

Skövde applies for redesignation as

Safe Community

**In the National Network of the Swedish National
Rescue Services and the WHO Global Network for
Safe Communities**



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Reapplication for redesignation as Safe Community

Background

Injuries are one of the major public health problems in Sweden as well as in the rest of the world. About 3000 people die every year in Sweden as a result of accidents and violence which, apart from premature loss of life and human suffering, annually cost the society around SEK 50 – 70 billion. Wherever there are people there is a risk of accidents and injuries. In dangerous environments and among vulnerable and high-risk groups, risk of injury is substantially increased. There is much to gain, both for society and the individual, from reducing the incidence of serious injuries.

Organized injury prevention in Skövde Municipality goes back to the early 1990's. It started with a programme called *Skadeville* which today goes by the name *Report the Injury Hazards*. This became the Skövde model for reporting, and quickly attending to, reported risks. In 1993 a new programme, *Preventing injuries 1993 – 94*, was approved and launched. This programme drew from experiences in designated *Safe Communities* and included safety inspections covered by local media, road safety information in schools and informing the public on safety risks and injury prevention.

The Skövde *Municipal Board* decided in 1994 to found a public health council. The new *Public Health Council* was constituted in January the first 1995. The council top priority was to present a well designed and efficient programme to reduce injury incidences. A number of teams were put together according to a model common in the mid-nineties. The Public Health Council has the responsibility for administering Skövde's Safe Communities programmes- in August 1996 Skövde became a designated *Safe Community* at the first *Nordic Conference for Safe Communities*. Skövde was the sixth designated Safe Community in Sweden, and the eighteenth in the world. Since the designation 1996 Skövde has produced and implemented a number of Safe Community programme projects and reports.

Description of Skövde Municipality

Skövde is situated on the eastern slope of the table mountain *Billingen* set right between the two large lakes *Vänern* and *Vättern*. The town is geographically and strategically at the centre of the former regional unit *Skaraborg*, which still is an area with a great deal of collaboration, now a part of the much larger *Västra Götaland Region*. Skövde Municipality today has over 50.000 inhabitants. The railway line with the high-speed train offers quick transport, two hours to Stockholm and one hour to Gothenburg. In 1862 when the railway between Stockholm and Gothenburg was completed it was the basis for the development of Skövde town. *Skövde Travel Centre*, bus and train station is a regional centre for transportation of people and goods.

Over the last decades Skövde has undergone radical changes with the establishment of *Skövde University* and *Technology Park*. Major infrastructural developments have been made. The largest employers in Skövde are found in the rapidly growing industry, among them the local Volvo motor industry, and trade. The military service has substantial local installations in Skövde. *Skövde University* is small with around 8000 students but one of the most dynamic universities in Sweden. Skövde University has both traditional and unique study programmes in an innovative combination of previously separate disciplines.

The major public event in Skövde is the *Matfestival*. The *Matfestival* is a culinary fair where local and regional restaurants cook and present their best recipes in outdoor fair exhibition booths in the Skövde centre fair area. The festival also offers entertainment and attractions for all ages and has been held annually for eighteen years, the last weekend in August. This is a popular event, not the least among teenagers. In 2006 the *Matfestival* had 50 000 visitors and sold 70 000 servings of food.

Health care

Public health care facilities are provided at the regional level. The largest care unit in the Skaraborg area is the *Kärnsjukhuset* hospital (KSS). The hospital is complete with emergency room and a range of specialities. Few patients need referral to specialist care elsewhere. Unique therapies have been developed at KSS where research is conducted in several medical specialities.

Five *Primary Health Care* clinics, and an emergency unit for off hours, within Skövde Municipality comprise the local primary health care. This is the foundation of local health care and the first step for residents seeking medical care. Maternity health care, child health care, youth health clinic and rehabilitation facilities are included in primary care. When necessary patients are referred to specialist care units. Primary care also includes dental health care, which is comprised by five dental care units. Added to this there are private practitioners in various specialities. *Senior Health Care* at home or in nursing homes and *School Health Care* lies within the municipal domain.

Documentation of frequency and causes of injuries in both health and dental care has been carried out since 1998 in the Skaraborg area.

Indicators for Safe Communities

Safe Communities have:

1. An infrastructure based on partnership and collaborations, governed by a cross sectional group responsible for safety promotion in their community;
2. Long term, sustainable programmes applicable for both genders, all ages, environments, and situations;
3. Programmes targeting high-risk groups and environments, and programmes promoting safety for vulnerable groups;
4. Programmes documenting the frequency and causes of injuries;
5. Evaluation measures assessing programmes, processes, and the effects of change;

6. Ongoing participation in national and international Safe Communities networks.

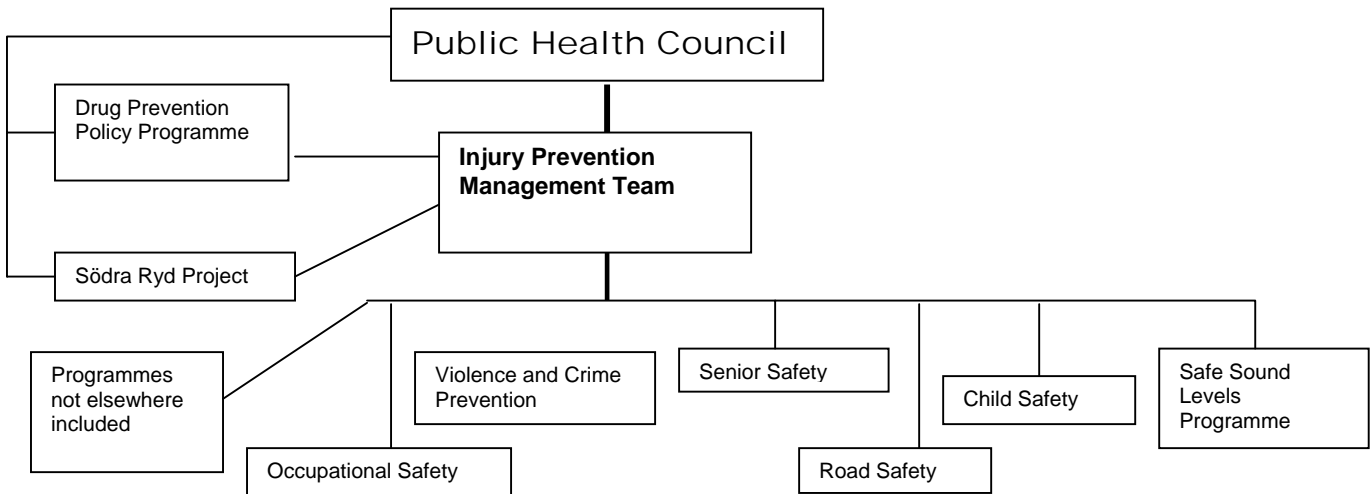
1. An infrastructure based on partnership and collaborations, governed by a cross sectional group responsible for safety promotion in their community

A document that states the vision and strategy for sustainable development in Skövde 2000 says: “We continue our work towards an equal society where individuals are respected and given opportunity to develop, work, live and thrive. Participation in our society, with all its obligations and its democratic mode of governance, should be vital to all residents. Developing democracy is our present focus.”

The Public Health Council in Skövde Municipality has existed since 1996. The council is a cross sectional collaboration group responsible for all public health work including the safety promotion programmes. This work is long term, sustainable and based on a local public health plan. The Public Health Council has the role of advisory to the Municipal Government on public health issues. The council operates its own activities and administrates its own budget 2005 amounting to SEK 825 000.

The new Skövde *Public Health Plan for 2006 – 2010* is based on the *National Public Health Plan* and a local Public Health Profile, the *Municipal Profile*. This Profile is a recurring mapping and analysis of health status of the residents of the municipality. The 2006 – 2010 Public Health Plan is focussing on promoting civil society engagement and resident participation. Great effort has been made to increase involvement of various actors and individuals in the process of developing the plan. The Public Health Plan is the basis of an effective and sustainable public health work. It contains assessable programmes and gives priority to target groups. Based on the Public Health Plan a yearly plan will be made by the Public Health Council and carried out in collaboration with other actors seeking to meet its aims and goals. Evaluation and assessment is made yearly, one way of doing this is through *The Public Health Council Annual Report*.

Organization of the public health work for Safe Communities



The Public Health Council field of responsibility

As a cross sectional group responsible for safety promotion in the community the Public Health Council field of responsibility covers the following:

- Maintaining long-term, sustainable work towards an improved public health situation.
- Mapping and analyzing necessary requirements and developing a long-term public health plan.
- Using the public health plan as a starting point in prioritizing needs, initiate and enable projects and processes.
- Developing the cross sectional collaboration through coordination and streamlining.
- Following up on The Public Health Plan, evaluating and assessing its goals.
- Developing a yearly programme, along with a budget, describing the projects the Public Health Council plan to initiate and develop.
- Submitting an annual report of the Council effort to enable all parties to follow processes and progress.

Working with Safe Community is one of the most important tasks for the Public Health Council. Five elected representatives compose the Council. Three of them come from Skövde Municipality and two from the Västra Götaland Region. Members are also the local *Public Health Planning Officer*, a *Municipal Planning Officer*, the *Director of the local Social Insurance Office*, a *Health Development Officer* from the Västra Götaland Region and the *Safe Community Coordinator/Public Health Council Secretary*. The Public Health Council has 4 – 6 meetings a year and serves as advisory to the *Municipal Board*.

Skövde - Safe Community

Skövde became a designated Safe Community in August 1996. Evaluations during the following years showed certain internal organizational difficulties. An assessment in 2000 resulted in restructuring of the programme organization. A major problem was lack of support for the cross-sectional programme groups within the municipal department administrations. New groups were formed working with safety issues, one in each department. To maintain the cross-sectional aspect, each group is led by a programme officer responsible for the safety effort in his/her group and representing the programme in the *Safe Community Management Group*. The management group reports to the Public Health Council. Much safety work is done by, or in collaboration on the regional level with, the police, primary health care including maternity health care, and infant to pre-school child health care. Collaboration is also frequent with non-profit associations and national agencies, such as the *National Road Administration*.

The Public Health Council strategy for Skövde's Safe Communities

The overall aim for the public health work is to contribute in creating promoting conditions and equal development to ensure good health for the residents. High priority groups are children/youth and vulnerable groups, i.e. single parents, immigrants and other socio-economically weak groups.

2. Long-term sustainable programmes covering both genders and all ages, environments, and programmes that promote safety for vulnerable groups

The integration of safety promotion into the municipal departments and the cross-sectional collaboration between municipal departments.

In most safety areas the work is integrated into the regular activities of the relevant department. The road safety, school and senior safety programmes are completely integrated in the respective municipal department. *Safe Sound Levels Programme, Crime and Violence Prevention Programme, Drug Prevention Policy Programme, the Occupational Safety Programme* and the *Södra Ryd Social Integration Programme* are programmes not integrated in departmental work.

There is extensive collaboration among departments, for example between school and road safety programmes. Crime and Violence Prevention and Drug Prevention Policy Programmes are thoroughly cross-sectional. The local Public Health Council and the Public Health Planning Officer collaborate with all departments and programmes and are engaged in inspiring, planning, initiating, and in many cases financing and implementing projects and activities.

The Safe Sound Levels Programme is aiming to prevent hearing damage, primarily among children and youth. The recently started second project of the programme is focussing on preschool sound levels.

A part of the Occupational Safety Programme is *Safe Workplaces*. This area is in need of further development.

Two larger scale projects targeting high priority groups are presently in progress. The Drug Policy Prevention Programme is mainly aimed at children and youth as well as *Södra Rydprojektet* (the Södra Ryd Social Integration Programme) targeting both children and youth and other socially vulnerable categories. *Södra Ryd* is a section of Skövde where many of the residents are immigrant families from a number of different countries.

Programmes and activities during 1997 – 2005 as well as present and planned projects, activities, evaluation and assessment of the programmes are described below.

Occupational Safety Programme

In February 2004 Skövde organized an international conference, *Safe Community – Safe Industry*. The objective was to develop collaboration in the Baltic region around a Safe Industry concept. The conference was undertaken with financial support from EC and is part of a larger project with the overall aim to develop safety work in the Baltic region. A second part of this project includes compiling a database presenting all Safe Communities in the Baltic region. After completion in the autumn 2007 the database will be accessible on the Internet and eventually be maintained by the *SRSA (Swedish Rescue Services Agency)*. Another part of the project consists of support for Polish communities in the Katowice region to get started with Safe Community work.

A working group has been discussing models and criteria for the safe workplace in Skövde. Apart from municipal representatives the group consisted of representatives from *Volvo Cars*, *Volvo Powertrain*, *KSS (hospital)*, and the Swedish Rescue Agency's *Rescue School* in Skövde. This working group is dormant during 2006.

The Most Health Promoting Work Place in Skövde

The *Swedish Work Environment Authority* has accomplished much on the physical aspects of occupational safety and the present effort in Skövde is primarily directed towards the psychosocial area. In light of the steeply rising levels of ill health in the society, Skövde has, in collaboration with the Public Health Council and the *Social Insurance Office*, initiated a conference for the employers in the Municipality. The aim was to create actions and efforts leading to a health promoting setting in the work place. The employee should experience his or her work place setting as stimulating and socially supportive and the work place should be promoting job satisfaction and psychological health. The conference sought to establish a consensus on criteria for work place health promotion and avenues for creating work settings protecting and enhancing employee health. The method used was "*Future Search*" which has been created for future planning in large groups and complex organizations. The conference decided to announce a contest where all work places in Skövde can take part: *The Most Health Promoting Work Place in Skövde*.

The contest is partly aiming to stimulate improvement of health promoting settings in the local work places and partly to give attention to innovative and groundbreaking contributions resulting in work place health promotion. Employee representatives submit an entry describing why their work place should win the contest. Hopefully the methods used and actions taken by the winner can function as inspiration for other employers in other work places. For the present there are no plans for contests after the 2006 edition.

Safe Sound Levels Programme

Introduction

Noise induced hearing damage in general and tinnitus in particular is an increasing problem in society today. Noise pollution is ever increasing and people are exposed to unsafe sound levels in many places. This applies even more to children and youth environments.

Safe Sound Levels in Children and Youth Environments

Hearing damage among children and youth has increased lately in the Skaraborg area. Each day, on average, one child or youth seeks medical care for hearing damage. Of these every seventh has serious problems. Damages are mostly tinnitus and/or hyperacusis, oversensitivity to normal environmental sound. Low frequency noise can lead to other problems such as high blood pressure or sleep and concentration disorders. Individual sensitivity varies and younger children are more vulnerable as the development of the ear is not complete. Establishing and examining high-risk environments was necessary before action could be taken.

The Public Health Council in Skövde accepted a policy and a programme of action with the aim to prevent hearing damage from unsafe sound levels. The programme focussed on children and youth environments. An appointed project leader planned and implemented the project *Safe Sound Levels in Children and Youth Environments* in collaboration with the local Public Health Planning Officer, an audiologist from the *KSS* (hospital), and the *School Department*. The model for and structure of the project has been developed locally and went on from 2001 to 2005.

Project vision

The vision was that no new cases of hearing damage due to unsafe sound levels occur among children and youth in Skövde.

Aim

The aim was to address children and youth, the public, official and private actors in children and youth environments. Using information and consciousness-raising on the effects of unsafe sound levels to bring about changed behaviour and thus minimize hearing damage.

Objectives

- Identification of unsafe sound level risk environments
- Informing children and youth, parents and public, official actors such as school personnel and non-profit associations working with young people. Informing private actors such as restaurant owners, live music entertainment organizers and gym owners.
- Starting a dialogue with persons responsible in above mentioned environments and using *Sound Level Meters* in target locations before during and after project.
- Installing and persuading other actors to install a *dB Alert Noise Warning Device* in target locations.
- Periodically increase official control of dB levels in target locations.
- All children and youth musical groups must play at acceptable sound levels and/or wear ear protection headsets.
- All activities for children and youth organized by the *Leisure and Recreation Department* must stay within acceptable dB limits.
- Distribution of educational materials to the schools, such as films, books and pedagogy guide for the teachers. Distribution of educational equipment to the school health nurses office, such as sound meters and various ear protections.

Follow up procedure and evaluation

The target localities have been controlled each year during the project period. An evaluation was completed after the project period, documented in the report: *Fallstudie - Buller i barn och ungdomsmiljöer* (Case Study – Safe Sound Levels in Children and Youth Environments).

Conclusion and results

There is a simple, cheap and effective way of lowering unsafe sound level exposure in schools and preschools- arranging a particular time period during the day for all children/students to participate in silent playing, reading or studying. Smaller classes and preschool groups are also helpful for noise reduction. A dB level display *Sound Ear* is in use in many preschools and acoustic ceiling boards have been fixed in some schools. All schools/preschools have felt cushions on the end of chair legs to eliminate squeaking.

Sound levels meter data from schools and preschools show that sound levels are reduced but there are problem areas such as the school gymnasiums. Problem areas outside of school are restaurants, discotheques, live music concerts and other amusement establishments where sound levels tend to be rising. Continued dialogue is important. The *Environment Health Department* is currently working with this issue within its review activities.

Safe Sound Levels in Preschool – New Project

Introduction

High sound levels in schools and preschools are still a problem. In the autumn 2006 a new long-term project focussing on lowering sound levels in preschools is launched.

Goal

- To initiate a process of increasing knowledge about unsafe sound levels, its causes and effects.
- To develop and implement pedagogical methods with which sound levels can be lowered in all Skövde preschools.

Objective

A consultant will be mapping and analyzing how the staff is experiencing the sound level situation in two pilot preschools. The questions at issue are in which contexts sound levels are high or low respectively and why. Another objective is to find out how the staff handles the sound level situation and what pedagogical methods they think can be used to reduce sound levels. The results of the analysis will be processed with the purpose to develop effective pedagogical methods and investigate how the work in preschools can be structured to minimize high sound levels.

An educational theatre performance and a pedagogical material and teachers guide for preschool personnel will be offered to all Skövde preschools. The theatre performance and the preschool material are produced by the non-profit organization *AMMOT* (Artists and Musicians Against Tinnitus).

Assessment and evaluation

Sound level meters will be used before, during and after the project period. The evaluation will use the result of the analysis and the working process for the duration of the project as a starting point. Developed pedagogical methods and structures for the daily work at the preschools are later to be implemented in all Skövde preschools.

Road Safety Programme

The issue of road safety has been a priority in Skövde for a long time. A number of employees at the *Street and Traffic Operations* of the *Public Works Department* are working full time with road safety and documentation of incidents and actions taken.

The National Road Administration introduced the national long-term road safety programme *Nollvisionen* (Zero Vision) in 1997 to bring down numbers of road casualties and injuries. The Zero Vision is the basis of the Road Safety Programme in Skövde.

The Street and Traffic Operations of the Public Works Department is in charge of the programme in liaison with the *LOTS* council, the local *Road Safety Council*, the police, the

KUSTOM Project. About thirty non-profit associations engaged in road safety issues populate the LOTS Council. Issues of drugs and road safety are coordinated with the *Drug Prevention Policy Programme*.

The vision is that a combination of reaching high safety standards for roads and streets and campaigns to modify road user behaviour will lead to a reduction of numbers of traffic related injuries.

The KUSTOM Project

KUSTOM stands for *Municipal Road Safety and Environment Collaboration* and it begun January the first 2004. Skövde and *Mariestad* Municipalities share this project and its full time employed coordinator. The aim of the project is to use promotional campaigns to reduce high-risk behaviour and raise consciousness on road safety and environmental issues. The method is to address primarily children and youth through activities and campaigns in schools. Projects and activities are implemented in collaboration with the Public Health Planning Officer, the Drug Policy Programme Coordinator and the National Road Administration. A plan of action is prepared for each year and an assessment of the previous year is presented to the Public Health Council.

Goal

The main goal for the Road Safety Programme is to step by step minimize road and traffic injuries and reduce traffic related environmental damage through a long-term initiative in collaboration with LOTS, KUSTOM, the police and other actors engaged in road safety.

Method

This project's methods focus on recurring long-term promotional campaigns addressing, and in dialogue with, groups and individuals, with the purpose of reducing high-risk behaviour. Continual planning and revision for high safety road standards and targeting high risk crash locations.

Objectives

- Addressing schools, sports associations, the public sector, private companies and the public with information campaigns and activities.
- Opportunities for this may be to be present during other events and activities and in collaboration with other actors. Examples are office meetings and sports tournaments.
- Themes for campaigns and activities are among others, bike helmets, seat belts, alcohol and speed and crash impact.
- Preparations for a municipal transportation and travel policy for Skövde based on a survey of existing conditions are starting 2006.
- The Street and Traffic Operations use developed criteria to install traffic calming devices such as bumps and humps.

Objectives

- To reduce the number of drunk drivers on the roads, the number of casualties and injured young people due to drunk driving, speeding and not using safety belts.
- To influence road users to use safety equipment such as safety belts and bike helmets.
- To develop and establish safe routes for walking and cycling, with safe routes to school as top priority.
- Raise consciousness of children and youth on road dangers and the importance of security thinking.
- Organize screenings of the film *Länge leve livet* (Long live life) in Upper Secondary School, for servicemen in local military facilities and for the public.
- Together with school principals and teachers inform during parent-teacher meetings about the importance of introducing safe school routes for walking and cycling and/or parents accompanying children to school (not by car).
- Influence school staff to work with road safety issues continually, inform parents during meetings of the importance of bike helmet and seat belt usage.

Road safety promotion activities and preventive measures in road standard and infrastructure in short for the period 1997 – 2005.

Recurring activities:

Children and youth 0 – 18 years:

- *Road and Traffic Information Day* – frequently held in schools, and at local Football Summer Camps. Activities are bike helmet information, road signs, and first aid.
- *Visibility After Dark* exercises and handing out reflectors in schools promoting increased reflector usage.
- *Bike Days* in schools

From year 2001:

- Promotional campaign at the fair *Ung i Skaraborg* (Young in Skaraborg) when held in Skövde every fourth year, until now in 2001 and in 2004.

From year 2002:

- Distribution of visibility safety vests to all school children from year one to six.

From year 2005:

- Distribution of visibility safety vests to all preschool children.
- Information brochures/posters on bicycle safety from the National Road Administration is distributed to all schools.
- Coordination of the National Road Administration *Ambulance Campaign*, promoting bike helmet use among school children.

Youth 18 – 24 years:

- Campaign Booth during the Skövde *Matfestival* on issues of alcohol and driving. (See Drug Prevention Policy Programme).

From Year 2004:

- A brochure on regulations for carnivals is distributed to all Upper Secondary Schools before end of the school year.
- Implementing the National Road Administration Campaign: *Don't Drink & Drive* with the following activities:

- Screening of the film *Länge leve livet* (Long Live Life), portraying a chain of incidents leading up to drunk driving and a fatal accident. The film is annually screened for 1 500 youth and approximately 500 adults.
- The National Road Administration *Information Trailer* on display during Skövde *Matfestival*. The display was preceded by distribution of information materials and contest sheets in Compulsory Schools, Upper Secondary Schools, and the University of Skövde. The contest prize was the book: *Stopp, stanna för faen!* Between 1400 and 1800 visitors see the trailer display each year.

The public:

- Road Safety Information Campaign at the *Motormännen* (Motor Men Non-profit Association) *Road Safety Rally*.
- Screening of Road Safety Information film at different activities in Skövde.
- The recurring *Road Safety Day* event for the public at the local shopping centre and the town square on various themes such as wild life, speed and crash impact, dangerous goods and first aid.
- *De-rusting Day* for motorbikes at the *Motor Vehicle Inspection Station* with inspection and motorbike display.
- *Safety Belt Campaign Week*, counting the number of safety belt users during a few weeks.

From year 2000:

- *New Traffic Regulation Information* for the public with brochure distribution.

From 2003:

- Demonstration of *Breathalyzer Ignition Interlock Device* at the town square.
- *I stan utan min bil* (In town without my car) campaign at the town square in collaboration with the National Road Administration.
- *Bike Week* – national campaign promoting helmet use counting helmet users on local bicycle roads.

From year 2004:

- *Bike/Walk to Work* – yearly campaign and a competition of highest mileage walked/biked to/from work for individuals and co-worker teams.
- *Digital Safety Display* – a portable road safety sign used periodically on different locations within the community. The display informs drivers and the Streets and Traffic Operations, Public Works Department, of speed behaviour. Results are analyzed and used in Streets and Traffic Operations planning.
- *Safe Person Concept* – a National Road Administration Display at *Children's Day* in Skövde.
- Display Booth during *Health Promotion and Nature Day*.

From year 2005:

- *Bike Helmet Promotion Day* on a bicycle path one spring morning. Dialogue and distribution of a bike helmet lock financed by LOTS.

Special campaigns:

Year 2001:

- Special Road Safety Day during the opening of a reconstructed roundabout under the theme's *The Killing Speed* and *Inner Safety*.

Year 2002:

- Message posters produced by LOTS and the *Crime and Violence Prevention Programme* on not drinking and driving or riding with someone who has.

Year 2004:

- Sponsoring of driving test study material to Stöpen Compulsory School.
- Road Safety Information using three display trailers from the National Road Administration at the Swedish Championship in *Rescue People from Crashed Cars* at the SRSA (Swedish Rescue Services Agency) Rescue School in Skövde.
- *Safety Belt Information* – Promotion campaign targeting younger urban men using dialogue and distribution of information brochures and small gifts of pens and key rings.
- The National Road Administration *ROLL-UP Display* has been set up in the Skövde Municipal Building.
- *Road and Traffic Information Day* in collaboration with among others the Drug Prevention Policy Programme addressing both children and parents during the yearly *Class Football (Soccer) Tournament* for year 1 to 6 school children in all Skövde schools.
- *Road Safety Night* – Road 26. Information activity by the roadside performed in collaboration with LOTS.
- Information materials, films, brochures, overhead and display trailers from the National Road Administration have been used on various occasions.
- Skövde has commenced a project for treatment of drunk drivers according to the so-called *Skellefteå Model*.

Road and traffic environment improvement measures

Skövde Municipality has since 1997 implemented a number of road and traffic environment improvements. The last few years have seen an extensive and continual inventory of, and countermeasures to, high-risk crash locations in collaboration with the police and the public.

- The Street and Traffic Operations have decided on a list of five criteria for installing speed-slowing devices in neighbourhood streets.
- A number of speed-slowing measures of various types have been implemented near schools and school bus stops. This work continues.
- A major expansion of walking/biking paths have been built and walking/biking cross walks have been improved to promote road safety for pedestrians and cyclists. Expansion is continued.
- Updated and improved signals and signs at target crossroads.
- A total reconstruction of the bus terminal at the *Resacentrum* has been completed to diminish the risk of accidents for passengers mounting or dismounting the bus.
- The extension of an existing ring road around the centre of Skövde has been completed to diminish the amount of heavy and drive through traffic in the village of Skultorp. Skövde Municipality granted a loan to ensure a speedy development of this extension, which the National Road Administration had scheduled to be developed at a later time.

- A field inventory has been undertaken in the centre to improve accessibility and promote road safety for the physically challenged. Present improvements based on the inventory are colour marked barrier free paths and levelled bus stop ramps presently under construction.
- The resident views and priorities regarding the road and traffic situation in Skövde have been investigated through questionnaires.

Ongoing, planned and regularly recurring activities and measures for years 2006 to 2009

Above mentioned activities and measures are continued.

New long-term commitments:

Children 0-18 years:

Starting in 2006.

Walking School Bus

The safety of younger children travelling to and from school is a major problem. The route to school often passes dangerous and high-risk road and traffic environments and the situation outside the school is often chaotic mornings when parents drop their children off. A method successfully tested elsewhere is the Walking School Bus. Projects are starting during the autumn term 2006 in at least one school. The following term more schools with children from year one to three are due to start this project where parents take turns to walk their own child to school, picking up other waiting children along a predetermined route.

New School Bus Regulations

The new regulations for school buses in Skövde are far-reaching. Buses must be equipped with *three-point safety belts* for all seats and a *breathalyzer ignition interlock device*. Special *safety training* is mandatory for all school bus drivers.

Traffic environment survey and analysis

A survey based on analysis of traffic data enabled a categorization of all roads and streets in Skövde town. The objective is improved road safety and traffic accessibility.

Since the extension of the Skövde ring road around the village of Skultorp, the now local Skultorp road will be improved to further ward off drive-through and heavy traffic.

Construction of a new traffic solution north of the centre of Skövde has been able to start earlier than scheduled thanks to a loan granted by Skövde to the National Road

Administration. The solution will diminish drive-through heavy traffic on local roads and streets and is due to be completed in the autumn 2007.

Media

The local media has published a number of articles on different road and traffic safety issues. Road safety information has regularly been printed in the daily papers.

Assessment of safety work in road and traffic environment

Documentation of injuries from traffic accidents is mapped to obtain information on and target high-risk areas. *Traffic Speed Sensors* are installed to analyze medium speed before and

after a speed slowing measure has been implemented. Medium speed has decreased by 3 – 8 km/h after each measure.

Comparative results on behaviour, attitude and security thinking

Comparing results from a safety belt campaign carried out in 2004 and 2005 shows that use of safety belts has increased with 9%. In 2005, 96% of the private vehicle drivers and 93% of their passengers used the safety belt.

Violence and Crime Prevention Programme

Introduction

The *Crime Prevention Council* in Skövde (*BRÅSK*) was established in 1999. Representatives from the municipality, the police, the commercial sector and non-profit associations comprise BRÅSK. The council addresses local crime and violence and is engaged in both short-term and long-term prevention.

Vision

Significant decreases in crime and violence in Skövde as well as diminish the fear of crime among residents. The long-term aim is to influence the public attitude towards criminal actions of every type and short-term to reduce levels of crime and criminal violence in Skövde.

Aims for the Crime Prevention Council

- Analysis of the development of crime and violence, its factors, effects and costs - individual, social and economical.
- The aims established in the Crime and Violence Prevention Programme taken 2004 are also guidelines in the council work and crime prevention projects are supported.
- Coordinating crime preventive activities and projects.
- Analyzing the Public Works planning of new housing areas from a crime prevention perspective.
- Informing the Municipal Board and the public of crime prevention activities and projects.

Objectives and priorities

- The short-term objective is to significantly reduce everyday crime in the following two years. Regarding street and nightlife related violence the target is a decrease by 5% annually.
- Top priority for the Crime and Violence Prevention Programme is prevention activities aimed at children and youth.
- The prevention of crime not directly related to violence is important as violence is more common where crime levels in general are high.

Statistics of criminal violence in Skövde

The statistics of crime in Skövde is very thorough and updated continually. The total number of crimes reported in 2003 are 4 855 while the number for 2005 shows a slight increase with 4 678 crimes reported. Of the reported crimes 342 incidents in 2003 and 368 incidents in 2005 concerned violent acts (assault and battery). One of the factors explaining this increase is the growing attraction of Skövde nightlife establishments in the Skaraborg area. Acts of vandalism had, on the other hand, decreased from 568 incidents to 503 during the same period of time. From 2002 the population has grown with less than 600 individuals, which should have a very small effect on rates.

Strategy

Statistics of crime levels and changes in crime tendencies are analyzed and readily acted upon.

Two lines of strategy are followed. Measures promoting or impeding crime can be *situational* or *social*. Situational measures complicate the carrying out of the crime, increase the risk of getting caught or diminish the gains from the crime. The situational measures can be implemented and effective relatively quickly. The social measures are long-term promotion efforts with the purpose of influencing attitudes and behaviour including prevention of relapse by convicted criminal.

Attitudinal changes are aimed for in the following areas:

- General attitudes towards crime
- Drugs (see Drug Prevention Policy Programme)
- Violence in general
- Violence towards women
- Aversion to multiculturalism and racism

Safety and Security – Web site and brochure

Introduction

A survey in 2002 among 4 500 people in the Skaraborg area found that fear of crime and insecurity was reported by as much as 66% of the Skövde residents. In a repeated survey 2006 the fear of crime had risen to 68%. The total amount of reported incidents during the same period demonstrated that crime rates actually had fallen. The high level of fear of crime and insecurity is not proportionate to the risk but is in itself a problem.

Goals

The goal is increasing safety and security regarding crime and violence in Skövde Municipality and reducing fear of crime.

Strategy

- *Säkerhet och trygghet* (Safety and Security) is a web link at Skövde Municipality homepage since 2005 with information on safety, crime prevention tips, relevant phone numbers et cetera.

- *Visst går det att förebygga brott* (Crime Can Be Prevented) brochure with local crime statistics and examples of already implemented and planned counter crime measures in Skövde. It also contains information on how the individual can prevent crime himself.
- Street lights all night and improved lighting in parks, parking lots and other risk areas.

Safe in the City

Introduction

Trygg i stan (*Safe in the City*) is a project initiated by the Crime Prevention Council and performed in collaboration with the police and twelve restaurants/nightclubs in the centre of Skövde. During the years of 2004 and 2005 numbers of reported assaults and battery in the centre of Skövde rose. A majority of the incidents took place at, or in the close proximity of, restaurants or nightclubs.

Goal

To reduce nightlife and alcohol-related crime and disorder in the centre of Skövde and counteract drug dealing and drug use.

Method

The Safe in the City project is based on the experiences of a model developed in Stockholm 1995 named *STAD, the Restaurant Project*. This approach stands on three legs:

1. Supervision and surveillance

Increasing police surveillance of alcohol, drug abuse and disorder at and around restaurants and nightclubs. Supervision and guidance of legal matters and permits will also be increased.

2. Collaboration

The Safe in the City restaurant project improves relations between restaurants/nightclubs and the authorities in increasing knowledge and developing an understanding of the others working conditions.

3. Knowledge

Special Training Classes for owners and staff are part The *RUS (Restaurants Development Collaboration)* Project collaboration among the police, hotel- and, restaurant organizations and respective union organizations for hotel and restaurant staff in the Västra Götaland Region.

Goals – Steps

All staff at the restaurant/pub should attend training classes and engage in discussions. The objective is for the work place to develop its own alcohol and drug policy programme.

Activities carried out within Safe in the City project

- RUS - training class on the subject, *Responsible handling of alcohol*. The licensed alcohol beverage restaurateur, and each of his staff, is responsible for his/her beverage

serving and obliged by law to refuse serving alcohol to visibly intoxicated customers. Other topics in the training classes are handling of conflicts; how to deny entrance to visibly intoxicated persons and how to handle intoxicated and discontented customers.

- Increased police presence in the centre of Skövde.
- Review of arrangements of entrances to restaurants and pubs as to how customers waiting to get in and customers “nipping out for a smoke” can be separated and organized in a convenient way to eliminate confusion and potential conflict.
- The restaurants and pubs have a direct telephone line to the police.
- The participating restaurants and pubs have developed five guidelines.
- A joint logotype has been designed with posters, stickers and vehicle decals.
- Follow up meetings between police and restaurant or pub security/door monitor.

Project participation guidelines:

1. Deny entrance and deny serving alcoholic beverages to visibly intoxicated persons, visibly intoxicated guests should be ejected.
2. Persons causing a nuisance in the restaurant or pub should be ejected.
3. A Zero Tolerance of drugs.
4. Proof of age is required at the door and for purchasing alcoholic beverages.
5. All criminal acts will be reported to the police.

Activities in the autumn 2006

- Training classes for staffs at restaurants and pubs on the subjects *Responsible handling of Alcohol* and *Conflict Management*, possibly also *Drugs in the Restaurant/pub/nightclub*
- A *Web sight* of the project is being developed.
- Surveillance cameras in target locations will be installed if permitted by the national government.
- At the yearly *Matfestival* (See page 3) teen parents, *Parents Night Watch Associations*, both from Skövde and from neighbouring communities, are active. (See Drug Policy Preventive Programme)

Generally crime preventive measures completed and ongoing by BRÅSK and collaboration partners

- The local *Crime Victim Support Emergency Watch* in the eastern part of Skaraborg (Skövde) is training *Volunteer Witness Supporters* in liaison with the national *Crime Victim Compensation and Support Authority*.
- Collaboration between commercial companies in prevention of robbery, theft and shop lifts.
- Information to shop employees on handling robbery situations, theft and shop lifts by the Crime Victim Support Emergency Watch.
- Rapid Graffiti Removal is important as graffiti has an effect on people, intimidation, encouraging crime et cetera.
- Information on crime patterns and trends and crime prevention in the programme *Brottstycken* (Crime Pieces), on the local *Radio Skaraborg* network.
- Neighbourhood Crime Watch networks is in play in several neighbourhoods. The police are in charge of this cooperation in collaboration with the local public housing

company, other landlords and neighbourhood associations. More neighbourhoods are in line for information meetings.

- Seminars have been held on crime prevention in public environments for janitors, caretakers, real estate owners et cetera.
- Campaign on car crime in liaison with the *Police Department of the Västra Götaland Region*. A survey of car crime target areas has been completed and analyzed.
- Support for threatened and battered women by the *Social Services Department*, *Crime Victim Support Emergency Watch* and a *Domestic Violence Shelter*.
- *Utväg* (Way Out) is an action programme for families with a history of domestic abuse who are willing to try and stay together and where it is believed that the situation may be changed.
- *Resecentrum* (Skövde Travel Centre) was becoming a problem area where youth and an increasing number of homeless, many originating from neighbouring communities, gathered evenings and nights. Threats, violence and disorder followed and there was an imminent risk of accidents in connection with passing trains. BRÅSK has in collaboration with the police, the School Department, the *Leisure and Recreation Department*, *S J (Swedish Railways)*, and other commercial actors within the Travel Centre addressed the situation. A temporary *Night Shelter* for the homeless has been open during the winter 2005 – 2006.

Senior Safety Programme

Introduction

A large and growing problem in our modern society are the number of seniors who experience fall accidents. The risk increases with age and an ageing population. Of all the unintentional injuries registered in this country about one third has happened at home or in a nursing home where senior falls constitutes a large proportion of the injuries. Research has shown that the number of risk factors for senior falls at home or in nursery home is at least four hundred. Falls result from a complex interaction of risk factors and there are no simple solutions. Apart from the suffering and that falls-related injuries tend to lead to secondary complications and increased mortality, the hip joint fractures in Skövde Municipality alone cost an estimated SEK 16,5 million in 2004.

Aims

The aim is to prevent senior falls and fall-related injuries through information and adequate measures.

Goals

- Informing seniors and their relatives on prevention of fall accidents.
- Performing hazard assessment of all seniors in care both at home and in nursing homes.
- Care and environment modification to prevent fall incidents.
- Use of existing guidelines in care routines.

Method

A survey was carried out during two two-week periods in 2002, spring and autumn, identifying when, how and where senior fall incidents occur. In every case incidents were thoroughly documented. In-home fall incidents tend to be under-reported as seniors in in-home care not injured by the fall often chose not to report the incident to in-home care staff. The reported cases of the four-week survey equals 2 550 cases a year, which is considered average for a community the size of Skövde.

The result of the survey was analyzed in terms of; who is falling, in which environment the falls take place and are there any common denominators? Apart from an ageing population, cognitive disorders appearing in younger ages today in combination with relative high level of physical mobility seems to be some of the common denominators.

A follow up survey was conducted in 2004. The result demonstrates that the number of fall incidents in senior care have remained at the same level. Most incidents have taken place in nursing homes but the number of incidents has dropped from 151 cases in 2002 to 138 cases in 2004. A renewed survey is scheduled for the autumn 2006 and spring 2007.

Based on analysis of the two surveys a *Senior Fall Prevention Programme* was developed. The programme has been approved by the *Care Committee* and is to be used by the *Senior Care Staff*.

Measures and objectives, ongoing and planned

- Each new senior care client is provided with an in-home hazard assessment according to a procedures guide. Identified risk factors, aims, and measures planned and taken are documented in a special *Care Plan* in the *Patient Notes Chart*. Measures can be installation at home of various practical aid, such as handles by the bed and wristband telephone alarm, change of shoe-wear and removal of rugs.
- Senior care staff fills in a report of each fall incident or injury. The report states where, when and how the incident happened. Medical care notes are added to the report. In some cases the incident report is made directly in the *Patient Notes Chart*.
- Recurring lectures informing on health and safety, including prevention of falls, at various senior associations meetings.
- Lectures and educational materials on prevention and security thinking are supplied to study circles for *Relatives as Care Givers* in collaboration with the *Adult Educational Association, Studieförbundet*.
- The Senior Falls Prevention Programme participates during the yearly Health Promotion and Nature Day informing on senior falls risk factors and prevention.
- Senior Fair – *Livslust* (Joy of Life) was organized in 2004 for the first time in Skövde. The fair had 700 – 800 visitors and was organized by the Care Department in collaboration with the Public Health Council, the *Red Cross* and the Seniors Associations.
- Since autumn 2005 Skövde has had its own *MrFixit (FixarMalte)*. A handy man available for all residents over 65 years of age. MrFixit is not to compete with professional craftsmen/handyman or provide services normally provided by landlords. The services of *MrFixit* include minor repairs and installations such as hooks, pictures, smoke detectors, curtain rods and curtains.

For the future

- The implemented senior falls prevention efforts continue.

- A qualifications development course, including fall prevention, for staff in senior care is starting in the autumn 2006. The project is called *Client Activation Maintenance View* and the objective is for staff in senior care to support and encourage the client in performing the everyday tasks he or she is capable of.
- A seminar for seniors on ageing, medication and senior falls is organized in the autumn of 2006 and will be recurring every few years from now on.
- The local Seniors Associations are very active and as a part of their ordinary activity they regularly arrange health promoting physical activities such as Qi Gong, Nordic Walking (Ski Walking) and Boule tournaments.

Child Safety Programme

Introduction

Injuries among children and youth, to a great extent, take place at school and in sports facilities. The work place laws have become more stringent regarding safety at school and require that students, through representation, take part in safety inspections and are engaged in safety measures. Students at school are considered; according to work place regulations as equivalent to employees and school management thus fall under the same safety regulations as occupational safety requirements. A large part of child and youth safety measures taken within the Child Safety Programme are addressed in very close collaboration with other sections and much is described in other sections. The Safe Sound Level Programme and the Drug Prevention Policy Programme are predominantly aimed at children and youth. A large proportion of the Road Safety Programme and the Södra Ryd Social Integration Programme concerns child and youth safety.

Activities 2000 – 2005

The former reference group for child safety initiated in 2000 an analysis of injury incident documentation from local emergency room care and regional statistics. The material was analyzed with the aid of the regional Child Health Care in Skaraborg, the Paediatric Ward at KSS (local hospital) and the Public Health Planning Officer. An *Injury Report Form* was developed for use in schools and preschools. The local *Council for the Physically Challenged* was invited to four safety inspection rounds. All play grounds at schools and preschools were investigated from a physically challenged accessibility point of view.

The Child Safety promotion is as of 2001 an integrated part of the regular activities of the *School Department*. All schools are engaged in anti-bullying and anti-violence programmes, mandatory swimming classes and road safety programmes, and have environmental reviews both indoors and outdoors.

A Safety at School Programme was developed in 2005 to be implemented in all schools and preschools. The programme has three parts *Safe Schoolyards – eliminating injury hazards*, *Anti-bullying Programme* and *Safety in the Chemistry Room*. The programme is based on work-place law and every school principal initiates measures and develops guidelines according to the principles laid out in the programme.

Examples of the safety promotion efforts in the Skövde schools today

- Ethical rules for behaviour addresses the psychosocial environment, support for special needs students and an anti-bullying action plan. *MOMBUS* is the anti-bullying programme that many schools have chosen to use. All schools have *EQ* (emotional intelligence), *ART* (Aggression Replacement Training) or a similar programme.
- *Risk Management* – age appropriate and environment adapted such as information on appropriate routes to school, cycling to school not allowed for the youngest students, distribution of reflectors in the autumn, requiring use of bicycle helmets and helmets for sledge riding in the winter, risk analysis ahead of arrangements and outings.
- All accidents and incidents are reported in the special *Injury Report Form*.
- In all schools with students from year seven, school management and one or two student representatives conduct yearly inspection rounds. Students elect the *Student Safety Ombudsman* and the school management provide the necessary training for the task.
- From 2004 there has been a Student Safety Ombudsman in all Upper Secondary Schools. The injuries at school take, to a large extent, place in the gymnasium, woodwork and technology classes.
- During 2005 the *Swedish Work Environment Authority* has inspected all chemistry rooms in the schools of Skövde and any shortcomings have been attended to. The principal is responsible for conducting risk assessments of chemistry classes and ensuring that teachers have the required knowledge of regulations and how to assess and prevent hazards.
- All students in year seven and nine have theme days or a theme week. The theme week for school year 2005 – 2006 was *ANT* (Alcohol Narcotics Tobacco) and Environment”. The theme for year nine was *Health*.

Health Promotion at School

Special efforts by individual schools

In 2005 the Ryd School specially adapted an experience activity room on the effects of tobacco use. The *Oasen Health Adventure Centre* in Vara Municipality inspired and trained the Södra Ryd School teachers working with the project.

Health Promotion at School is a programme financially supported by the Public Health Council and when the programme started in 2002 principals could apply for money together with a project description. The first project was an anti-bullying project with lecturers and study visits at the *Billingskolan*. After the project the Anti-bullying Programme was revised and an *Anti-bullying Team* was formed. *Billingskolan* also had a theme week on health with a number of try-out physical activities, film screening et cetera. In 2002 a values and ethics project within a circus theme was started in four schools for years 4 – 6.

The *Health Promotion at School* concept was evaluated in 2004 and partly revised. The new concept is a local network for all interested schools working on a common theme. Some twenty schools elected representatives for the network and each year a new theme is chosen. The Public Health Planning Officer together with the school principals develops the theme. The present theme for the Health Promotion at School is “*Overweight children in School aged 6-16*”. A working team runs the project with the issues of the theme. The School Committee took a policy and a guide for working with overweight children. The policy and manual is to be used by the school and the school health care units. It consists of three parts, identification, support and, if necessary, a medical remittance of overweight children. Three, soon four, groups of parents and overweight children; called *KOSMOS*, have been formed

according to the guide. Non-profit Sports Associations are collaborators within this theme offering various physical activities.

Within the Health Promotion at School Project there is an event that has taken place yearly since 1999, *Tjejpunkten* (Girl Spot). *Tjejpunkten* is a seminar day for all Skövde girls in year eight on identity, self-esteem, safe sex, drugs and other issues as well as entertainment. Some fifty girls from year nine organize and carry out the programme under supervision of the Public Health Planning Officer.

The youth fair *Ung i Skaraborg* (Young in Skaraborg) is a cooperation project between Skövde, the neighbouring communities Mariestad and Skara, the regional branch of *The Swedish Council on Alcohol and Drugs*, *Västergötlands Idrottsförbund* (Sports Association), and the regional *Public Health Unit* in Skaraborg. In 2004 the *Skövde Culture Centre* hosted the fair under the slogan *Livsstil* (Lifestyle). About 600 students from Skövde schools attended the fair and one or more seminars.

Sports Injury Prevention

Prevention of sports injuries is an integrated part of the Leisure and Recreation Department activities. Inspection and maintenance of the municipal sports facilities fall under the domain of the Public Works Department as well as clearing of swimming areas in lakes and prevention of unsafe sound levels. A long-term collaboration project between Skövde Municipality and the non-profit sports association *SISU* engage in educating sports leaders on injury prevention and first aid. Skövde Municipality implemented a project called *Prevention of Sports Related Injuries 1999 – 2000 Programme*. Each year on Health Promotion and Nature Day sports injury prevention is one of the issues for information activity.

At the sports facility *Arena Skövde* injury prevention activities are open for the public in the form of gym training, swimming pools and aerobics et cetera. The Arena is accessibility adapted for the physically challenged and also contains a rehab pool.

Injury Prevention Programmes not elsewhere included

Report Injury Hazards

Skövde has a system since the early nineties for reporting injury hazards called *Anmälan om skaderisk* (Report the Injury Hazard), formerly *Skadeville*, to prevent injuries in the neighbourhood. Through this system the public has reported more than 1 000 injury hazards. The injury hazards have rapidly been attended to and for the most part eliminated immediately. The system is based on residents reporting injury hazards to the Public Works Department which determines who has responsibility and decides what action to take. Lately the number of reports has decreased until it became possible to report the injury hazard over the Internet. Reports rose again in numbers and presently amount to about 50 a year. Sometimes reports are made directly to the responsible unit within the Public Works Department. In this case the report and the measure that follows never enter the Report Injury Hazards statistics.

Physical Activity Prescription

The Public Health Planning Officer in collaboration with Primary Health Care Clinics, non-profit sports associations and Skövde Rehab clinic developed a mode for working with medically prescribed physical activity. The *Fysisk aktivitet på recept FAR* (Physical Activity Prescription) concept is an approach where doctors prescribe a physical activity appropriate for the patient condition. The Skövde Rehab Clinic helps the patient performing the physical activity at the clinic or to get started at home. The *Primary Health Care Clinics* and *Skövde Rehab Clinic* staffs have received training in *Motivation Talk*.

Drugs – Media Campaign

A local television campaign of 424 advertising spots on *TV 4 Skaraborg* was launched in 2004. In addition three local radio-advertising campaigns of 60 spots were aired during two two-week periods and one three-week period. The campaign addressed issues on tobacco and pregnancy. Posters from the television spots were distributed to, among others, maternity clinics and the local *Youth Health Clinic*.

Health Promotion and Nature Day

The local Public Health Planning Officer in liaison with the national Public Health Department and the *Swedish Forest Agency* organizes the *Friskvårdens och skogens dag* (*Health Promotion and Nature Day*) one weekend in late August every year. This is a family day, a *Walk Quiz* in the forest of Billingen recreational area with a number of non-profit associations and municipal programme groups informing of their health promoting activities along the path. The aim is to inspire a healthy lifestyle.

3. Programmes targeting high-risk groups and environments, and programmes promoting safety for vulnerable groups

Two large-scale programmes targeting high-risk and vulnerable groups have been running in Skövde for some years. These programmes are the *Södra Ryd Social Integration Programme* aimed at improving conditions in the residential section of Skövde called Södra Ryd and the *Drug Prevention Policy Programme*, a promotion initiative to prevent future (and present) use of all kinds of drugs especially among children and youth.

Södra Ryd Social Integration Programme

The Södra Ryd is a residential area about six kilometres from the centre of Skövde. Södra Ryd has a community centre with apartment buildings surrounded by areas of terrace houses and one-family houses. The area is home to 6 400 residents, about 12% of the total population of Skövde. Approximately half of the residents, or resident families, originate from other countries. They give the area a multi ethnic profile and the majority live in the apartment buildings in the section centre, which is the main target of the project. The Ryd School is situated at the centre and caters for most of the Ryd children aged 6 – 16. Another school for 6 – 9 year old children lies within walking distance from the centre. The whole Ryd Centre

area has recently been rebuilt including the Ryd School, the combined *Primary and Maternity Health Care Clinic*, the *Child Health Care Clinic* and the *Public Dental Clinic* as well as the Post Office, grocery stores and restaurants. In the area there are, or construction plans for, religious facilities for different faiths. The area has also a small industry and is the location for the Swedish Rescue Services Agency Rescue School.

Plans for a neighbourhood project were initiated in 2000. Study visits, seminars, project proposals from consultants and applications for project financing followed. In the spring of 2002 a deal was signed with the Västra Götaland Region regarding financial and organizational cooperation enabling the Public Health Council to run the project for a period of three years. The *Södra Ryd Social Integration Programme* began in the autumn 2003. Non-profit associations and study circle associations have engaged in the project and have, in some cases, contributed economically to local events.

Aims and goals for the project

The overall aim for the project was to create activities and conditions promoting the public health in the area in dialogue with community members. Developing instruments for neighbourhood cohesion and safety and promoting the prerequisites of an improved childhood and adolescence neighbourhood environment.

Aims

- Addressing health inequality of vulnerable groups in Skövde Municipality.
- The central issue for the *Social and Health Care Services*, the schools, physical planning of housing, traffic, environment and the Culture and Leisure Departments is creating a supportive environment in this neighbourhood for people to make good choices for their health.
- Children and adolescents are top priority.
- The steps of the project process are developed in dialogue with the residents of the area.

Description of the project

The first year was mainly dedicated to involve the residents in the construction plan for rebuilding the Södra Ryd community centre. General meetings were organized to inform and engage the residents in dialogue over the project itself and the planned rebuilding of the *Södra Ryd Centre*.

Activities organized within the programme from 2002 and onwards:

The years 2002 – 2003

- Local non-profit associations in collaboration with the project management organized a *Multi-Cultural Festival*.
- The management team and representatives for the Ryd School student council and non-profit associations was offered a project process management course. A guide leading through the phases of the process developing a plan of action for the neighbourhood.

- A council for the local non-profit associations was constituted called *Föreningsrådet* (the Association Council). The aim for the council was to look out for the common interests of the member associations and provide them with service and information. The council is comprised by representatives from sixteen non-profit associations and organizations, such as the *Adult Educational Associations*, and is in itself not affiliated with any political or religious belief. The Public Works Committee refers the rebuilding of the Ryd centre for consideration by the council.
- *Ryd Day* is a popular yearly event where most non-profit associations and local branches of organizations present their activities such as dances, music performances and theatre plays.

Year 2004

- The local media covers the Södra Ryd Social Integration Programme.
- The Associations Council is consolidating and becomes a member in *SENS, Sociala ekonomins nätverk i Skaraborg* (the Social Economy Network in Skaraborg). SENS supports the Associations Council and have offered various courses.
- The chairman/coach of the local *Football Club* (Soccer) was hired within the project to work with children and youth. The Football Club gets access to the Ryd School and an office on the school premises. The objective was to connect school and individual students to healthy after school activities. The football field on the school premises has been enlarged to full size, partly financed by private donors. The Football Club has plans for international exchange.
- *Parkstugan* (the Park Cabin) is a community premise that has been very little used and periodically closed. The Parkstugan is now refurbished and duly inaugurated. The idea is that non-profit associations use the cabin for various activities for all ages. Cooperation difficulties between the associations have delayed activities start-up. The situation was solved when an organization offered to rent the cabin and take responsibility for the activities.
- A new “Boule” court was inaugurated and will primarily be used by the Boule Club.
- An economic cooperative was beginning to form and later came to be comprised of women with immigrant background. The cooperative *Kulturalla* plan to offer catering, cultural events and some care services. The *Kooperativt Utvecklingscenter Skaraborg* (The Cooperative Development Centre Skaraborg) contributes support and expertise.

Year 2005

- Project management continue efforts on the Association Council, *Parkstugan* and the Football Club.
- The project management are working on influencing the School Committee to allow the schoolyard, when rebuilt, to provide opportunities for spontaneous sports after school hours.
- The Kulturalla was finally constituted as a cooperative and project with financial funding from *EC (The European Social Fund, Objective 3)*.

The Södra Ryd Social Integration Program was officially terminated the 31 of August 2005. The Public Health Council had by then decided for a continuation of the project under new management, the Cooperative Development Centre. The aim of the programme was partly redirected towards creation of job opportunities and it was scheduled to continue until the turn of the year 2006. There has so far been no decision taken on continuation of the programme after the first of January 2007.

Assessment after project termination the 31 of August 2005

To reach the overall aim of the project all effort must be long-term and have a clearly defined goal. Holistic thinking must be the basis from which the process evolves. The work must be characterized by comprehensiveness and cross-sectionalism. It is of vital importance that involved municipal departments share a common perception and synchronize efforts. Uncoordinated efforts seldom lead to durable change and jeopardize the trust residents may have in the project. This in turn creates disappointment and distrust for any future projects. The project manager should be visible and accessible for the, often fruitful, random and informal encounters with residents and non-profit association representatives.

The assessment and evaluation below is a so-called *SWOT-analysis*, Strengths, Weaknesses, Opportunities and Threats.

Strengths

A relatively long time period and a full time employed project manager have given this project stability and strength. The possibility to explore new strategies has resulted in flexibility. The close collaboration with the Cooperative Development Centre in Skaraborg, the *Swedish Union of Tenants* and the Adult Educational Associations has been very valuable and generated study circles, study visits, lectures and above all support to the local non-profit associations.

Weaknesses

A major problem has been the difficulty to reach and inform both residents and members of the Association Council. Another problem has been the overwhelming focus on the construction plans of the Södra Ryd Centre. This depended in part on the need to engage residents in the matter before decisions were taken. As a result less energy was spent on soft issues like networking and creating meeting places for the residents aiming to promote cohesion and safety in the community. The Project form is a weakness in itself as there is limited time, limited resources and has resulted in much solitary work for the project manager.

Opportunities

The Association Council has the potential to create contact between residents in the neighbourhood. There is a good possibility for the associations within the council to build a network of useful contacts through SENS (The Social Economy Network in Skaraborg). It is possible to start other co-operatives with the support of, among others, Kooperativ Konsult Skaraborg. The management team of the project, especially the municipal representative can continue to support the processes set in motion by the project and as a link to the municipal committees simplify communication and shorten processes of decision making.

Threats

The project form of work presents the question: What happens next? The time available is not enough to stabilize initiated processes, activities and voluntary work. The necessary coordination of activities is lacking due to a shortage of overall view of the picture and cross-sectionalism. The municipality can nevertheless in the future play an important part as coordinator and collaborator in the processes set in motion in Södra Ryd. The general assessment is nevertheless that the project has met the expected goals.

2006

A *Family Centre* was opened in Södra Ryd in 2006. The Family Centre houses both the local Child Health Care Clinic and an open preschool catering to the whole of Skövde. The preschool is open to stay-at-home parents *together* with their preschool child or children giving them an opportunity to socialize and develop outside the home. The staff organizes educational group activities. The parent or childminder looks after his, or generally her, child and it is not possible to leave the child at the open preschool.

The Drug Prevention Policy Programme

(See also Child Safety, Road Safety and Violence and Crime Prevention Programmes)

The strong connection between alcohol and drug consumption and injuries and accidents is established. The municipal Drug Prevention Policy Programme targeting primarily children and youth is a vital part of the injury prevention. The municipal board took the Drug Prevention Policy Programme in 2002. The programme is run by a management team directly beneath the Municipal Executive Committee and is comprised by representatives from the municipal board, the municipal committees, the Public Health Unit and the local Primary Health Care. The *Mösseberg Research Station* in Falköping carried out a drug use survey in compulsory school among 15 – 16 year olds in 2002 in a number of municipalities in the Skaraborg area. At the basis of the programme are the survey results for Skövde as well as an investigation of local drug abusers. The survey results from Mösseberg, as well as from an earlier survey from *Skaraborgsinstitutet*, indicated no significant differences in the drug use in Skövde compared to the other municipalities within the surveys.

A *Drug Prevention Policy Programme Coordinator* was hired for the period from September 2002 until May 2004. The coordinators job was to implement the policy programme and evaluate its effects. In May 2004 the coordinator job was made permanent and placed in the Social Services Department with the objective to continue the work with the policy programme. The success of the efforts of the Drug Prevention Policy Programme Coordinator has rendered her the 2005 title of *Educator of the Year* by the local branch of the *Public Education Council*.

Aims

The aim is to prevent and/or reduce use of alcohol, narcotics and any other addiction developing substance and subsequent harm and injuries. The word “drugs” is henceforth used for all of the above.

Objectives

The objectives are to collaborate with the Public Health Council, relevant departments and committees, the police, the non-profit associations, the local health care institutions and other actors in:

- Pursuing a change of attitude towards non-acceptance of drugs in schools, at after school activities and wherever children and youth “hang out”.
- Offering opportunities for youth to meet and enjoy themselves in a drug free environment.
- Activities for underage youth (up to eighteen), organized by a municipal department by itself or in collaboration with another party, must be completely drug free.

- Hindering or disturbing drug trafficking to under-aged.
- Investigating the abuse of drugs of vulnerable individuals, groups and neighbourhoods in the community.

Every municipal committee contributes their own supplementing goals and specific methods. Promotion work must be carried out in line with primary, secondary and tertiary prevention.

- The Public Health Council promotes a holistic view and carries the responsibility for the coordination of all public health work including drug prevention.
- The aim for the School Committee, in collaboration with all school personnel, after school activities personnel, parents and the neighbourhood, is for all schools in Skövde to have systematic drug prevention as a theme following the children through the school years.
- The Education Committee promotion in Upper Secondary School is focussing on change of attitude and behaviour.
- The Social Services Committee promotion is concentrating on information to other authorities and collaboration partners and on shopkeeper adherence to tobacco and alcohol age limits.
- The Leisure and Recreation Committee engages through their activities indirectly in promotion such as “identity forming” and raising self-esteem.
- The Primary Health Care is available to members of the community for guidance and support during various stages of life such as pregnancy and functions as a back-up resource for the School Health Care.

Organization

The Drug Prevention Policy Programme Coordinator and representatives of personnel working with drug prevention within their respective department and association have formed a group for collaboration and information activities.

Measures

Information meetings introducing the Drug Prevention Policy Programme have been held for all personnel working with children and youth. The Drug Prevention Policy Programme Coordinator (hereafter referred to as the *DPPP Coordinator*) is collaborating within the schools’ ANT education (Alcohol Narcotics and Tobacco). The DPPP Coordinator has a catalogue with updated information on teaching materials, courses and conferences on the Skövde School Intranet. The aim for the ANT education is that it should be age appropriate and follow the child through the school years. The ANT education is focussing on tobacco and part of a general programme on health promotion between the ages ten to twelve years. Some schools visit a neighbour community, Vara, which has a centre for health promotion “Oasen - The Health Adventure”. Oasen give courses for children and teachers on tobacco and health as well as other themes on health and environment. The pedagogy involves practical demonstration of the health hazards of tobacco use and values identification sessions. The aim of the values identification sessions is for the student to discover and clarify his or her values and practise speaking up for those values. One of the Skövde schools has arranged its own small-scale Oasen education and activity room. Between the ages of twelve to sixteen the ANT education is given within the NO (Nature Orientation) subject area, mainly biology.

The local *Drug Prevention Group*, the police, the school, the Social Services, the Public Health Unit, and the non-profit Adult Education Association, *Studiefrämjandet*, have since

1998-99 offered a study circle to parents with children in school year seven. The study circle, *Att våga se – att bry sig* (Dare to See - and Care) runs simultaneously in many schools and the participants. Each year there have been between thirteen and eighteen circles reaching about one third of the parents with children in year seven.

Information activities for children and youth are carried out on various occasions; one of those is *Klassfotbollen* a school class football (soccer) tournament open for all interested students in years one to six. Other opportunities are the Skövde *Matfestival* during which the Drug Policy Prevention Programme organizes a number of activities and the Health Promotion and Nature Day. A special information occasion was held at the inauguration of a long awaited completion of a stretch of the ring road around Skövde town.

Locus is a day-clinic for youth with alcohol and drug related problems. Locus is developing methods for early identification of youth at risk. Together with representatives from non-profit sports associations Locus has formed a work group for the pilot project *Tillsammans* (Together). This project aims to keep youth within sports and the involved sports associations have agreed on a common view on tobacco, alcohol and other drugs. Experiences from the pilot project showed that much effort was made in the smallest sports associations while in the larger associations the work gradually died out which eventually led to a closure of the project. The sports associations are also partners in a sponsor project called *Ja till idrott – Nej till droger* (Yes, to sports – No, to drugs). In 2004 a new course was offered by Locus on early detection of alcohol and other drug abuse for personnel in compulsory and upper secondary school and after school activities. Another collaboration with the School Committee, *Nexus*, is working with development of methods of handling aggressive and acting-out children and youth. There is a correlation between this type of psychosocial factors and later alcohol and drug problems. The project was terminated in 2004.

The University of Skövde is collaborating with the Drug Prevention Policy Programme on campus drug policy, sponsorship programmes for new students and information on high-risk alcohol habits.

All students in the five last years of compulsory school are offered a contract called *SANT*. The student signs the one-year contract together with a parent. The deal is that the student is bound by the contract to refrain from all types of drugs, vandalism and shoplifting. In return the contractors gets a benefit card entitling to free lotteries, discounts in shops and private entertainment and leisure activities. Any breach of contract results in withdrawal of the benefit card. The first year 2005 – 2006 more than 600 students have had a *SANT* Contract. In May 2006 more schools joined the *SANT* project and the objective is for the number of student contractors to at least triple.

I Dialog (In Dialogue) is a dialogue training course held in 2002 for personnel in upper secondary school to enable the “Influencing of attitude through dialogue” method adopted by the Education Committee. Due to unfortunate circumstances only three teachers were able to attend.

The film *Brandstegen* (The Fire Escape) has been screened in all classes in upper secondary school and the last year classes of compulsory school and their parents since 2004. The intention is to start discussions at home on issues of alcohol and other drugs.

Lovepower – This information event for youth takes place during the yearly *Matfestival*, where youth drinking has been an increasing problem. One of the activities, *Blås grönt* (Blow

Green) is a Breathalyzer test taken twice between certain hours during the evening. If results are accepted for both occasions participants get tokens for a lottery. The lottery winners get attractive prizes mostly donated by local businessmen. A *Safe Party Kit* is distributed to all youth visiting the Lovepower booth.

ÖPP (Örebro Prevention Programme) is a drug prevention programme for teenagers and their parents. ÖPP organizes courses for personnel and the first course takes place in the school year of 2006-2007.

Fritidsledaren som drogförebyggare (The After School Activity Leader as a Drug Prevention Resource) – this is a one day course for after school activity leaders in the autumn 2006.

The DPPP Coordinator is responsible for collaboration activities previously organized by other departments.

Nattvandring (Parents Night Watch) has been a parent activity for many years in Skövde. Since 2003 the Parents Night Watch activity has coordinated with organized youth “party” activities for the under eighteen age group. Besides ten disco nights a year the Parents Night Watch is active during the *Matfestival* along with Parents Night Watch associations from neighbouring municipalities. *Vuxna på stan (Adults Downtown)* in Skövde is a non-profit parent association for Parents Night Watching and was constituted in the summer 2005. The aim of the association is to support and provide adult contact for youth in Skövde. Parents Night Watch is a way for adults to move around youth “hang-outs” as a form of social control, to support and be there when adult contact is needed for various reasons.

Don't Drink & Drive is a project run by the National Road Administration. Skövde has made much use of the programme since 2004. The programme consists of a film, *Länge leve livet (Long Live Life)* and a mobile exhibition set up in a trailer. The film and the exhibition is aimed at bringing youth to realize the hazards of driving while under the influence of alcohol and other drugs. Around 3 500 young people in Skövde have seen the film and almost as many have visited the exhibition.

Sista natten me' gänget (School's Out Night) is organized every year in the eve of the last day of school for last year students in compulsory school. This completely drug free event takes place at *Skara Sommarland* an amusement park closed for other visitors this day. Students from nineteen municipalities attend the School's Out Night. School's Out Night is very popular and the number of tickets sold to last year students in Skövde 2003 indicated that 83% of the total number of last year students attended.

Assessment and evaluation

An assessment and evaluation of the Drug Prevention Policy Programme was carried out in 2004. The purpose was to gain knowledge of how the policy programme is used in the various municipal committees and if and how the programme has had the intended preventive effect. The method of evaluation was interviews with involved department civil servants and committee members and a questionnaire investigation among compulsory school parents involved in Parents Night Watch. Results clearly demonstrated that the strength of the policy programme is the fact that the process of developing the programme has been given time and necessary conditions within the departments and that the committees have been able to include their own goals. In order to maintain this extensive support as a foundation for the

programme it is vital to continue dialogue and continually up-date the Drug Prevention Policy Programme.

The aims and methods of the policy programme have not reached every single civil servant and have not been able to completely permeate the department organizations. This has been a limiting factor for the success of the programme. Another limiting factor has been economic cut-downs affecting popular activities such as drug free disco nights, which are not organized as often as before. The Parents Night Watch has contributed to a change for the better in the situation of the youth “night life”. They function as social support and control, to some extent having a calming effect. Unfortunately it is difficult getting parents to turn up. The effect of the School’s Out Night event is obvious as there are hardly any younger teenagers drunk in the streets that night. For the older teenagers there is the Violence and Crime Prevention Programme collaboration with restaurants and nightclubs.

The 2006 *Matfestival* number of intoxicated youth was decidedly lower compared to previous years and indicates a success for the Drug Prevention Policy Programme. Thirteen under aged (under 18) intoxicated youth were taken care of by the police in the 2005 *Matfestival* as compared to ten in 2006. Most important was the remarks from the Parents Night Watch, the Red Cross volunteers, the Church and the police, where the same individuals have been on duty at the *Matfestival* for many years, on the improved situation. The fact that 500 under aged took part of the breathalyzer test contest tells us that 500 youth did not drink any alcohol at all that night.

The aims of the Public Health Council have been fulfilled to a great extent even though this work can be developed further. International research shows that combinations of different forms of measures have the best effect both short-term and long-term. The measures must include information on drug effects and harms as well as strengthen a negative attitude towards drugs and the ability to decline drugs offered. To get an effect the measures must be comprehensive, at least 40 hours spent on these issues at school each year. The Skövde Drug Prevention Policy Programme is through its scope and massive interest within the municipal committees, in spite of some weaknesses, a success.

The aim for the future is to continue the work that has begun but also to further involve parents as well as involving children and youth in the process of developing the drug prevention work.

4. Programmes documenting the frequency and causes of injuries

Skövde has for a long time kept records of injury documentation. The Västra Götaland Region supplies the region municipalities with up-dated incident and injury documentation and statistics. Since 1998 all the injuries in the Västra Götaland Region, attended to by physicians and dentists, are registered and documented. Statistics at hand go five years back. This period of time is too short for any far-reaching conclusions and the number of injury related incidents have not changed significantly during this time. Skövde is compared to the fifteen Skaraborg municipalities below average in almost all injury categories. Preliminary statistics regarding 2005 indicate no significant change (See statistic sheet page 39).

A survey of senior fall incidents, described in the Senior Safety section, was presented in a lecture at the sixth *Nordic Safe Community Conference* in Karlstad November 9 – 11 in 2005.

The Crime Prevention Council continually receives up-dated records of crime trends from the police. Every four years a public health profile is compiled aiming to describe the health and welfare of the residents, the Municipal Profile. The sports associations use their own injury data in their injury prevention.

5. Evaluation measures assessing programmes, processes, and the effects of change

In 1996 Skövde became a designated Safe Community. Some years later, in 2002, the Safe Community work in Skövde was reorganized. A result of the new organization is that the Safe Community work is described in an annual report by each involved committee/department. The report is discussed during a session where next years activities are planned.

The integration of the greater part of the injury prevention programme into Municipal Departments have both advantages and disadvantages. The disadvantage is that the Safe Community Injury Management Team has less control of programme activities and progress as much work is being delegated further down the organization and documentation may be poor as a result. The advantage is that the department takes responsibility for the programme. More people at all levels are actively involved and the programme is developing, based on experience and knowledge in the area, within the organization. This has led to a continuity and acceptance of the “extra programme work” that was not achieved when a department representative returned from a reference group meeting bringing programme directives for the department organization to adapt to. The challenge for the future is to implement better documentation routines at all levels of department organization and to further improve the cross-sectional aspect.

In programmes not integrated in department work, such as the Safe Sound Level Programme, project reports are written, describing and assessing the project. A new way of writing project reports have been adopted for the Södra Ryd Social Integration Programme and the Drug Prevention Policy Programme. Here the project manager has had a PhD graduate and skilled evaluator as a supervisor from the start of the project and the main part of the report is written during the project period. This method has become a success. The supervisor guides the project manager in a process of assessing, evaluating and properly writing the report. The project work progresses with aims and goals in sight and any deviations may be corrected during the project period.

6. Ongoing participation in national and international Safe Communities networks

International conferences

| | |
|------|---|
| 1995 | 4 th International Safe Community Conference, Fort McMurray, Canada |
| 1996 | 5 th International Safe Community Conference, Hume and LaTrobe Australia |
| 1996 | 3 rd International Conference on Injury, Prevention and Control, Melbourne, Australia |
| 1997 | 2 nd Nordic Safe Community Conference Östfold, Norway, 27-29 August |
| 1998 | 7 th International Safe Community Conference, Rotterdam, Holland |
| 1998 | 4 th International Conference on Injury, Prevention and Control, Amsterdam, Holland |
| 2001 | 4 th Nordic Safe Community Conference, Vejle, Denmark |
| 2005 | 14 th International Safe Community Conference, Bergen, Norway |
| 2005 | 6 th Nordic Safe Community Conference Karlstad, Sweden |

International conferences in Skövde organized by Skövde Municipality

| | |
|------|---|
| 1996 | 1 st Nordic Safe Community Conference, 28-30 August 1996 |
| 2004 | Safe Community – Safe Industry, 19-21 February 2004 |

An international conference was organized in Skövde in 2004 as a part of an EC project, *Safe Community – Safe Industry*. The conference was arranged at the SRSA (Swedish Rescue Services Agency) Rescue School in Södra Ryd and in collaboration with the SRSA. The near twenty conference delegates came from Estonia, Latvia, Lithuania, Russia and Poland. A second part of this EC project is in progress during 2006 – 2007. The objective for Skövde is to produce a database catalogue of the programmes of all Safe Communities in the Baltic area.

National conferences

Skövde has taken part in a number of national conferences on injury prevention. We have almost yearly received visiting study groups from other countries taking part of our promotion and prevention strategies. Students from international education programmes at *Karolinska Institute* visit Skövde every year.

Skövde is a part of the national *Safe Communities Action Group* and the *Västra Götaland Region Safe Communities Action Group*.

Miscellaneous

In 2002 Skövde took part in a *Travelling Seminar* together with the other Safe Communities in the Västra Götaland Region and our respective *Twin Cities* within Estonia, Latvia, Lithuania and Finland. The aim of the seminar was to introduce collaboration on injury prevention. In 2003 a Skövde Counsellor and the Skövde Safe Community Coordinator visited *Kuressare*, the Twin City of Skövde in Estonia, to discuss a continuation of the Safe Community work collaboration.

Conclusion

Achieving successful injury prevention demands dedication and many people striving towards a common goal, a Safe Community. This effort has been going on since the early nineties and through the years many people have been involved in the process. The organization has changed and continues to change as the Safe Community management team constantly keep an eye out for changes of direction within the municipal committees. All the while estimates of upper limits to projects in extent or scale are essential in a municipality the size of Skövde.

The success of the Safe Community programme in Skövde depends on the contributions of large number of dedicated people. Naming them all is impossible but mentioned below are some persons having carried a heavy load for some years and who are in fact keys to the Safe Community success in Skövde

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Statistics Sheet

Skövde Injury Statistics for the years 2000 – 2004

The following figures are based on registration and documentation of injury related incidents attended to by a physician or dentist and come from the material gathered in "Skador registrerade i Skaraborgsområdet i Västra Götalandsregionen år 2000 – 2004" (Injury Related Incidents Registered in the Skaraborg Area of the Västra Götaland Region 2000 – 2004). The information is divided into the following categories, place of injury, injury situation and mechanism of injury and occurrence by age group. The age groups are 0-5 years, 6-19 years, 20-64 years and <65 years.

Annotation

Statistics at hand go five years back. This period of time is too short for any far-reaching conclusions. The Statistics Sheet contains the number of injury related incidents in Skövde Municipality, within each above-mentioned category, covering a five-year period. The number of injury related incidents have not changed significantly during this time and Skövde is below average in most categories in the fifteen Skaraborg municipalities. Preliminary statistics regarding 2005 indicate no significant change.

Place of injury, distribution:

Place of injury pertaining to all ages and both sexes, per 1000 inhabitants and per year.

| Place of injury | Year 2000 | Year 2001 | Year 2002 | Year 2003 | Year 2004 |
|------------------------------|-----------|-----------|-----------|-----------|-----------|
| Home/residential area | 32 | 30 | 30 | 29 | 32 |
| Pedestrian | 13 | 14 | 15 | 14 | 16 |
| Transportation –road /street | 7 | 8 | 7 | 7 | 8 |
| Total number of injuries | 90 | 84 | 87 | 84 | 91 |

Children, ages 0-5 years per 1000 inhabitants and per year.

| Place of injury | Year 2000 | Year 2001 | Year 2002 | Year 2003 | Year 2004 |
|------------------------------|-----------|-----------|-----------|-----------|-----------|
| Home/residential area | 84 | 76 | 68 | 74 | 89 |
| Preschool/school/institution | 23 | 18 | 25 | 27 | 26 |
| Pedestrian | 10 | 5 | 6 | 6 | 5 |
| Transportation –road /street | 6 | 4 | 2 | 4 | 2 |
| Total number of injuries | 135 | 111 | 108 | 115 | 133 |

Children, ages 6-12 years per 1000 inhabitants and per year.

| Place of injury | Year 2000 | Year 2001 | Year 2002 | Year 2003 | Year 2004 |
|------------------------------|--------------|--------------|--------------|--------------|--------------|
| Home/residential area | 47 | 41 | 39 | 45 | 43 |
| Preschool/school/institution | 38 | 41 | 37 | 36 | 35 |
| Pedestrian | 18 | 18 | 16 | 20 | 15 |
| Transportation –road/street | 12 | 10 | 12 | 14 | 9 |
| Sports and sports facilities | 45 | 39 | 41 | 43 | 42 |
| Total number of injuries | 163 | 151 | 148 | 157 | 147 |

Youth, ages 13-19 years per 1000 inhabitants and per year.

| Place of injury | Year 2000 | Year 2001 | Year 2002 | Year 2003 | Year 2004 |
|------------------------------|--------------|--------------|--------------|--------------|--------------|
| Home/residential area | 19 | 21 | 22 | 22 | 21 |
| School/institution | 26 | 24 | 24 | 21 | 25 |
| Pedestrian | 21 | 23 | 22 | 21 | 30 |
| Transportation –road/street | 12 | 15 | 12 | 14 | 17 |
| Sports and sports facilities | 63 | 64 | 61 | 66 | 69 |
| Total number of injuries | 137 | 137 | 136 | 136 | 153 |

Injury situation, distribution:

Children, ages 0-5 years per 1000 inhabitants and per year.

| Situation | Year 2000 | Year 2001 | Year 2002 | Year 2003 | Year 2004 |
|--|--------------|--------------|--------------|--------------|--------------|
| Free/leisure time | 110 | 94 | 82 | 88 | 108 |
| Preschool/organized After school hours | 23 | 16 | 25 | 25 | 24 |

Children, ages 6-12 years per 1000 inhabitants and per year.

| Situation | år 2000 | år 2001 | år 2002 | år 2003 | år 2004 |
|-------------------------------------|---------|---------|---------|---------|---------|
| Free/leisure time | 110 | 95 | 97 | 106 | 97 |
| School/organized After school hours | 44 | 46 | 42 | 41 | 42 |

Youth, ages 13-19 years per 1000 inhabitants and per year.

| Situation | Year 2000 | Year 2001 | Year 2002 | Year 2003 | Year 2004 |
|-------------------------------------|-----------|-----------|-----------|-----------|-----------|
| Free/leisure time | 104 | 106 | 104 | 107 | 121 |
| School/organized After school hours | 44 | 46 | 42 | 41 | 42 |

Mechanism of injury, distribution:

Children, ages 0-5 years per 1000 inhabitants and per year.

| Mechanism of injury | Year 2000 | Year 2001 | Year 2002 | Year 2003 | Year 2004 |
|--|-----------|-----------|-----------|-----------|-----------|
| Falls | 75 | 67 | 64 | 70 | 71 |
| Contact with objects, animals and other people | 29 | 21 | 17 | 17 | 25 |
| Cuts and caught/crush injuries | 17 | 10 | 11 | 11 | 18 |

Children, ages 6-12 years per 1000 inhabitants and per year.

| Mechanism of injury | Year 2000 | Year 2001 | Year 2002 | Year 2003 | Year 2004 |
|--|-----------|-----------|-----------|-----------|-----------|
| Falls | 73 | 76 | 76 | 68 | 65 |
| Contact with objects, animals and other people | 57 | 51 | 47 | 58 | 55 |
| Cuts and caught/crush injuries | 19 | 13 | 13 | 15 | 11 |

Youth, ages 13-19 years per 1000 inhabitants and per year.

| Mechanism of injury | Year 2000 | Year 2001 | Year 2002 | Year 2003 | Year 2004 |
|--|-----------|-----------|-----------|-----------|-----------|
| Falls | 37 | 43 | 43 | 42 | 50 |
| Contact with objects, animals and other people | 64 | 62 | 54 | 57 | 66 |
| Cuts and caught/crush injuries | 15 | 10 | 14 | 15 | 14 |

Injury situation, distribution:

Adults ages 20-64 years per 1000 inhabitants and per year.

| Situation | Year 2000 | Year 2001 | Year 2002 | Year 2003 | Year 2004 |
|-------------------|--------------|--------------|--------------|--------------|--------------|
| Free/leisure time | 50 | 48 | 52 | 51 | 55 |
| Work hours | 18 | 16 | 15 | 15 | 14 |

Place of injury, distribution:

Adults ages 20-64 years per 1000 inhabitants and per year.

| Place of injury | Year 2000 | Year 2001 | Year 2002 | Year 2003 | Year 2004 |
|------------------------------|--------------|--------------|--------------|--------------|--------------|
| Home/residential area | 23 | 21 | 23 | 21 | 23 |
| Production/industry/work | 13 | 11 | 11 | 11 | 11 |
| Pedestrian | 12 | 13 | 15 | 13 | 16 |
| Transportation – road/street | 6 | 8 | 8 | 7 | 8 |
| Sports and sports facilities | 11 | 11 | 10 | 11 | 11 |
| Total number of injuries | 71 | 67 | 71 | 68 | 73 |

Seniors aged >65 years per 1000 inhabitants and per year.

| Place of injury | Year 2000 | Year 2001 | Year 2002 | Year 2003 | Year 2004 |
|-------------------------------|--------------|--------------|--------------|--------------|--------------|
| Home/residential area | 41 | 43 | 43 | 37 | 44 |
| Pedestrian | 11 | 11 | 14 | 13 | 14 |
| Transportation – road/street | 3 | 3 | 4 | 3 | 3 |
| Institutions/public buildings | 12 | 7 | 10 | 8 | 10 |
| Total number of injuries | 72 | 69 | 75 | 65 | 77 |

Mechanism of injury, distribution:

Adults ages 20-64 years per 1000 inhabitants and per year.

| Mechanism of injury | Year 2000 | Year 2001 | Year 2002 | Year 2003 | Year 2004 |
|--|-----------|-----------|-----------|-----------|-----------|
| Falls | 21 | 22 | 24 | 21 | 23 |
| Contact with objects, animals and other people | 20 | 20 | 18 | 20 | 21 |
| Cuts and caught/crush injuries | 15 | 12 | 13 | 12 | 15 |

Seniors aged >65 years per 1000 inhabitants and per year.

| Mechanism of injury | år 2000 | år 2001 | år 2002 | år 2003 | år 2004 |
|--|---------|---------|---------|---------|---------|
| Falls | 52 | 52 | 52 | 49 | 59 |
| Contact with objects, animals and other people | 7 | 4 | 7 | 5 | 5 |
| Cuts and caught/crush injuries | 8 | 7 | 9 | 5 | 8 |