



Uddevalla

A Safe Community



Application document
2007/2008

Table of Contents

1. Introduction	3
2. Uddevalla Municipality	3
3. A safe community	4
4. From Safe Uddevalla to A Safe Community – a short history	5
4.1 Project Safe Uddevalla	5
4.2 Uddevalla - A Safe Community	6
5. Indicator 1: An infrastructure based on the participation and collaboration of community residents, governed by a cross-sectional group responsible for promoting safety in the community	7
5.1 Infrastructure	7
5.2 Control documents	9
5.3 Economic Aspects	9
5.4 Collaboration	9
5.5 Residents' participation	10
6. Indicator 2: Long-term, sustainable programmes involving both sexes and all ages, environments and situations	10
6.1 Information	11
6.2 Training	12
6.3 Measures	12
6.4 Follow-up	12
7. Indicator 3: Programmes targeting high-risk groups and environments, and programmes aimed at promoting the safety of vulnerable groups	13
7.1 Child safety	13
7.1.1. <i>Infants and children of school age</i>	13
7.1.2 <i>A safe Association</i>	14
7.2. Safety of the elderly	15
7.3 Crime, violence and drugs	15
7.4 Violence against women	17
7.5. Traffic safety	18
7.6 Promoting psychological health	18
8. Indicator 4: Programmes documenting the frequency and causes of injuries	19
9. Indicator 5: Evaluation to assess the processes of the programme and the effects of change	20
10. Indicator 6: Ongoing participation in national and international Safe Community networks	21
11. SWOT analysis	21
12. Final commentary	22
Sources	23

1. Introduction

Accidents and other forms of injury pose a large-scale and significant threat to public health, and incur both individual suffering and socioeconomic costs. In view of this, Uddevalla began work in 1994 on ways to address injury prevention, aiming for a 25% reduction in the number of accident-related injuries by the year 2010. It reached a milestone in the course of this work, when it was nominated “A Safe Community” in 1998. Since then, work has progressed along various lines; work methods have been tested, evaluated and altered. Projects have been set up, and in some cases incorporated into normal operations, in others discontinued once the benefits they yielded had been drawn on. Work groups were formed, collaboration was put to the test, programmes were developed and decisions were made. Now, 8 years after its nomination, Uddevalla is once again applying for recognition as A Safe Community.

Work on injury prevention in the 1990’s heightened Uddevalla Municipality’s interest in public health issues in general. A council for public health was set up in the same year Uddevalla received its nomination, and since then the overall responsibility for injury prevention work and other public health issues has come under the same department. The Public Health Planning Officer has been the coordinator of both safe community work and other public health work. This coordination has produced a wealth of benefits - often on the basis of the same strategies.

This application therefore occasionally goes beyond the scope of injury prevention, to discuss what are considered to be relevant cases of a broader aspect of public health work. This could relate for instance to timely response methods to prevent suicide, which also prevent psychological illnesses and other behavioural risk patterns in adolescence. The overall aim, however, is to describe Uddevalla’s work to address injury prevention, and the infrastructure, decisions, data and strategies upon which this work is founded.

2. Uddevalla Municipality

Uddevalla is a medium-sized municipality with just over 50,000 inhabitants. It is situated on Sweden’s West Coast, approximately 90 kilometres (55.9 miles) north of Gothenburg. It offers a diverse landscape, with a long coast-line, forests and mountains. The European route E6 from Gothenburg to Oslo passes through it, as well as the trunk road 44 from Trollhättan to the coast.

The community comprises the town of Uddevalla with approximately 33,000 inhabitants, Ljungskile to the south with approximately 4,000 inhabitants, and rural areas with several small villages. The population of Uddevalla is increasing steadily, mainly due to migration.

Distribution by age

Total population Uddevalla 2005	<i>Children & adolescents 0-17 years</i>	<i>Young adults 18-24 years</i>	<i>Actively employed 25-64 years</i>	<i>Elderly 65+</i>	<i>Total</i>
Women	5,300	1,998	12,613	5,532	25,443
Men	5,627	2,102	12,884	4,258	24,871
Total	10,927	4,100	25,497	9,790	50,314
% of total population	21,7 %	8,1 %	50,7 %	19,5 %	100 %

Uddevalla has a slightly lower proportion of foreign-born inhabitants than the national average, i.e. 10% of men and 11% of women, (compared to the national average, 12% of men and 13% of women).

In all, the municipality provides 23,000 employment opportunities. The largest employers are the local authorities, with just over 4,300 employees, regional health care, with just below 3,000 employees, and Pininfarina (car manufacturers) with 700 employees. The average income in Uddevalla in the case of both men and women is lower than the national average. There is a high rate of commuting, with 6,000 commuters travelling in, and almost as many travelling out.

The rate of unemployment in the population's 20-64 age group is 7%, with 4% openly unemployed, and 3% involved in labour market-related measures (March 2006). Illness figures are higher for Uddevalla than for the nation as a whole, and early retirement figures also exceed the national average.

Uddevalla is a town with relatively many schools; it has approximately 6,000 primary-school pupils and nearly 5,000 students in secondary-schools and adult municipal education schemes. Approximately 1,800 of this number are from communities outside Uddevalla. The community also provides further education for approximately 1,700 students, under the direction of University West. A new centre for further education is under construction.

Every year Uddevalla arranges festivals, exhibitions and other events. It offers a rich cultural life, and houses the country's most visited museum - the Bohuslän Museum. It also offers wonderful opportunities for outdoor activities, both on land and sea. There has been a major bid to encourage daily exercise, with the building of a new seafront promenade and coastal hiking trails.

3. A safe community

Since 1989, the Safe Communities concept has become an important model for national and international injury prevention work in local communities. Other than Uddevalla, there are currently 16 Swedish communities which have been awarded this status - Borås, Nacka, Ludvika, Falun, Katrineholm, Arjeplog, Motala, Mariestad, Tidaholm, Krokomb, Töreboda, Skövde, Lidköping and Smedjebacken. On an international level, there are approximately a hundred Safe Communities spread over various parts of the world.

The fundamental idea behind the concept is to create a structure for cross-sectional collaboration between various parties in the community. This structure is built around the framework of normal operations.

To attain Safe Community status, the community is required to fulfil a number of fixed criteria regarding organisation, programmes, follow-up and network participation. The indicators are internationally applicable.

The following criteria must be fulfilled:

1. An infrastructure based on the participation of community residents, governed by a cross-sectional group responsible for promoting safety in the community.
2. Long-term, sustainable programmes, involving both sexes and all ages, environments and situations.

3. Programmes targeting high-risk groups and environments, and programmes aimed at promoting safety vis-à-vis vulnerable groups.
4. Programmes documenting the frequency and causes of injuries.
5. Evaluation to assess the processes of the programme and the effects of change.
6. Ongoing participation in national and international Safe Community networks.

4. From Safe Uddevalla to A Safe Community – a short history

4.1 Project Safe Uddevalla

In May 1994, Uddevalla hosted the fourth national conference on accidents. The aim of the conference, which attracted 400 participants, was to discuss strategies for cross-sector participation between the various parties responsible for public health and injury prevention related work. Later in the same year, The Board of Health Care and Medical Treatment and the Municipal Council passed a resolution to implement an action programme which would enable Uddevalla to achieve Safe Community status in 1998, the same year it celebrated five hundred years as a municipality.

A project organisation was founded, comprising a politically composed management group, two project leaders, a cross-sectional reference group and various work groups. The work groups were assigned to the areas safety of the elderly, child and adolescent safety, traffic safety, physical environment safety, sports safety, and violence-related injury and injury registration.

A goal was set aiming for a 25% reduction in accident-related injuries by the year 2010 at the latest. In the case of especially vulnerable groups, the aim was a 20% reduction in accident frequency as early as the year 2000.

The strategies of the Safe Uddevalla project can be described as Provision of Information/Advice, Training, Measures and Follow-up. The registration of all accident-related injuries dealt with by the accidents and emergencies department of Uddevalla hospital, formed an important basis for the prioritisation of resources.

A distribution of roles was agreed as follows:

The County Council - shall provide for the health and medical care needs of the population, and implement measures for illness prevention
 - shall be responsible for injury registration, for drawing attention to various links and for providing information

The municipal authorities - shall provide for the welfare needs of the population
 - shall be responsible for supervising and running the physical environment
 - shall be responsible for information

Other authorities - should provide knowledge
 - should each contribute in their own area

Voluntary organisations - are very well-informed, and possess extensive networks invaluable for spreading information

Property owners	- are responsible for properties' exterior and interior physical environment
Employers	- are responsible for the physical and psychological work-place environment
Press – radio - TV	- have effective means of spreading information
Community residents	- are responsible for their personal physical environment and for their activities in work and leisure time

4.2 Uddevalla - A Safe Community

During the national public health conference in Uddevalla in 1998, Uddevalla was awarded “Safe Community” status. Injury prevention work was then integrated into Uddevalla’s other public health work, which entered a new phase in that particular year. A Council for Health Policy was set up comprising municipal representatives and representatives from the Board of Health Care and Medical Treatment, and this now also became the control group for injury prevention work. A municipal official was employed to act as collaborator between the municipality and the Board of Health Care and Medical Treatment. A Public Health Plan was adopted in which Safe Community work was an important strategy with four success factors aimed at accidents and injuries in general, child safety, safety of the elderly and violence-related injuries.

There were now safety groups in the following areas:

Infants 0-5 years	Children and adolescents 6-19 yrs	Sports
Traffic and the physical environment	Violence	The elderly
Risk line	Injury registration in medical care	

The safety groups were involved in information and training, safety inspection rounds, injury registration in schools and pre-schools, the sale of safety products and various on the spot measures.

The work was inspired by a vision of each individual in the community “putting on a pair of safety glasses” and becoming aware of injury risks in his or her environment. The aim of this awareness was to avoid injury through vigilance and the implementation of environmental changes. The work also envisaged municipal administrations, associations, primary care services, local health and medical services, authorities and business companies, viewing their surroundings through “safety glasses”. A risk line was set up to handle information on injury risks and take remedial measures.

5. Indicator 1: An infrastructure based on the participation and collaboration of community residents, governed by a cross-sectional group responsible for promoting safety in the community

5.1 Infrastructure

Injury prevention work in Uddevalla is headed by a management group, the Council for Health Policy, comprising politicians from the municipality and the Board of Health and Medical Services. The management group is also made up of the heads of each of the municipal administrations, including the head of fire and rescue services, representatives from primary care, (including the head of primary care) and representatives from the social insurance office. This is a tried and tested make-up which has worked well for a number of years.

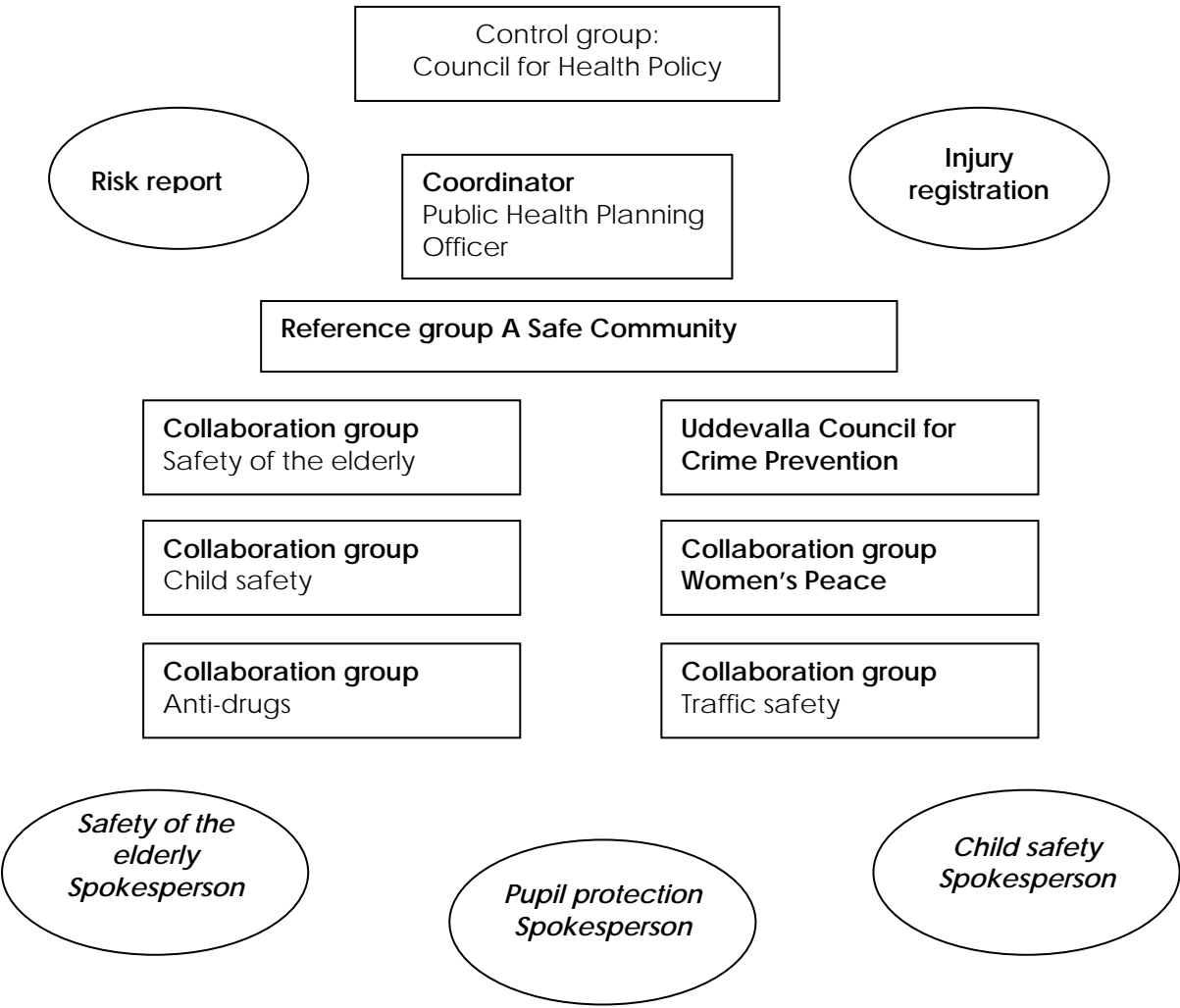
The Council for Health Policy is organised as a committee of the Municipal Executive Board. The Council convenes five times annually. A preparatory group consisting of the chairman, vice-chairman and public health planning officer prepare the subjects for each meeting.

The public health planning officer, who is responsible for coordinating Safe Community work, submits a report to the Council. The public health planning officer is organisationally placed in the Municipal Executive Office, and his main duty is to acquire expertise in the field of public health and injury prevention, and to ensure that comprehensive municipal collaboration is provided for designated public health goals.

There is a reference group at official level, whose task is to keep an overall focus, discuss development needs and provide support for the coordinator. The reference group consists of representatives from the various collaboration groups which make up the organisation for injury prevention work, as well as the head of municipal safety, the head of the Municipal Executive Office's Department of Development, a representative from the emergency services, a public information officer from the Department of Traffic and Safety and the public health planning officer.

The number of collaboration groups and networks involved in safe community work varies over time depending on the development of needs. The collaboration groups for safety of the elderly, child safety and crime/violence, however, have worked continuously from the outset. The make-up of the various collaboration groups is based on involved parties from the community, primary care, other authorities, voluntary organisations and the business sector (see under respective programme). The collaboration groups meet 4 - 6 times annually, and their most important tasks are to convey information on the current situation/needs, including any measures in progress, to plan information and training input and to provide solutions to tangible needs. The public health planning officer is a member of each group, and provides overall cohesion.

Organisation diagram



5.2 Control documents

Uddevalla's injury prevention work is based on its "Safe Community" nomination by WHO, on the Uddevalla Public Health Plan with its annual operations plans, and on the Uddevalla Community Vision.

The Uddevalla Community Vision, which was drawn up in 2003, stipulates that Uddevalla's residents shall be given conditions for a good quality of life. This is to be achieved by being a safe community, amongst other things, and by the creation of a socially and ecologically sustainable community through active public health work.

The current public health plan has been in force since 2002 and is approved by the Municipal Council. It provides a vision of a community where "everybody wears public health glasses in day-to-day life", implying a collective and long-term responsibility for public health. Creating the conditions for good health for Uddevalla's residents requires cross-sectional collaboration and commitment from those directly responsible for schools, housing, traffic environment and care of the elderly.

The public health plan stipulates two strategies: to provide a safe environment with equal conditions for children and young people to grow up in, and to achieve Safe Community status for Uddevalla. The plan also describes twelve success factors, four of which are directly related to Safe Community work:

- A 25% reduction in the number of injuries and accidents in Uddevalla between 1990-2010
- A 30% reduction in the number of injuries and accidents among children and adolescents between 1990 and 2010
- To prevent an increase in the number of injuries and accidents involving the elderly
- A 25 % reduction in the number of violence-related injuries and accidents between 1990 and 2010

Further goals relating to injury risk and prevention work involve anti-drugs campaigns, and providing support to parents to ensure the psychological health of children and adolescents, thereby also preventing suicide.

Operations plans are drawn up on a yearly basis, specifying how injury prevention work should progress for the goals to be achieved.

5.3 Economic Aspects

Uddevalla Municipality and the Board of Health and Medical Care have entered into a contract to finance services for public health development and *Safe Community* work. The agreement also stipulates funds for administration, marketing, collaboration and the development of new methods and projects. In total the contract regulates a budget of approximately SEK 4,000,000, half originating from the Board of Health and Medical Services and half from the municipality.

The largest share of the costs for injury prevention work, however, is integrated into the normal budget of the administrations and organisations.

5.4 Collaboration

Collaboration is central to Uddevalla's strategy for injury prevention work. The organisation's groups are made up of a cross-section on all levels; a factor necessary for success, as the

largest input stems from the organisations' normal operations. Without collaboration it would be difficult to work efficiently and focused.

The various collaboration groups comprise representatives from the community, primary care, other authorities, voluntary organisations, and, in some cases, the business sector. The group's composition is determined by the target group/subject, to enable the group to familiarise itself with the area as far as possible, and ensure that its input reaches the target group. Each collaboration group has the financial resources at its disposal to enable information input, training, follow-up/evaluation and methods development.

An important part of the collaboration is to see the individual role as part of a whole. Safe Community work involves a great many people, and working towards a common goal requires coordination and an ability to see the whole picture. The public health planning officer and the Safe Communities reference group play a coordinating role. Joint training days have been arranged to further emphasise the common reference framework, and thereby strengthen motivation. In 2006 it was decided that the reference group should compile and distribute information sheets to all participating parties, describing Uddevalla's Safe Communities work to its full extent.

5.5 Residents' participation

An important strategy in addressing injury prevention is information input directed at the public. This takes place in the form of lectures, discussions, participation in exhibitions/events, printed material, home pages on the net etc.

By means of conference groups and Open Space we have kindled public interest on various occasions, while assuring ourselves that planned input was realistic and viable. An example of this is in the process relating to the comprehensive municipal action plan on violence against women, which was drawn up in the winter of 2005-2006. With the help of the Open Space method, we arranged a discussion day for the public and voluntary organisations. The action plan was also discussed in the Youth Council and the Youth Parliament. Besides the normal circulatory procedure, the action plan appeared as an open proposal on the community home page.

The public is an equally important resource in the permanent organisation of injury prevention work; this can be on the strength of membership of associations/education organisations included in the collaboration groups, as spokespersons for safety of the elderly (see under indicator 3) or in personal contact with the public health planning officer.

The public is also a community "watchdog", observing and reporting injury risks and providing continuous momentum.

6. Indicator 2: Long-term, sustainable programmes involving both sexes and all ages, environments and situations

Uddevalla's strategy for ensuring a long-term role for injury prevention work is to integrate it as far as possible into normal control documents, decision processes, collaboration groups and operations. In Uddevalla there is an established infrastructure, and assured political commitment at a high level. Its link to public health work has assured its long-term role, by providing a multi-year contract with the Health and Medical Services Board which regulates the employment of the public health planning officer, the organisation, and the provision of financial resources for services such as methods development, information etc.

The public health plan stipulates the overall goal for Uddevalla's injury prevention work: a 25% reduction in the number of injuries and accidents in Uddevalla between 1990 and 2010.

The Safe Communities reference group has a special responsibility to draw attention to new requirements, and to provide decision-making data to the control group/Public Health Policy Council. The collaboration groups are responsible for ensuring that the needs of the various groups within their area are made known. The public health planning officer is organisationally placed in the Department of Development of the Municipal Management Office, and part of his duty is to observe environmental trends on both a regional and national level. His position within the organisation and his participation in municipal and external networks qualifies him to promote the right input for the right target group.

The basic structure of the programme rests on four pillars:

1. Providing information for the target group
2. Providing training for persons who deal with the target group
3. Direct measures in the physical and social environment
4. Follow-up to keep track of developments, and as a basis for ongoing work

6.1 Information

Overall information on injury prevention work and the Safe Communities concept is made available in various ways:

- The *community homepage* provides a description of both the overall structure and the individual programmes of Safe Communities work. The home page targets both those involved in injury prevention work and interested members of the public. The home page is also Uddevalla's image vis-à-vis other communities.
- *Brochures* for the public relating to the various programmes are available. As a source of overall information, the national injury prevention programme's brochure is used. Brochures are personally distributed at various events, but are also available at health centres, libraries, community offices and at the Bohuslän Museum.
- Injury prevention work is presented at *exhibitions, displays, seminars and events* both inside and outside the community through posters, brochures and lectures.
- Uddevalla Health Square is a *meeting place* where the general public can acquire information on ways of promoting good health and preventing injury and illness. The Health Square is conveniently located in the town centre.
- In 2006 a decision was taken to compile an *informatory current position report* on injury prevention work, for circulation internally to collaborating parties.
- *The press and media* are used to spread information to the public, which is important for improving safety. Often safety promotion measures are implemented, but if this is not made public knowledge, they cannot have the desired beneficial effect of improving subjective safety. This area is currently under development.

6.2 Training

The politicians and officials in the Council for Health Policy have participated in an overall training course on injury prevention work and the Safe Communities concept. They are also regularly offered opportunities to participate in national and international conferences on injury prevention work.

The collaboration groups have participated in joint training days, with examples from other Safe Communities etc. Opportunities to participate in conferences and training days are offered.

The general public is offered lectures and seminars on the various programmes and on general safety issues such as first aid, power-cut preparedness, fire-safety etc.

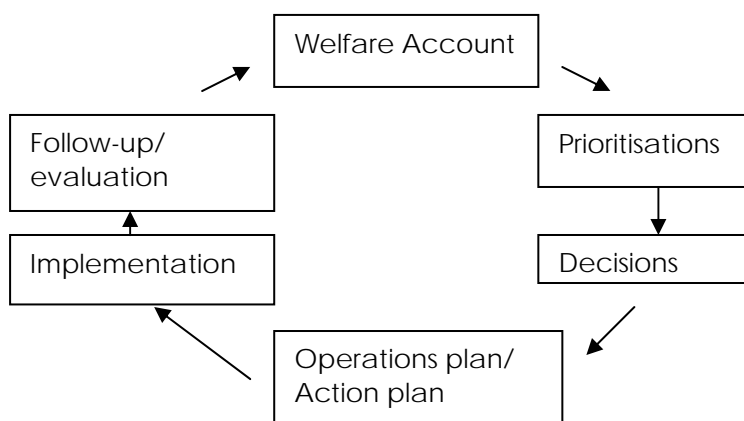
6.3 Measures

Residents wishing to report an injury risk or discuss injury prevention work can fill in a form entitled "Voice your opinion", ring the local community office or submit a citizen's proposal. For a while there was a special risk line for reporting injury risks, but this has now been integrated into the community's normal routines for public dialogue, a factor which has quality assured the project.

Safety walks is another method used to draw attention to the need for improvement in the physical environment.

6.4 Follow-up

Injury prevention work is followed up in an annual Uddevalla Community Welfare Account. The Welfare Account provides insight into current community conditions from a life-long perspective, divided into age groups, sex etc. On the basis of the welfare account, needs, risk groups and risk environments can be identified and used as a basis for prioritisations in ongoing work, according to the following model:



7. Indicator 3: Programmes targeting high-risk groups and environments, and programmes aimed at promoting the safety of vulnerable groups

7.1 Child safety

Children and adolescents are a priority group in Uddevalla's overall public health work, both children/adolescents in general and children/adolescents with extra input needs. Uddevalla's Public Health Plan describes the children of one parent families, drug abusers and parents with psychological illnesses as particularly vulnerable. Providing special support for unemployed parents and immigrant parents not fluent in the language is stressed as an area of prioritisation.

The aim of injury prevention work in the case of children and adolescents is to reduce the number of injuries and accidents involving children and adolescents by 30% between 1990 and 2010.

Child safety programmes are the longest form of injury prevention work in existence in Uddevalla; it was this work which gave rise to the project Safe Uddevalla and subsequently led to its Safe Community nomination.

7.1.1. Infants and children of school age

There is a child safety collaboration group which focuses mainly on younger children. The group comprises representatives from child health care, child welfare, the Administration for Child Care and Education, consumer authorities, housing corporations and the public health planning officer.

Safety work in schools and child care is wholly integrated into the operations of the Administration for Child Care and Education.

Information

- Information via exhibitions and displays
- Child safety displays and information input in waiting rooms and parent groups in primary care
- Product safety information on toys, children's products etc.
- The information leaflet *Whoops!* on accidents in the home

Training

- All new parents are offered training in child first aid
- Child safety spokespersons in child care and schools undergo annual training
- Child safety seminars as continuation courses for the actively employed
- Child accident training for staff in schools and child care

Measures

- Structured routines for child safety in schools and child care
- Pupil protection spokespersons
- Child protection rounds in nurseries, preschools and schools

Follow-up

- Injury registration in schools and pre-schools to document injury risks and provide remedial measures
- Key figures in the Welfare Account on injuries and number of swimmers/non swimmers

7.1.2 A safe Association

2006 saw the beginning of a concerted effort aimed at injury prevention in the various sports associations of the community. Experience has shown that many of the injuries sustained by older children occur during their leisure time, and often in connection with sports activities. The aim is to encourage the various associations to work on safety measures to prevent injuries where possible and where not, to ensure less serious consequences.

Associations which are nominated receive a diploma and the right to use their nomination for marketing purposes; their nomination is also advertised in the daily newspaper. The concept can be developed with community support by linking it to the sports association's grant.

Safe Association work currently comes under the reference group; in the long term a collaboration group will be formed for this purpose.

Information

- Information on the concept is spread to the community's sports associations, together with an invitation to participate in training.

Training

Training is provided on the following subjects:

- Injury prevention work, and the concepts *A Safe Community* and *A Safe Association*
- First aid in the event of accidents and emergencies
- Fire safety
- Safety routines in traffic and on journeys
- Doping and drugs
- Safety rounds and injury registration

Measures

- Injury prevention shall be a part of the association's daily operations
- There shall be planned and established routines to obviate risk situations
- There shall be planned and established routines for a course of action in the event of an accident
- Safety rounds shall take place at least once a year
- There shall be an established policy and/or course of action with regard to fire safety, doping/drugs, leader responsibility, travel and accidents/emergencies
- Key members of the operations' staff shall be trained in first aid and cardio pulmonary resuscitation
- The association shall have a member of staff responsible for safety, also acting as contact person vis-à-vis the Safe Community Uddevalla reference group

Follow-up

- In order to be nominated, there must be routines in place for safety rounds and the registration of injuries/incidents
- Key figures in the Safe Association work will be followed up in the Welfare Account

7.2. Safety of the elderly

The elderly are over-represented when it comes to injury statistics, in particular injuries sustained through a fall. In line with an increasing number of elderly citizens in the population, injury prevention targeting this age group is becoming ever more imperative. Uddevalla's aim in respect of the elderly is to prevent an increase in the number of injuries and accidents in this group.

A collaboration group for safety of the elderly existed prior to Uddevalla's nomination, and today it is made up of representatives from various senior citizens' organisations, handicap organisations, voluntary operations, rehabilitation organisations, home health care, primary care, home help services, assisted living homes and the public health planning officer.

Information

- Information material, safety check lists and leaflets
- Lectures and product demonstrations for senior citizens' organisations and handicap organisations
- Periodical exhibitions for senior citizens with information for the elderly

Training

- Training days for safety of the elderly spokespersons and collaboration group representatives on such topics as lessons to be learned from injury registration, how diet and exercise can prevent falls, and experience sharing.

Measures

- House calls for the elderly with safety information, balance tests etc. are a previous practice which has now been re-introduced
- Home caretakers to prevent falls when cleaning windows, changing lamps etc.
- Safety rounds/talks in conjunction with social welfare registration
- Spokespersons for safety of the elderly in social welfare, primary care, handicap organisations and senior citizens' organisations
- Subsidised crampons
- A volunteer centre to help the elderly and handicapped with everyday chores

Follow-up

- Injury registration in home-help services and assisted living homes
- Key figures in the Welfare Account

7.3 Crime, violence and drugs

Many injuries are related to various forms of violence. In Uddevalla it is a well-known fact that a large volume of violent incidents reported to the police has to do with violence in bars and restaurants, and this is therefore a priority area.

The work is governed by Uddevalla Council for Crime Prevention, made up of representatives from the police force, Swedish commerce, the employer's association, community workers from social services, youth health centres, Bohus Province's Safety Services, county insurance companies, the Administration for Child Care and Education, the technical office, the Administration for the Environment and Town Buildings, the Administration for Culture and Leisure as well as the community centre leader, the social services' anti-drugs coordinator, the technical office's information officer for traffic and safety, and the public health planning officer.

A new programme for crime prevention was drawn up in 2006/2007, focusing on violent crime.

Violence-related injuries are often a result of alcohol or drug consumption. Uddevalla's public health work includes an extensive anti-drugs campaign; it employs a co-ordinator on a full-time basis and involves a cross-sectional collaboration group. In some cases it is linked to injury prevention work.

Information

- Information on Uddevalla's crime prevention and anti-drug measures can be found at uddevalla.se
- A leaflet with tips on crime prevention was published in 2006, and is now distributed to the public in connection with various events.
- Information is spread via the media and at exhibitions and events

Training

- Talks and seminars on violence, drugs etc. are arranged
- Honour-related problems is an area where more knowledge is needed. A network focusing on this problem was formed in 2006. In 2007 a training day took place, targeting those in active employment who come across this problem in their work

Measures

- The police, security companies, taxi companies and public transport have been working intensely for some years to ensure safe home journeys on Friday and Saturday nights. This bid has involved efforts to eliminate unauthorised taxis, altered bus routes, security guards on buses etc.
- The municipal management and the police have an information exchanging agreement in a bid to encourage measures for reducing crime and violence.
- The presence of adults on the town's streets on Friday and Saturday evenings has a considerably calming effect and can help to prevent crime and other problems which stem from too much alcohol consumption. For many years Uddevalla has had groups of parents roaming the town at night, although there was a period of a few years where lack of enthusiasm put a stop to this practice.
- The Norwegian method of discussion therapy is applied as a timely precautionary measure whenever the behaviour of young people gives cause for concern. The method is based on a structured dialogue involving trained therapists, the youth and his/her parents.
- Mediation between young perpetrators and their victims has been provided for some years now with the aim of preventing the risk of an established pattern of criminal behaviour.

Follow-up

- A map showing violence and other crimes in Uddevalla has been drawn up every few years. The aim of the map is to facilitate discussion and to indicate measures necessary for injury prevention.
- The number of reported crimes and reported violent crimes is indicated in the Welfare Account.

7.4 Violence against women

There is a special collaboration group for work to prevent violence against women: The Women's Peace Group. It is made up of representatives from the social services, the police, the public prosecutor's office, the probation services, regional health care, primary health care, women's shelters, the victim support group, the international women's association and the public health planning officer.

Uddevalla's Women's Peace work is based on a cross-sectional, community comprehensive action plan, outlining the responsibilities of the various parties and the importance of collaboration.

Information

- An information leaflet has been produced, aimed at women who are victims of violence, and is distributed to the public on various occasions. The leaflet is translated into several languages.
- A leaflet is being produced targeting young people, and providing a broader perspective on psychological illnesses and violence.
- In the spirit of the action plan, a "Peace File" will be put together, assembling the action plans of the respective organisations under one cover. The aim of the file is to provide information on the various parties' areas of responsibility, thereby promoting collaboration between the various member groups.

Training

- The Women's Peace Group organises two training days/field courses per year.

Measures

- The different parties are responsible for measures targeting both preventive work and appropriate remedial procedures. The measures are aimed not only at women and children, but also at men who are prone to violence, with a view to reducing the risk of future injury as much as possible.
- Preventive crisis talks are provided for men in the violence risk zone.
- The community provides a women's shelter, which is run in the form of a community-supported association. There is currently collaboration to develop the operations of the women's shelter.

Follow-up

- The public health planning officer is responsible for follow-up on the action plan; follow-up is documented in the Welfare Account.

7.5. Traffic safety

When Uddevalla's injury prevention work first began, there was a collaboration group for traffic safety and physical environment issues. Between 2000 and 2003, a traffic safety project was conducted targeting the environment, traffic safety and accessibility. During this period the project's control group replaced the traffic safety group. During the course of the project, more resources were made available for promoting traffic safety measures in Uddevalla.

Campaigning for the use of bicycle helmets, mapping out school routes and encouraging residents to practise night driving, are examples of the activities of this period.

When the project was discontinued, traffic safety work was carried on by a public information officer with ties to the collaboration project KUSTOM, in collaboration with NTF (National Traffic Association) amongst others. There has been no traffic collaboration group in recent years, but now one has been started up.

Information

- Information input to adults concerning seat belts, speed and sobriety
- Don't drink and drive – a sobriety campaign aimed at pupils in secondary education
- Information to the public on the use of pedestrian reflectors, on winter-proofing vehicles and on night-driving

Training

- Measures to train taxi drivers and public transport drivers etc. in safe driving on duty
- Training and bus evacuation drills in connection with school rides
- Skid practice using company vehicles, for refuse collectors, home-help personnel and bus drivers

Measures

- Traffic environment inspection rounds in the vicinity of the community's schools
- Safety promotion measures in connection with school rides, i.e. routines for alighting on country roads, guards on buses, and safety in the school's vicinity
- Belt indicators and pedagogical speed indicators in the proximity of schools etc.
- Night-driving practice and pedestrian reflector awareness for children and parents
- Campaign to promote the use of bicycle helmets
- The use of Alco locks in the community's cars
- Introduction of the Skellefteå model, in collaboration with the police and social services

Follow-up

- Hospitalisations/fatalities from traffic accidents are documented in the Welfare Account
- The STRADA register

7.6 Promoting psychological health

Uddevalla has no programme aimed specifically at the prevention of suicide. This has been a conscious prioritisation. Incidents such as poisoning, fire, violence, suicide, drowning etc. are often rooted in social problems such as substance abuse or psychological illness. Promoting psychological health and working to prevent social problems is therefore a way of reducing these types of accidents.

Uddevalla has resolved to provide parental support for the 0-18 age group, in order to promote the psychological health of children and young people from an early age, and thereby prevent self-destructive behaviour and suicide. The aim also is to prevent other behavioural, potentially damaging risk patterns such as alcohol and drug abuse and crime. There is parental support input for various ages and under various leaderships.

The inclusion of “life knowledge” as a time-table subject is another means of promoting psychological health in children and adolescents. Life knowledge is a subject in many of Uddevalla’s primary schools. In secondary education, it is an obligatory subject in all courses.

8. Indicator 4: Programmes documenting the frequency and causes of injuries

The comprehensive injury registration being carried out by West Göta Province in the area previously under Skaraborg County Council, is unfortunately not being carried out in Uddevalla, which previously came under Bohus County Council. For a brief period in the 1990’s, the accidents and emergencies department of Uddevalla Hospital succeeded in keeping an equivalent injury register. There has been a concerted and comprehensive effort at official and political level to attain a satisfactory and consistent level of injury registration in county health care services for the whole of the West Göta region. There is currently still none for the population of Uddevalla. The Skaraborg statistics are used as generalised information when discussing injury causes and injurious environments.

For follow-up on the frequency and causes of injuries in Uddevalla, several sources of supplementary data are used, the most important being:

For injury frequency

- Number of injury-related hospitalisations (Board of Health and Welfare)
- Number of injury-related fatalities (Board of Health and Welfare)
- Number of reported crimes, violent crimes, violence against women (Council for Crime Prevention)
- Number of suicides (Board of Health and Welfare)
- Traffic accidents (STRADA)

For information on how and where injuries occur:

- Social Services’ incident statistics (home-help services and assisted living homes) and the Administration for Child Care and Education (pre-schools and schools)
- Risk report form (“Voice your opinion”)

For information on the population’s subjective safety:

- Anxiety survey 2004
- SCB (The Central Bureau of Statistic’s) citizen survey
- SCB/NCO Safety in the daily environment

The above injury statistics are compiled annually for publication in the Welfare Account and made available community-wide. The statistics are presented showing distribution between men and women and development over time. The Welfare Account is presented in the municipality’s committees and administrations and forms the basis for decision-making. Uddevalla’s collaboration groups and the Safe Communities reference group study the Welfare Account to decide prioritisations and new measures. The Welfare Account is also

available on the community's home page, and is available on request to voluntary organisations etc.

Crime maps have been drawn up on several occasions in connection with work on violence and crime prevention, to more easily convey information on safe/unsafe environments and environmental factors which contribute to crime. These crime maps are also available to the public.

The injury registration carried out by social services and in child care/schools, provides a clear indication of why, how and where injuries occur, and forms the basis for local measures. Conveying these statistics to the public is an important means of influencing their subjective safety.

9. Indicator 5: Evaluation to assess the processes of the programme and the effects of change

The evaluation of Uddevalla's injury prevention work concentrates on various aspects:

- Follow-up of key figures to assess injury development, as well as key figures for gauging the process, i.e. the number of spokespersons for safety of the elderly and child safety, the number of organisations which have adopted their own action plans for crime prevention work.
- Annual follow-ups of the operations plan and budget based on the question "have we done what we should?"
- Evaluation of individual elements of the work. This can be on a small scale i.e. evaluation of a course, or a more extensive evaluation of an individual project. Sometimes these evaluations are carried out internally; often we use the colleges and universities in our vicinity.
- In 2000 an evaluation was carried out concentrating on structure, process and result. This examined the integration of the Safe Uddevalla project into normal operations after it was nominated "A Safe Community". The result indicated that elements such as the risk line, safety spokespersons and safety inspection rounds had been integrated successfully. Criticism was levelled at Uddevalla hospital, where injury registration was not functioning satisfactorily. The infrastructure of public health work, collaboration and political support received positive criticism. A minor survey of municipal employees and primary care staff showed knowledge of Safe Communities work and its related schemes to be good. Participation was described as wide-spread, and the mood was receptive.
- Follow-up issues relating to Safe Community work are integrated into the community's normal operations follow-up. For example, questions gauging residents' subjective safety are included in the Community Compass (Central Statistics Bureau), and follow-up of key figures in the Welfare Account and follow-up of injury risk reports are part of the framework of normal handling procedures for the community's "voice your opinion" form.

10. Indicator 6: Ongoing participation in national and international Safe Community networks

Participation in networks and conferences is a means of getting one's bearings in the environment, of finding methods and ideas to take home to one's own community and of sharing one's own experiences with others. The Safe Communities coordinator and members of the control group are invited to participate in comprehensive conferences and networks. Subject-specific conferences and seminars are also available for members of the collaboration groups and others involved in some aspect of injury prevention work. During its nomination period, Uddevalla has participated in the national networks, under various leaderships, available to Safe Communities. On the basis of this network, Uddevalla has also worked on specific issues such as evaluation and development of the coordinator role.

Uddevalla has also participated in a regional Safe Communities network in West Göta Province. In collaboration with these communities and their respective sister communities in the Baltic countries, it has carried out sister community work, and organised a sister community conference. Uddevalla's collaboration was with Jõhvi in Estonia.

Uddevalla has also participated in a number of international Safe Community conferences, and has presented its work in the form of posters and lectures.

11. SWOT analysis

In order to gain a comprehensive view of Uddevalla's injury prevention work, a SWOT analysis has been conducted, which indicates the following:

STRENGTHS

- Uddevalla has a strong organisation of injury prevention work
- The work enjoys strong political support
- It is clearly established in the community's control and management system (strategy guidelines)
- The Welfare Account works well as follow-up, data, and invitation to dialogue around the work
- There are good financial resources for development work
- Collaboration with voluntary organisations is working well.

WEAKNESSES

- No detailed injury registration provided by the hospital (Skaraborg model)
- International involvement is a lower priority area (criteria 6)
- No consequential systematic analysis of result (cause – effect)

THREATS

- Streamlining of organisations with increased focus on core operations (laid down by law)
- Short-term thinking around preventive work and profitability
- Less favourable conditions for experience sharing on a national level

OPPORTUNITIES (areas of development)

- Increase emphasis on safety in strategy guidelines on a wider level in the organisation
- Reach a large and significant group of children and adolescents through the development of “Safe Association” work
- Increase collaboration with other nominated communities to reap the benefits of coordination and possibly obtain external finance (EU project?)
- Include more work on safety issues in the overall planning
- Improved web information for residents

12. Final commentary

After 8 years as A Safe Community, many aspects of injury prevention work have been successfully integrated into normal operations, while others are at a beginning stage. This application is therefore a description during an ongoing process, and gives an account of the work which we consider differs from measures prevalent in Sweden’s communities. When Uddevalla now applies for continued status as a Safe Community, it is on the strength of our extensive experience of work in this field. At the same time we are looking to the future, and planning new measures for a cross-sectional collaboration to promote the safety of Uddevalla’s residents.

Sources

Uddevalla – En säker och trygg kommun Projektredovisning 1996
Uddevalla hälso- och sjukvårdsnämnd, Uddevalla kommun

Säkert Uddevalla kommun Uppföljning 1995 och verksamhetsplan 1996
A. Anderson, I. Haglund, Uddevalla hälso- och sjukvårdsnämnd, Uddevalla kommun

Det skadeförebyggande arbetet i Uddevallas folkhälsoarbete Informationsbroschyr 1999
Uddevalla kommun, VG-regionen

Ansökan om utnämning till folkhälsoinstitutets nationella och WHO:s globala nätverk ”Safe Communities” 1998
Uddevalla hälso- och sjukvårdsnämnd, Uddevalla kommun

Kommunfakta 2006 SCB

Uddevalla Välfärdsbokslut 2005
Uddevalla Hälsopolitiska råd 2006

Är vi på rätt väg? Utvärdering av folkhälsoarbetet i Uddevalla
L. Nilsson, G. Eksell 2000

Folkhälsoplan 2003
Uddevalla kommun

Styrkort och Verksamhetskort inom kommunens styr- och ledningssystem

Uddevalla kommuns visionsdokument



UDDEVALLA KOMMUN
KOMMUNLEDNINGSKONTORET

For questions concerning the application, please contact:
Public health planning officer, Ylva Bryngelsson
Tel. 0522 – 69 61 48
E-Mail: ylva.bryngelsson@uddevalla.se