (Objective 5).[17]

In Canada the Safe Communities Foundation, which was established in 1996, is recognised as a *"centre of excellence and an organisation which is able to provide the glue between government agencies and communities".*[18] The goal of the Canadian Safe Communities Foundation is to make Canada the safest country to live, learn, work and play. Acting as a catalyst, the Foundation unites Safe Communities across Canada in one common vision – *the reduction of injury and human suffering.* The Canadian Safe Communities network currently includes 45 Safe Community coalitions covering approximately 444 geographical areas and 22% of the total Canadian population (for additional information refer to: *www.safecommunities.ca*). The Foundation's mission is to help people come together in the community to create a sense of awareness, understanding, support and leadership to implement effective local programmes to eliminate injuries and suffering.[18] The Canadian Safe Communities Foundation has also focused on bridging the work and non-workplace injury prevention groups and resources together in a unique "*whole community*" approach to its work.

The Safe Communities aligned with the Foundation in Canada, have achieved significant success in reducing the incidence of injury in local communities and increasing the level of social awareness about injury prevention. For example, in the Safe Community of

Kingston, injury rates for people aged 15-24 have been reduced by 9% in three years.[14] Similarly, in 1997, 145 small businesses in three Ontario Safe Communities, reduced their claims costs by over 50% and their injury rates by 22%. Rebates totaling $7.7 million were received by the 3,858 businesses in 21 Ontario Safe Communities that participated in the Safe Communities Incentive Programme during the period 1997-2003. In another Safe Community in Alberta, claims costs in 26 small businesses fell by 65% and injuries by 33%.[14] It is anticipated that similar reductions in costs and claims to industry and the ACC could be duplicated within the New Zealand setting. The Canadian Safe Communities Foundation has agreed to mentor the establishment of a SCFNZ.

At the recent Safe Communities Conference in Prague and the World Injury Conference in Vienna (June, 2004), discussions were held between representatives from Australia, Canada, New Zealand and the leader of the WHO Collaborating Centre on Community Safety Promotion, Professor Leif Svanstrom. These discussions centered on how best to proceed in accrediting Safe Communities both within countries and internationally. It was acknowledged by all present that, due to the high cost associated with accreditation being undertaken by WHO representatives from Europe, a different model needed to be adopted. It was determined that, under instruction from Professor Svanstrom, international representatives within their regions would be responsible for accrediting WHO Safe Communities and that national Safe Communities Foundations (such as the Canadian Safe Communities Foundation) would be responsible for accrediting Safe Communities within their own countries. Consequently, in relation to Australia, it was decided that Associate Professor Carolyn Coggan would be the WHO accreditation representative for Australian WHO Safe Communities and that the Australian Safe Communities Foundation (based on the Canadian model) would be responsible for the accreditation of national Safe Communities within Australia. Existing professional relationships and recent discussions indicate that the Australian and New Zealand Safe Communities Foundations will have a strong collaborative relationship.

For New Zealand to be able to accredit New Zealand Safe Communities, a SCFNZ would need to be established. As recognised in both Canada and Australia, there is value in

having both a national and international accreditation process. For example, some communities may not initially meet the WHO criteria but nevertheless been extremely successful in targeting high risk injuries in their communities. For some communities attaining status and recognition as New Zealand Safe Communities will be sufficient for their requirements, however, others will see accreditation as a New Zealand Safe Community as a stepping stone to achieving WHO status as a Safe Community.

Interviews were conducted in New Zealand as background for this document and participants were asked to provide comment on: 1) What do you think is necessary to further support the development and implementation of community-based injury prevention in New Zealand; 2) To what extent would you support the establishment of a Safe Community Foundation in New Zealand; and 3) If a SCFNZ was to be established in New Zealand, how should it be organised and what should it do? Participants included representatives from: the NZIPS Secretariat at ACC; Territorial Local Authorities; and individuals involved in WHO, TCP and other community-based injury prevention initiatives. A total of 40 discussions occurred.

In response to the first question three themes emerged: the need for sustainable funding, training and a more consistent government approach to community-based injury prevention. Most participants indicated strong support for the establishment of an organisation to provide a link between government agencies and community groups working within injury prevention and safety promotion. While some participants were not familiar with the concept of a national Foundation based along similar lines to the Canadian Safe Communities Foundation, when this model was outlined to them, they become very enthusiastic in their support for a SCFNZ. Those that were familiar with the model were also highly supportive of the establishment of a SCFNZ. The key issues raised by participants included the need for the Foundation to provide resources, training and networking opportunities to support the further development and implementation of effective safety promotion and injury prevention initiatives at local, regional and national levels. Participants welcomed the possibility of having their community-based programmes recognised through a local accreditation process. Accreditation through the

WHO model was considered far too expensive for local communities to participate. This was especially highlighted by Maori respondents. All participants considered it essential that sustainable long-term funding be secured prior to launching the SCFNZ. Participants also considered there was a need for the Foundation to take a lead role in supporting the further development of community-based safety promotion and injury prevention.

In conclusion, while it is possible that other organisations could provide training and networking opportunities to support community-based safety promotion and injury prevention, to date this has only occurred in an ad hoc manner. For example, only two communities have received WHO accreditation, both of which occurred in 1999. The NZIPS provides the impetus for further action to support community-based safety promotion and injury prevention activities. The unique value of establishing a SCFNZ would be the accreditation of communities currently engaged in injury prevention initiatives. At present, no criteria exist for determining the value or worth of community-based safety promotion and injury prevention initiatives. Unless a SCFNZ is established with an established set of criteria for accrediting Safe Communities geographically located throughout New Zealand, it is unlikely that the NZIPS[4] vision of: *A safe New Zealand, becoming injury free* or its goals of *developing a positive safety culture* and *safe environments* will be realised. An accreditation process provides, not only support for communities, but an indication of a level of achievement within the field of safety promotion and injury prevention. As the Honourable Ruth Dyson[4] stated:

> *"The benefits of staying injury free are considerable. For individuals and families there is continued quality of life, ongoing participation in work, leisure and educational activities, and preservation of income and assets. For organisations and businesses the benefits of injury prevention include reduced disruption to their operations, increased productivity, retention of valued staff, and reduced levies. The wider community has a lot to gain from having a safer, positive and more productive population, and from less demand being placed on the health care system due to injury."*

Proposed Structure: Safe Communities Foundation New Zealand

Vision: A safe New Zealand, becoming injury free.

Goal: To work collaboratively with communities, industry and government agencies to improve community safety through the creation of a sense of awareness, understanding, support and leadership, to implement effective community safety programmes, to create safe environments and to contribute to reducing the social and economic costs of injuries in New Zealand.

Objectives:

1. Raise awareness of, advocate for, and support the development of safety promotion and injury prevention at local, regional, national and international levels.
2. Increase the number of community safety programmes throughout New Zealand through participation in community networks and other collaborative opportunities.
3. Facilitate access to regional data to identify groups at high risk of injury.
4. Provide information and resources to improve knowledge of proven and promising community-based safety promotion and injury prevention strategies.
5. Provide training and resources to support communities to engage in safety promotion and injury prevention at local, regional and national levels.
6. Provide evaluation training and support for the evaluation of New Zealand Safe Communities at local, regional and national levels.
7. Establish and apply criteria for the accreditation (including re-accreditation) of New Zealand Safe Communities based on the guidelines and principles of the Safe Communities Foundation of Canada.
8. Maintain links with, and participate nationally and internationally in, the accreditation of WHO Safe Communities based on indicators as published by

the WHO Collaborating Centre on Community Safety Promotion, Karolinska Institutet, Sweden.

Outputs:

1. Relevant dissemination of information on the services provided by SCFNZ to a minimum of 1000 New Zealand groups and organisations.
2. Attendance at a minimum of 20 networking meetings per annum to support the development of community safety programmes throughout New Zealand.
3. Respond to requests for regional data support. At a minimum, support for communities wishing to access regional injury data will be provided to selected communities applying for accreditation status as New Zealand and/or WHO Safe Communities.
4. Develop and disseminate information on injury determinants and proven or promising safety promotion and injury prevention strategies for both the injury priority areas of the NZIPS and other relevant injury areas.
5. Respond to requests for training and support. At a minimum, regional training will be provided to selected communities applying for accreditation status as New Zealand and/or WHO Safe Communities.
6. Respond to requests for evaluation training and support. At a minimum, regional evaluation training and support will be provided to selected communities applying for accreditation status as New Zealand and/or WHO Safe Communities.
7. To support a minimum of five New Zealand communities per annum achieving accreditation status as New Zealand and/or WHO Safe Communities.
8. Respond to requests for participation in WHO Safe Communities nationally and internationally, including the accreditation of WHO Safe Communities.

Structure:

A not-for-profit national organisation is to be established with charitable trust status. It will be important for this organisation to have a strong commitment to working in partnership with Maori to address injury prevention and safety promotion. At this stage it is proposed that the organisation be called SCFNZ and be geographically located within the Auckland region. It is proposed that the SCFNZ be managed by a Board of Trustees. It is proposed that a minimum of four and a maximum of eight trustees be selected from the following:

- one trustee based on their expertise in working within the **government** sector on injury prevention or safety promotion;
- one trustee based on their expertise in working within **industry** injury prevention or safety promotion;
- one trustee based on their expertise in working within **Maori and/or community-based** injury prevention or safety promotion;
- one trustee based on their expertise within the **legal and/or accounting** disciplines;
- one trustee from **funders/sponsors.**

Based on the above criteria, Inaugural Board of Trustee (BOT) members will be approached by Founding Sponsors and the Director. It is intended that Trustees meet four times a year in March, June, September, and December. It is proposed that Associate Professor Carolyn Coggan be appointed as the inaugural Director with overall responsibility for the management and operation of the SCFNZ. In order to carry out the management operational functions, the Director will need to establish a team of relevant staff. The Director will be accountable to the Board of Trustees and for preparation of quarterly and annual reports for the Board of Trustees.

Due to the considerable expertise of New Zealand community-based injury practitioners, it is further proposed that a National Advisory Group of community-based injury prevention practitioners (WHO and ACC TCP) be established to support the Director and

other staff of the SCFNZ. The establishment of such an advisory group will help to ensure that the operation of the SCFNZ is responsive to the emerging issues of community-based safety promotion and injury prevention practitioners. It is proposed that this group meet two or three times a year with regular email or teleconference communication in-between to maintain collaboration and support.

Funding:

Sustainable funding for a minimum of three to five years will need to be established. At this stage options include:

- applying for government funding;
- attracting sponsorship from business; and
- applying for funding from Charitable Trusts and other community funding agencies.

At this stage it is anticipated that founding sponsorship be sought from appropriate government and businesses. It order to maximise their exposure and to assist with securing sponsorship, it is suggested that the number of founding sponsors be restricted to four to six. All founding sponsors will be acknowledged on materials produced by the SCFNZ. This is likely to include their logos and names on: selected billboards at boundaries for designated New Zealand Safe Communities; safety promotion and injury prevention resources developed by the SCFNZ; the website; conference presentations; and on all materials associated with Awards. Founding sponsors may also have the opportunity to have an Award named after them or their organisation. Other one-off sponsors will be acknowledged appropriately. Further development of this will be necessary once sponsors are in place.

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