



APPLICATION OF THE DISTRICT OF DEUTSCHLANDSBERG TO THE INTERNATIONAL NETWORK OF SAFE COMMUNITIES TO BECOME A SAFE CHILDREN COMMUNITY

Safe Children Community Deutschlandsberg
Chairpersons:

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A. Structure of the community

1. Demographic structure of the community/district of Deutschlandsberg

Located in the Southwest of Styria

Area of 863.5 km²

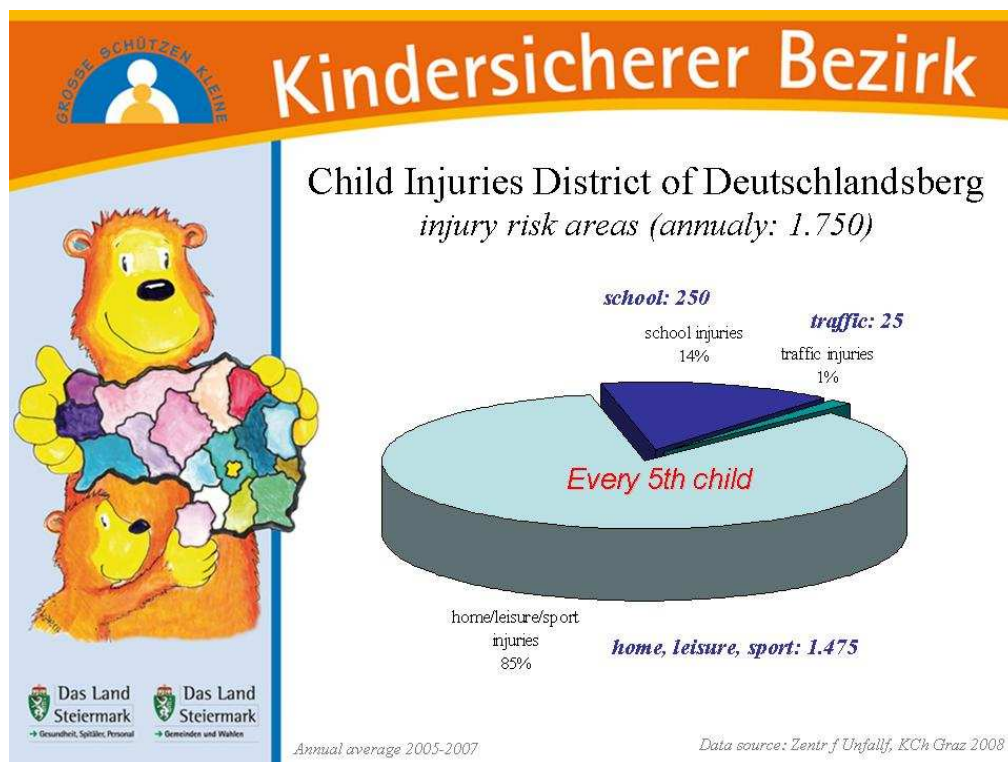
1 district city, 39 communities

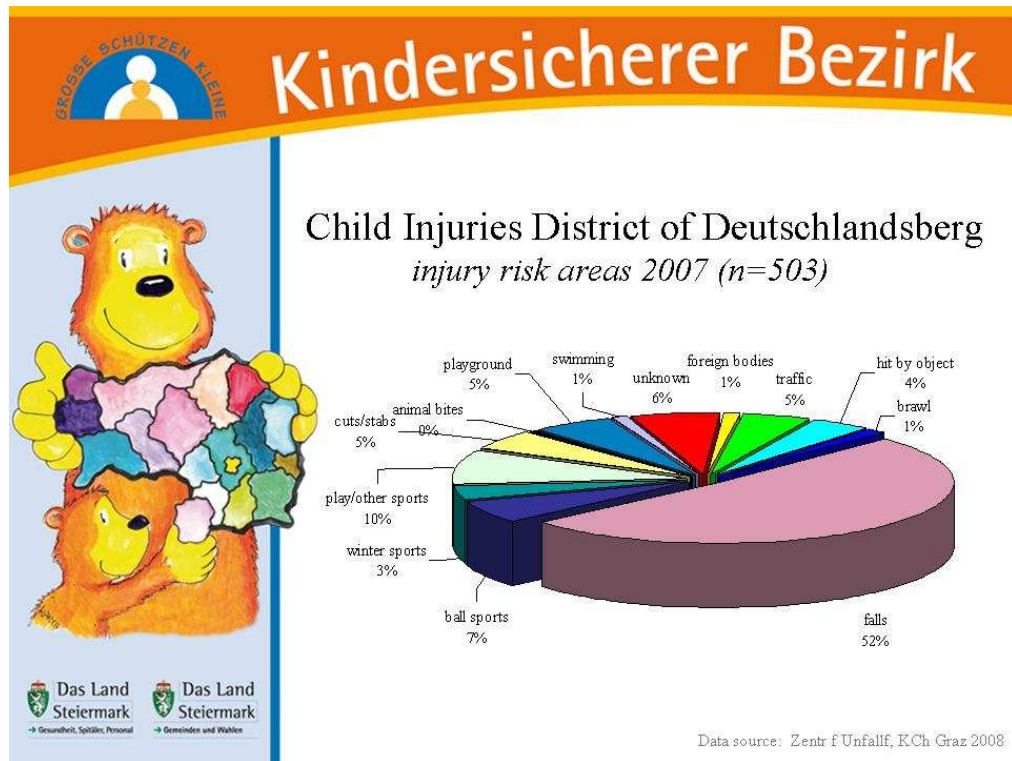
61.235 inhabitants

Target group: 10.506 children under the age of 15

2. Injury risk areas

when program started in 2007:





3. Political decision regarding sustained injury prevention taken by the regional parliament:

Styrian Health Promotion Taskforce - Regional public policy program

- Goals: Development of a Health Promotion Road Map including unintentional injuries to children for the Province of Styria
- Target population: Children aged 0-19 years
- Results: Goals and objectives in health promotion for the years 2007 – 2012 define injury prevention as a key priority area for health promotion in the province of Styria
(Confer: Appendix 1 – „Auszug aus den Gesundheitszielen für das Bundesland Steiermark“)



B. Injury prevention work following the 6 indicators

Indicator 1: Infrastructure based on partnership and collaboration

Indicator one describes the importance of installing a functioning and sustainable infrastructure for safe children communities. We established a **Steering Committee** comprising all relevant representatives of the region. It includes 35 organisations and institutions and Safe Kids Austria is the coordination body. Separate working groups work in the fields of traffic safety, home safety, sports safety, school- and kindergarten safety, safety in public places, safety for tourism, safety for high-risk groups and injury surveillance. The Steering Committee meets six times per year and defines the working goals and objectives in a strategic plan.

Leadership: District Supervisor Helmut-Theobald Müller, Head of the association of municipalities for the region of Deutschlandsberg Gernot Becwar

Coordinating Body: GROSSE SCHÜTZEN KLEINE, Safe Kids Austria

Community Partners:

- Public health care services:
local hospital, doctors in private practice, public health insurance, pharmacies in rural areas
- Emergency response services:
red cross, green cross, water rescue services, mountain rescue services, fire service, civil protection
- Police force
- Sport and recreational associations
- Schools: primary, secondary, high and vocational schools
- Social services: welfare workers, direct care workers
- Styrian Association of Municipalities
- Chambers: commerce, labor, agriculture
- Children groups: churches, scouts, Kinderfreunde
- Health promotion bodies: Styria Vitalis, Healthy Communities Network
- Kindergarten and parents associations
- Automobile and Touring Clubs

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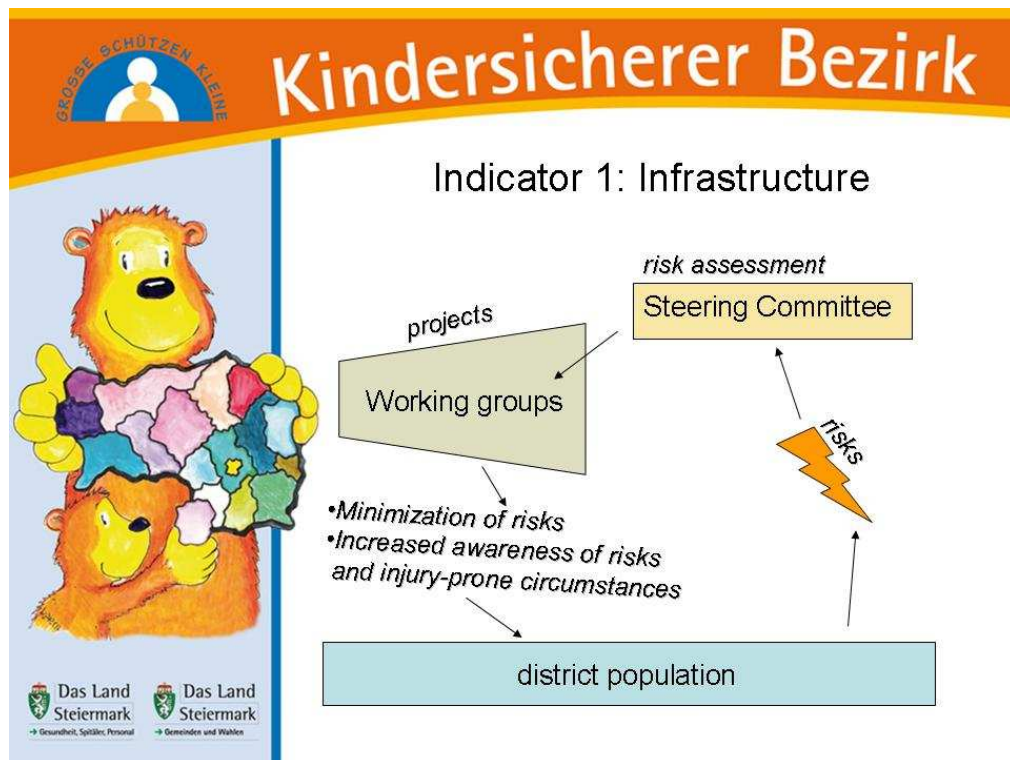


Working Groups for traffic safety, home safety, sports safety, school- and kindergarten safety, safety in public places, safety for tourism, safety for high-risk groups, injury surveillance

1. *Traffic safety*: police, association of municipalities, District Council:
Head of working group: CI Leo Foller, Police Chief Officer
2. *Home safety*: hospital, social workers, Kindergarten teachers, Civil Protection, GROSSE SCHÜTZEN KLEINE – Safe Kids Austria
Head of working group: Bruno Mader (Civil Protection)/Sabine Distl (Safe Kids Austria)/Renate Weiß (Kindergarten teacher)
3. *Work safety*: AUVA – Workers Compensation Board: Rupert Mandl
4. *Sports safety*: Kurt and Heike Steinbauer (sport safety experts), Dave Koller (water safety), Gernot and Tanja Klinger (skiing safety)
5. *School safety*: primary and secondary schools: Brigitte Stricker, high schools: Fritz Malli
6. *Safety in public places*: Association of Municipalities, District Council, Head of working group: Gernot Becwar, mayor of community Rassach
7. / 8. not applicable
9. *Crime and Violence prevention*: police, Child Protection Centre, Chief Social Worker Maria Pichler, hospital teacher Monika Diepold
10. *Suicide prevention*: Prim. Dr. Katharina Purtscher (Head of the Department of Paediatric Psychiatry), Child Protection Centre, WEIL – NGO for Suicide Prevention, VIVID –NGO for Prevention of Addiction
11. *Injury surveillance*: Cooperation between local hospitals, Department of Paediatric Surgery Graz, Styrian Hospital Association, Workers Compensation Board, Statistic Austria, Research Centre for Child Injuries – GROSSE SCHÜTZEN KLEINE, Safe Kids Austria

The Steering Committee meets six times a year and develops the strategic plan. The Working Groups put the strategic plan into action and develop specific child safety activities and programs with community partners.





Indicator 2: Longterm, sustainable programs covering both genders and all ages, environments and situations

1. Traffic and Transport Safety:

Traffic Safety Training in primary schools: 2009 a comprehensive traffic safety training was conducted in 5 communities with 5 primary schools comprising 10 classes and repeated in 2010 in another three communities with 3 primary schools comprising 6 classes. Partners in the programme were the local school authority as well as the Police and the Civil Protection Organisation. Through pre- and post testing the increase of the level of safety knowledge and of the awareness of dangers in traffic was documented. The four main areas of safety messaging included: traffic safety in general, the familiarity with traffic signs, car passenger safety and bike safety. Each class received three traffic safety lessons within a specific time period. The training included theoretical and practical safety knowledge transfer in the school as well as field tests with the police by checking adults in regard to their safety/risk behaviour. The programme showed that traffic safety has to be constantly repeated in a school setting in order to reach consistency. The teachers themselves were very open to learn and to include the



gained messages in their lessons but needed the input from an outsider.
Traffic Safety Learning Garden: The communities of Eibiswald, Wies and Limberg-Steyeregg opened Traffic Safety Learning Garden as part of the safe children community program. The traffic safety garden helps children to learn and practice traffic situations in a secure environment before entering real traffic as pedestrians and bike riders. At the age of 10, primary school children can pass a voluntary bike exam which empowers them to ride their bikes in traffic without adult supervision. The Traffic Safety Learning Garden has now become an integrated part of the bike training program, during which teachers and the police teach children to become safe and responsible road users. The financing for this project has been secured by the communities themselves and charitable donation from the private sector.

Cycling-Parcours: Bike Safety events for primary schools with specific safety and cycling ability trainings conducted in 7 communities as part of school related activities. Children come with their own bikes, get them checked by a team of engineers, get their helmets checked and an introduction in wearing their helmets correctly. They train their cycling abilities by riding their bikes on a specific cycling parcours which is prepared by cycling safety experts. The Police explain the traffic safety rules in theory and practice. A little checklist for safe cycling supports what they have heard and learnt during the training.

Bike and Helmet Checks: Children riding to school by bike are surprisingly controlled by the police if their helmets and bikes are safe for traffic. AS part of the control children receive a bike safety checklist.

Safe School Bus: School bus companies conduct specific safety trainings for their bus drivers as well as for the children riding the bus to school. They train safety behaviour when entering and leaving the bus, when waiting for the bus, when riding on the bus (buckle up) and inform about dangers regarding "Blind Angle (Dead Corner)"

Car Safety Seats: Social workers received new car safety seats for their cars so that children in need who are supervised by them are safely transported in the car.

Prevention trainings for parents and professional groups in order to teach them the right safety management in cars and to create role models for children

Traffic Safety Calendar for all primary schools, children of the first grade of secondary schools and interested kindergartens with preschool children in the district of Deutschlandsberg. The goal is to teach children how to handle potential risks on their way to school at the beginning of a new school year. This calendar offers an easy and child appropriate way to include pedestrian safety within the regular school curriculum.





2. Home and Leisure Safety

Safety trainings for parents with preschool children during official parent counselling hours held by social workers, doctors and nursing and breast feeding counsels at the official district offices on regular basis (Topics: child development, traffic safety, home safety, sport safety, water safety)

Safety posters for parents with newborn children in the local hospital delivery department and in parents' counselling centres (8 in the whole district)

Child Safety Training for General Practitioners, who primarily examine children in rural areas

Child Safety on Prescription Pad for paediatricians and general practitioners:

- Production and distribution of educational material for prevention counselling (including child safety tips on medical prescription pads and a detailed manual on child safety for doctors)

- Prevention counselling service provided by paediatricians in private practice during patients' regular health checkups

Water Safety brochure for all parents of preschool children distributed to all Kindergarten children in the district of Deutschlandsberg (38 Kindergartens, about 1100 children aged 3 to 6 years)

Water Safety Days: 1400 children from elementary schools participated in Water Safety Days at open air baths in five district communities from 2008 to 2011.

Children gain hands-on experience while visiting various learning stations that share important information on their own safety as well as the safety of their smaller sisters and brothers. Topics include safety in and around water, correct behaviour around dogs, first aid and fire safety. Safety Clown Popolina is a major attraction for school children during the event.

Kindergarten pilot project: child safety activities conducted as part of the annual curriculum in the Kindergarten "Klöpferweg" in the city of Deutschlandsberg

Dog Safety Brochure for primary school and kindergarten children: To promote the World Animal Day, GROSSE SCHÜTZEN KLEINE/Safe Kids Austria released a new brochure on Dog Safety. This brochure was developed together with leading pet obedience schools in order to prepare and teach dog owners, parents, and children how to safely interact with dogs. In addition pet obedience schools visited primary schools with dogs in order to teach children the safe behaviour with animals.

3.-5. not applicable



6. Intentional injury prevention:

Cooperation with the Department of Paediatric Psychiatry and the local Child Protection Centre, introducing a children's theatre on violence prevention for primary school children: „Ann and the wolf” performed by a group of theatre pedagogues called “Dream catcher”

7. Suicide Prevention:

Cooperation with the Police Department, the Department of Paediatric Psychiatry, Child Protection Centre, WEIL – NGO for Suicide Prevention, VIVID –NGO for the Prevention of Addiction: Trainings for parents (prevention of addiction), school and kindergarten teachers (mobbing prevention), workshops for primary school children on mobbing prevention, trainings for secondary school children on cyber mobbing prevention

8. Disaster Preparedness and Response:

Cooperation with the Civil Protection Organisation: Evacuation programs and activities for schools, Child Safety Tour for primary school children including games on first aid, disaster preparedness and injury prevention in order to increase knowledge and skills

Time frame:

2007: project start with evaluating the baseline injury data (intervention and non intervention area),

2008 parents' survey on safety behaviour and risk awareness (intervention, control region) building a child safety network with interested people and partners, introducing several child safety activities for various risk areas, regional kick off event

2009: ongoing child safety activities for various risk areas and environments, networking, Key note speech at the 1st South Eastern European Safe Community Conference, Novi Sad Serbia

2010: ongoing child safety activities for various risk areas and environments, formal establishment of the Steering Committee, Letter of interest to be designated as Safe Children Community sent to Sweden, Presentation at the 2nd European Safe Community Conference in Reykjavik, Iceland, Site visit By Bo Henricson (WHO Collaborating Centre)

2011: ongoing child safety activities for various risk areas and environments, district wide Child Safety Week, Application report to be designated as Safe Children Community, Presentation at a Safe Community Seminar in Delmenhorst, Germany, Several presentations at the 20th Safe Community Conference Falun, Sweden

Indicator 3: Programs for high risk groups and environments and vulnerable groups

Based on the initial injury data analysis and a telephone survey with 500 parents regarding their risk awareness and safety behaviour the following areas were identified as high risk areas for our work:

Moped safety for adolescents

Study on moped injuries: “Qualitative analysis of moped accidents of adolescents”

The question: Since the clearance of restraints concerning the acquisition of a driving license for mopeds for 15 year olds the number of accidents within this age group has risen dramatically since 2005. Currently the number of accidents of 15 year olds is approximately as big as the one of accidents of 16 year olds.

This survey questions the following points:

- Why is it that within the last years the number of accidents of 15 year olds has increased while the number of accidents of 16 year olds has not decreased?
- Is it possible to modify the current training in order to improve the driving skills of teenagers and, resulting from this, reduce the accident risk?

Method: As indicated in the title of the survey, the approach to the analysis is complex and multi-layer and includes questionnaires, observations, face-to-face interviews, and multiple choice tests.

Results: Resulting from the survey data it can be assumed that 50 to 60% of all teenagers have a moped driving license. More than 50% of all moped accidents occur within the first 7 months after having been given the official permission to drive. However, the accident registered in the official statistics is only part of the total event of the accident.

Conclusion: The reduction of the factor “sensation seeking” and an improvement concerning attention and distractibility are factors that change for the better with age and can have an effect on the way of driving. However, it seems that there is nearly no change concerning the readiness to assume risk. In the end, the most prominent influence on the behaviour regarding safety and risk has the experience with an accident itself. Only a severe accident that makes hospital treatment necessary seems to lead to the realization that one is not invulnerable. Because of such an experience teenagers become more realistic and risk-sensitive.

Moped safety trainings:

Together with the Austrian Traffic Safety Board, the Red Cross, the Austrian Automobile and Touring Club and the police intensive one day moped safety workshops are offered to adolescents aged 15 to 18 years nearly free of charge.

During this training the participants learn to better understand potential dangerous



situations in traffic and how to react accordingly, they get the chance to use a especially designed driving parcours in order to improve their driving skills, they reflect their own driving behaviour and learn more about first aid and laws regarding moped driving. These courses are offered to schools, organised by the school teachers together with the mentioned project partners during the summer semester of the school year.

Water safety for children 0 – 10 years and their parents

Drowning is the second leading cause of death for children aged 0 – 5 years in Austria. According to the telephone survey less than 5 % of parents perceived open water areas as dangerous for their small children.

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Water Safety Days: 1400 children from elementary schools participated in Water Safety Days at open air baths in five district communities from 2008 to 2011. Children gain hands-on experience while visiting various learning stations that share important information on their own safety as well as the safety of their smaller sisters and brothers. Topics include safety in and around water, correct behaviour around dogs, first aid and fire safety. Safety Clown Popolina is a major attraction for school children during the event.

Low-income groups

Injury and violence prevention training for social workers who look after low income families

development of a questionnaire through which risk environments for children can be evaluated and safety counselling can be done on the spot by social workers when visiting low income families (in process, to be done 2012)

Safety trainings for parents with preschool children during official parent counselling hours held by social workers, doctors and nursing and breast feeding counsels at the official district offices on regular basis (Topics: child development, traffic safety, home safety, sport safety, water safety)





Indicator 4: Programs that document the frequency and causes of injuries

Effective injury prevention depends on specific fundamental knowledge. A vital condition for the recommendation of rules for efficient injury prevention is an exact analysis of the circumstances of injuries in order to identify the parameters involved. Only then it is possible to draw efficient conclusions for prevention, in which active and passive measures are distinguished.

To find local problem areas it is necessary to work with a data basis located at the local hospital connected with the medical documentation system, so specific preventive measures can be taken. A multilevel system will guarantee that no more time is needed than necessary.

The analysis of injuries in a local hospital is very important to identify dangerous sites and risky areas at a community level. Together with an efficient network of experts the data can be analyzed and countermeasures can immediately be taken into action. It will result in a significant reduction of the number of injuries.

The basis to evaluate the effectiveness of a project like a Safe Community for Children is to have data about the numbers of injuries to measure the quantity and to find out the circumstances so that risky activities or risk groups can be identified.

The first step was to identify possible sources of data. At the end only three were available:

- Data for traffic accidents reported by the police, collected and published by Statistics Austria
- Data for school accidents reported by the principals, collected and published by AUVA (Austrian Worker's Compensation Board)
- Data for all other areas reported by the local and regional hospital

Although we identified these two official data sets, only the data set of the hospitals was able to embrace the whole numbers of injuries. All reported injuries were treated there. So it was necessary to figure out in which of the hospitals children of the region were treated. Finally we identified only public hospitals within the Styrian Hospital Association to be included in the data evaluation.

Children who sustained an injury in the district of Deutschlandsberg were mostly treated in the local hospital. Severe cases and children younger than six years of age were referred to the Children's Trauma centre in the capital city of Graz. By collecting and analyzing all data available from these sources 95% of all injuries which required medical treatment could be covered.

Additional to the minimal data set introduced at the local hospital - which made it possible to identify treatment following an injury - the details and circumstances were reported at the Children's Trauma centre by introducing a data set which

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documented more detailed information of the injury. Based on this set it was possible to identify risk areas and risky situations in detail by age and exact time of injury. An analysis of the baseline data showed that every 5th child in the district sustained an injury prior to the intervention phase. Home, leisure and sports injuries counted for 85% of all non-fatal injuries, followed by school injuries and traffic injuries. Within this group falls dominated the causes for injuries to children. The same data analysis has been done in a control district of the same size and distribution of population in order to show evidence after the intervention period. The injury data analysis has been accompanied by an assessment of the risk awareness of parents in the intervention and non-intervention district.

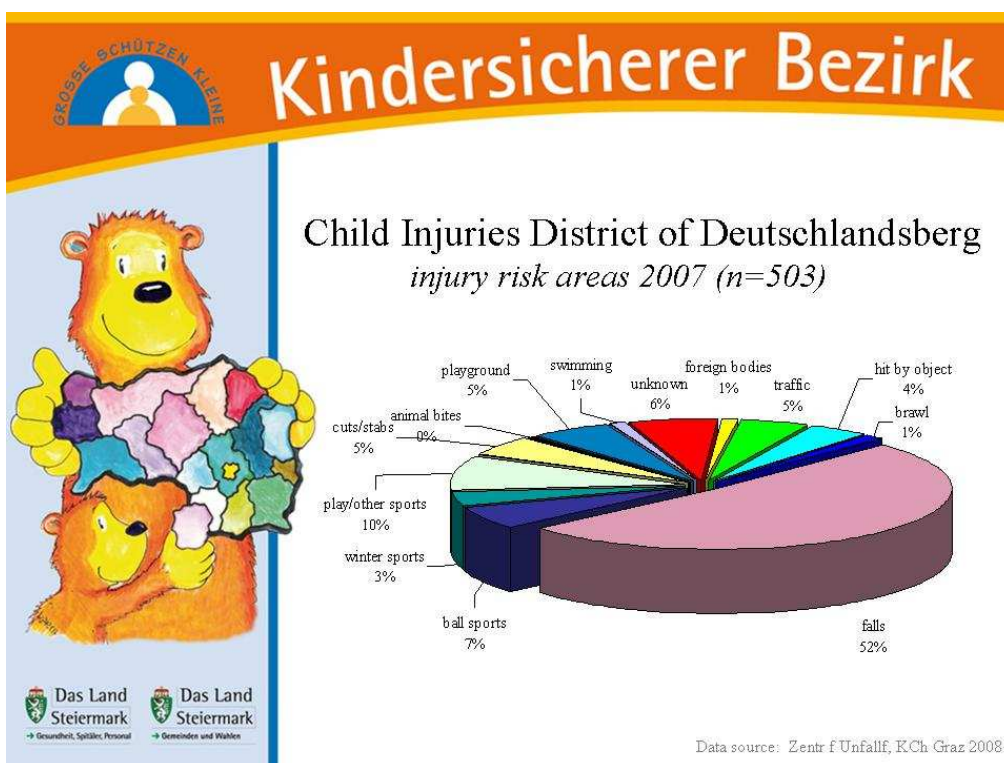
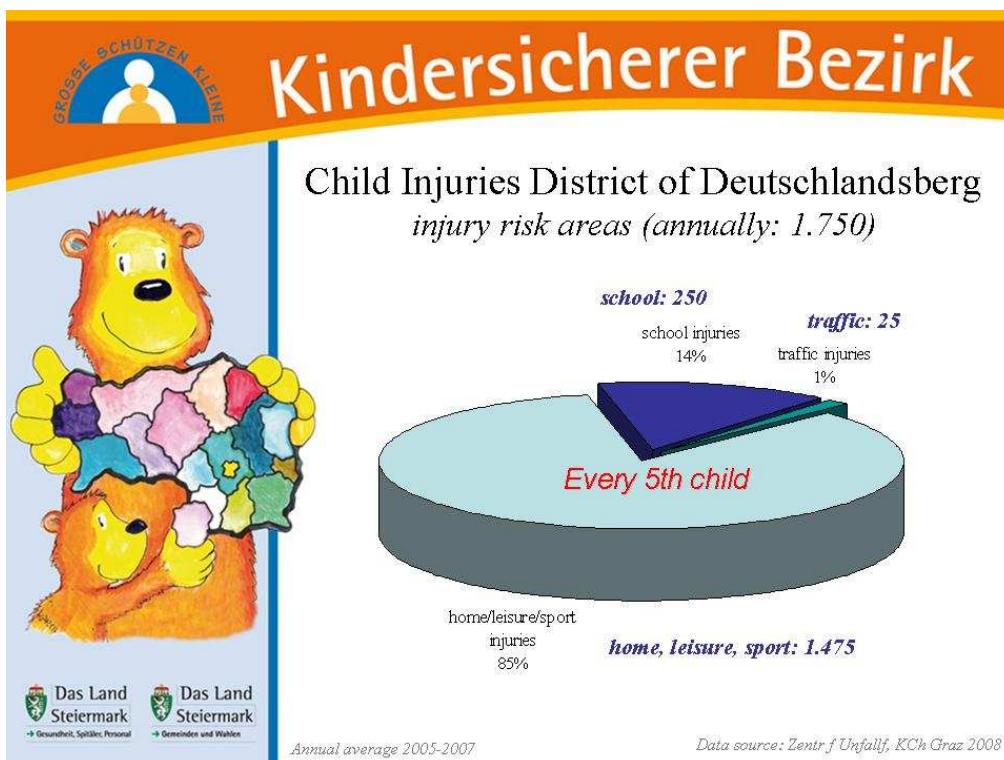


Kindersicherer Bezirk

4. Data Documentation

- **Assessment of the number of child injuries:**
injury data analysis with the local hospital, the police, Austrian Worker's Compensation Board, Department of Paediatric & Adolescent Surgery
- **Assessment of population risk-awareness:**
conducting a telephone survey with 500 families in the district
(both assessments were also done in a control district)
- **Assessment of the level of child safety involvement**
in the district prior to the intervention

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Kindersicherer Bezirk

Hazardous Places and Situations

Question 2: Basis 100% (500 respondents), open, multiple answers

| Hazardous Places/Situations | Frequency | % multiple answers |
|---------------------------------|------------|--------------------|
| road traffic | 229 | 45,8 |
| household | 142 | 28,4 |
| stairs | 64 | 12,8 |
| cooker/stove | 48 | 9,6 |
| sports | 48 | 9,6 |
| way to school | 47 | 9,4 |
| kitchen | 43 | 8,6 |
| leisure time | 26 | 5,2 |
| farming | 26 | 5,2 |
| Swimming pool, open water, pond | 24 | 4,8 |
| (...) | | |
| do not know /no response | 19 | 3,8 |
| Total | 884 | 176,8 |







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Research
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Products used at home


Question 6: Basis 100% (500 respondents), closed

| Product | yes, in use | no, not in use |
|----------------|-------------|----------------|
| changing table | 84% | 16% |
| highchair | 98% | 10% |
| babywalker | 43% | 55% |
| playpen | 63% | 35% |
| teeter-totter | 73% | 27% |
| bunkbed | 33% | 65% |
| fragrance lamp | 40% | 60% |
| padding pool | 75% | 25% |








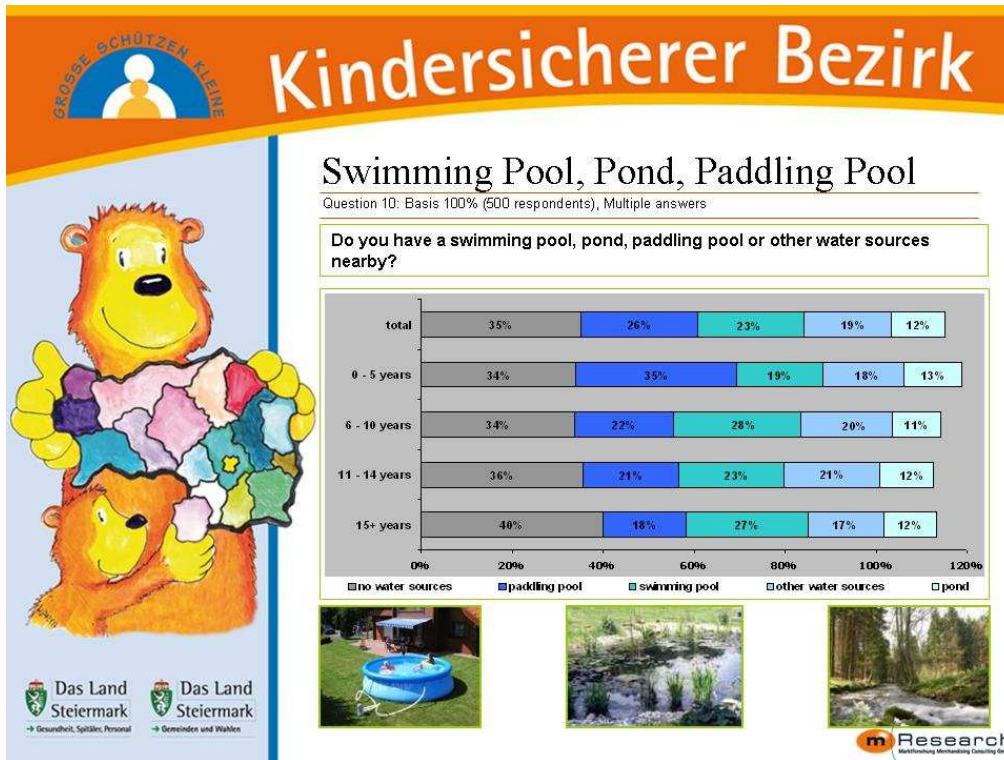
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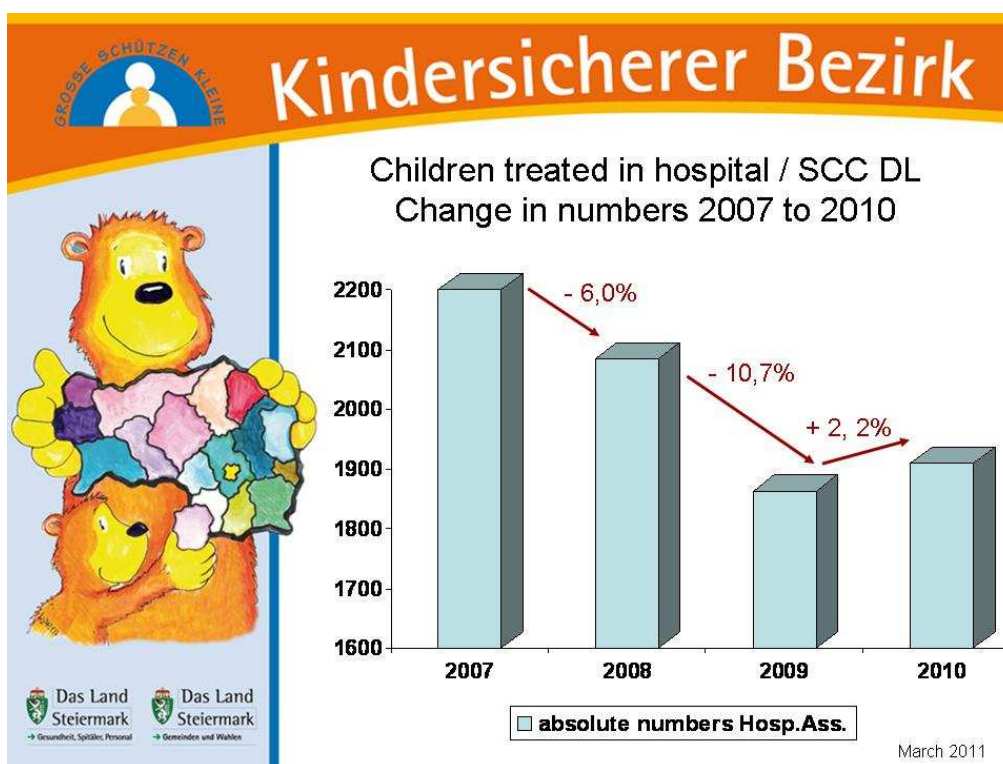
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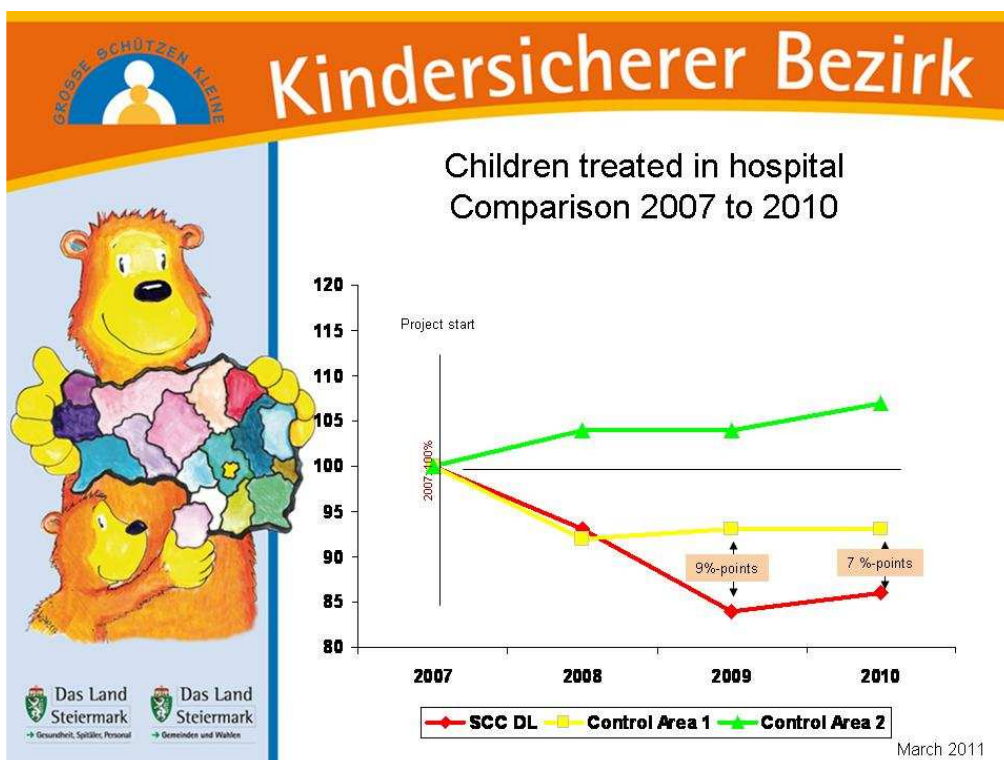
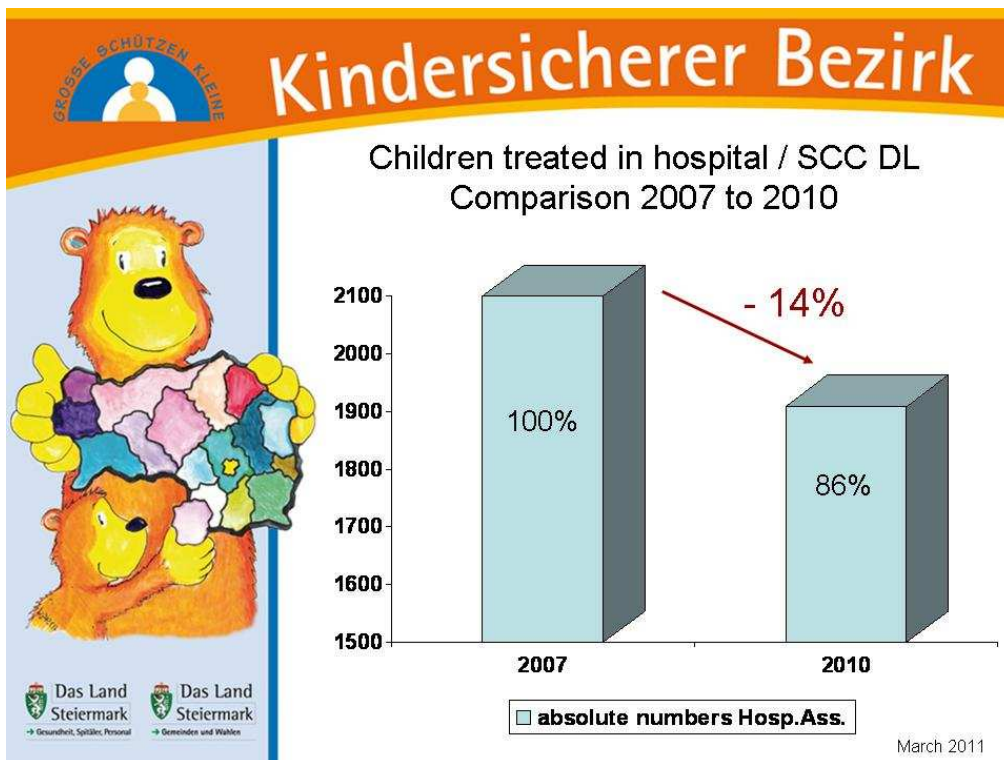


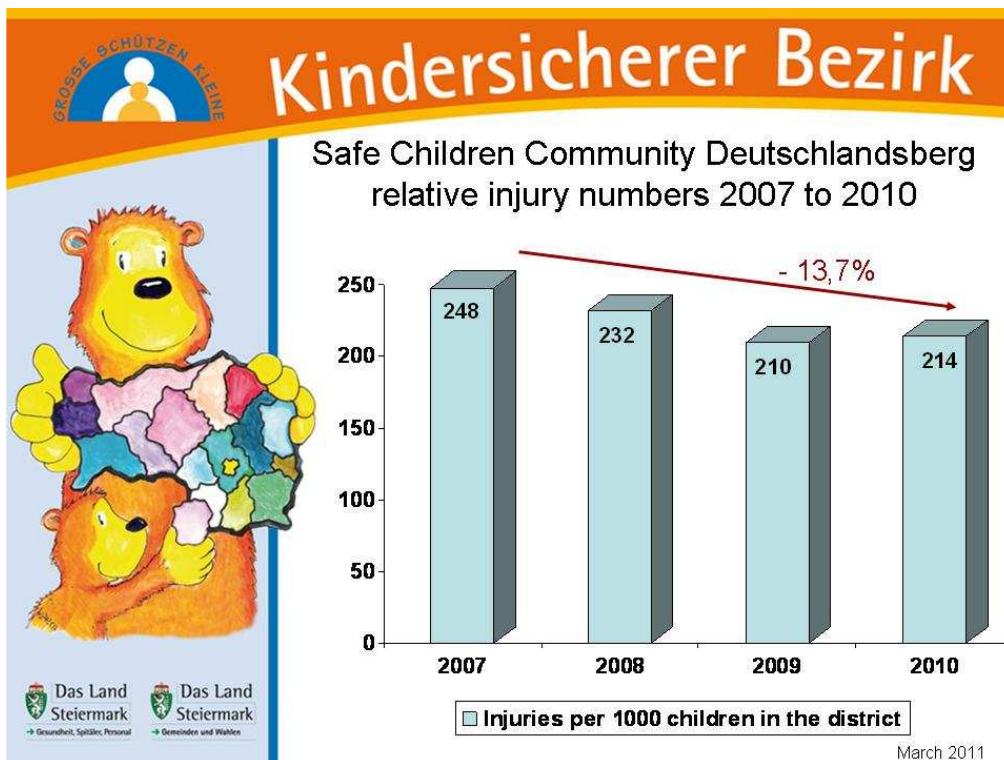
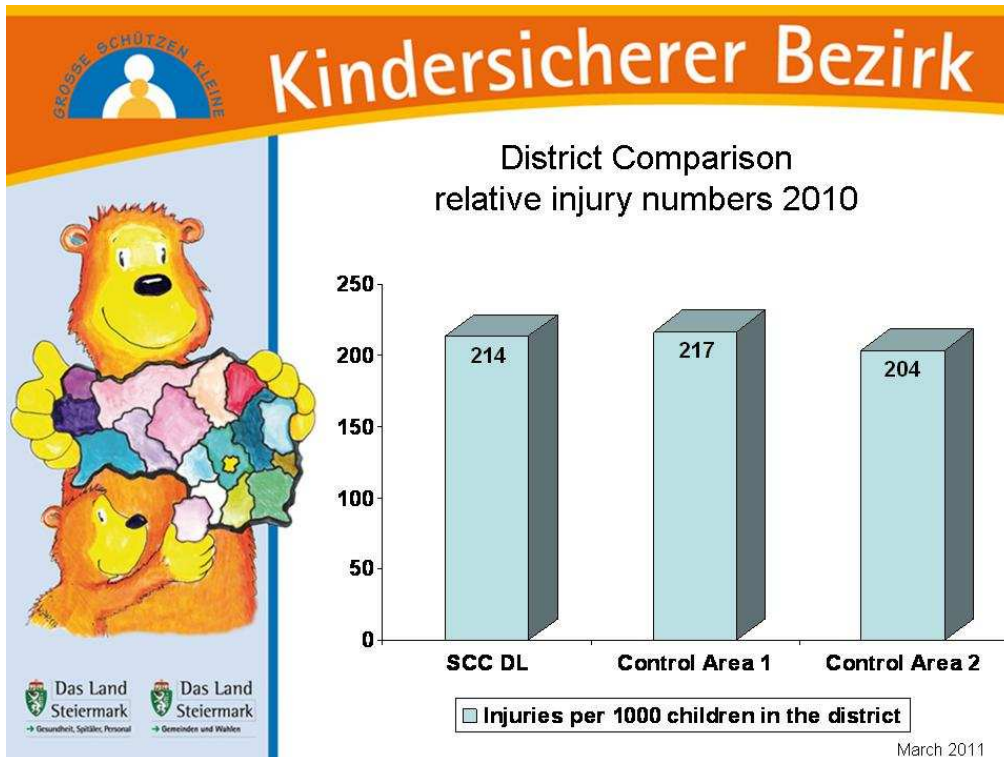
Indicator 5: Evaluation measures to assess processes and effects of change

In our project “Safe Children Community Deutschlandsberg” we were able to analyze the circumstances of accidents and to take measures for injury prevention for a whole district where a local hospital is placed. These hospital data showed a reduction in the number of injured children.

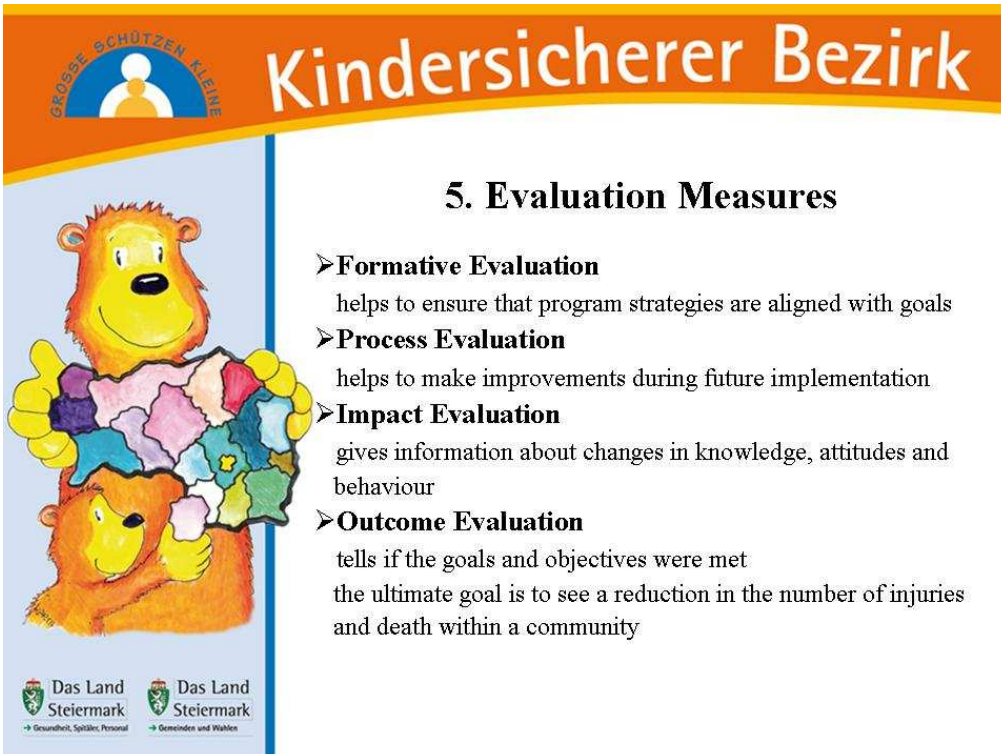
After three years of intervention the preventative work showed substantial effects that relate to a multi-level prevention programme. The number of injuries to children dropped by 14%, this corresponds with a new injury rate of 214 per 1,000 children. To introduce such an injury surveillance system it is fundamental to convince the doctors in the hospital and the parents / patients that few minutes spent on collecting injury data could be very helpful for their neighbours because by doing so accidents can be effectively prevented even more if they resulted in severe injuries.







The change of risk awareness and safety behaviour with parents will be evaluated during project year five in 2012 by conducting a control telephone survey with parents in the intervention and non-intervention district. Single safety projects and activities have been evaluated in respect to numbers of parents and children involved and in respect to the gain of safety knowledge prior and after the activities.




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5. Evaluation Measures

- **Formative Evaluation**
helps to ensure that program strategies are aligned with goals
- **Process Evaluation**
helps to make improvements during future implementation
- **Impact Evaluation**
gives information about changes in knowledge, attitudes and behaviour
- **Outcome Evaluation**
tells if the goals and objectives were met
the ultimate goal is to see a reduction in the number of injuries and death within a community

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Kindersicherer Bezirk

Interim Report

- Infrastructure: Official establishment of the Steering Committee, 7th April 2010
- Data: accompanying data documentation, reduction of the injuries
- Persons reached: 18.086 with different activities such as person to person prevention counselings, network activities, local campaigns to improve the helmet usage rate (cycling, skiing, snowboarding, skating, horse riding), prevention activities like watersafety days for parents and children
- Sustainable achievements: child safety seats for the social workers' cars, cycling safety park Eibiswald and Wies, baby nurses trained as injury prevention advisors

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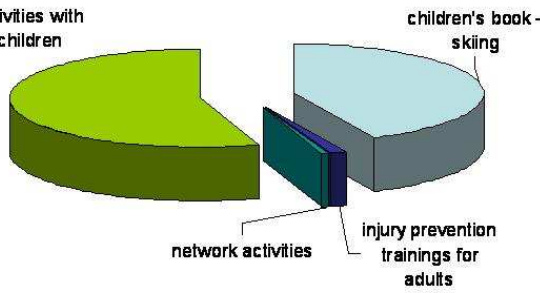
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Kindersicherer Bezirk

Population reached

activities 2009 (persons: 18.086)



activities with children

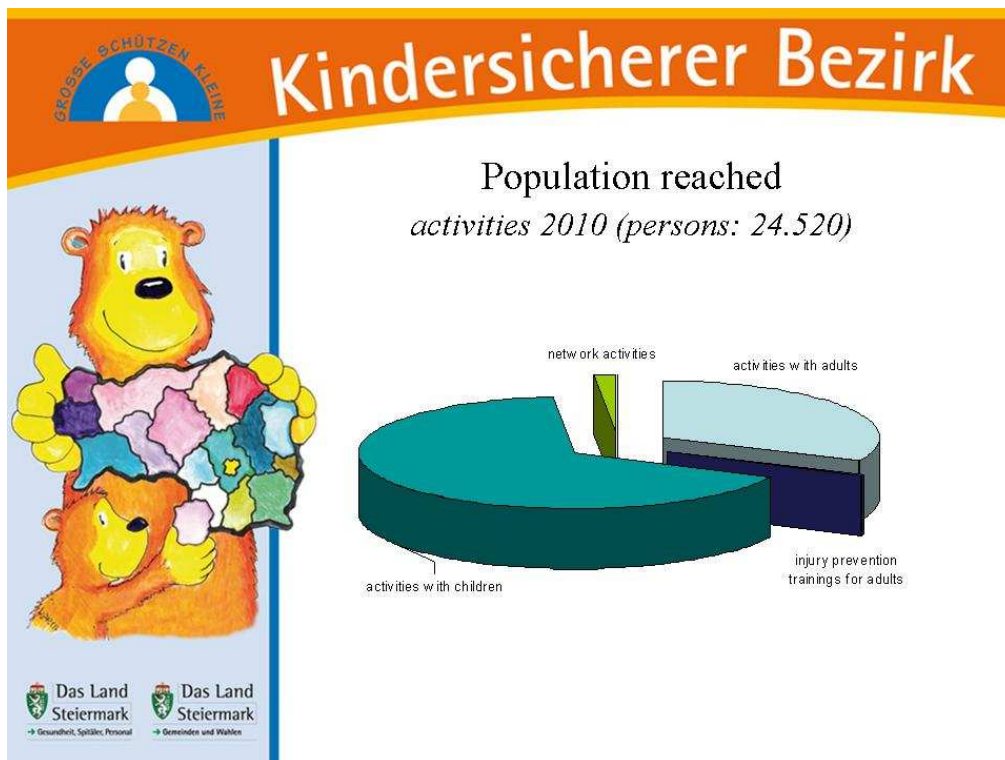
children's book-skiing

network activities

injury prevention trainings for adults

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Indicator 6: Participation in national and international Safe Communities Networks

2006: 15th International Conference on Safe Communities, Cape Town, South Africa

2007: Business meeting for knowledge exchange with Initiative Sichere Gemeinden Vorarlberg

2008: 17th International Conference on Safe Communities, Christchurch, New Zealand

2009: 1st Regional South Eastern Conference on Safe Communities, Novi Sad, Serbia

2009: Travelling Seminar of Initiative Sichere Gemeinden Vorarlberg to Safe Children Community Deutschlandsberg

2010: Application for Membership to the International Network of Safe Communities

2010: 2nd European Regional Safe Community Conference, Reykjavik, Iceland

2010: 19th International Conference on Safe Communities, Suwon, Korea

2011: Safe Community Designation Delmenhorst, Germany

2011: 20th International Conference on Safe Communities, Falun, Sweden

2011: Designation of GROSSE SCHÜTZEN KLEINE/Safe Kids Austria as Safe Children Community Affiliate Support Centre, Falun, Sweden

2011: International Safe Kids Worldwide Workshop on Safe Children Communities, Falun, Sweden

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