



Re Municipality

*New and
warm*

Re Municipality
Re gata 2. P.O. Box 123
3164 Revetal

Tlf: 87 89 90 94
Teleks: 87 89 90 93
Telefaks: 87 64 56 13

Application Safe Communities

Re Municipality applying to be sanctioned a Safe Community



Revetal Centre (photo: Runar Halling)



Municipality House (photo: Per Haug)

Safe Communities is the Norwegian adaptation to an international idea. The concept of *Safe Communities* is the basis for a global network aiming to reduce injuries and accidents.

Safe Communities was developed as a systematic concept in the 1990's. It was based on an idea promoted during a world conference on accidents and accident prevention in Stockholm, Sweden in 1989. Here, the charter '*Manifesto for Safe Communities*' was carried. Essentially, this consists of a basis of principles concerning local community structures and practical measures in people's local environment. Initiative and effort shall be founded in local requirements and structures, be connected with public management, and obtained through comprehensive cooperation between the public, voluntary and private sectors. The international network, which comprises approximately 225 local communities in all parts of the world, organizes conferences and welcomes the sharing of experience.

Background

Safe Communities in Re

A process with a wide approach to accident and injury prevention.

Re Municipality has on several occasions been encouraged by external collaborators to work towards being approved as a 'Safe Community'. The first time was in connection with a meeting concerning the community emergency plan, in light of Re Municipality's extensive collaboration across different sectors and efforts on prevention in various arenas. Working towards being recognized as a 'Safe Community' will bring forth external support in terms of expertise and economy. This allows for increased work resources and quality assurance for the range of new initiatives.

In 2004 Re Municipality was invited to collaboration with other municipalities in Vestfold County. Representatives from the work group 'Safe communities in Vestfold' met with the Re Municipality Mayor and the Chief Administrative Officer and Management Group in Re. This meeting was followed up with an invitation for participation in Safe Communities International Conference in Bergen June 2005.

In the autumn of 2005, the Municipal Council decided that Re Municipality should work towards being recognized as a 'Safe Community'. An Executive Group was established, and a Project Manager was hired in March of 2006.

Since the decision in the Council, Re Municipality has worked systematically in line with the 6 criteria for approval. This booklet is a short version of a more comprehensive application document, which will function as the parent work- /strategy instrument for further effort to prevent injuries and accidents in our community. Working on the application has in itself been useful for further progress and has led us through processes resulting in, among other things, concrete organizational changes. Strengths and weaknesses in our old organizational and working model have been clarified. The overall picture has become more distinct and concrete in relation to the present juncture, and hence made it easier to point the direction for further development.

The Government's National Strategy Document in order to 'prevent accidents that causes injuries in Norway', stresses local development ('Accidents in Norway'.2009. National strategy for prevention of accidents leading to injury 2009-2014).

Facts about Re

Re Municipality consists of the former municipalities of Ramnes and Våle, and emerged as a new municipality in January 2002. This was the first unification of municipalities in Norway for several decades, decided by local authority, as opposed to enforced by national authority. Re has a little coastal strip in the Northeast, but is still considered as one of the inland municipalities of Vestfold County. The municipality is divided into 5 parishes; Ramnes, Fon, Vivestad, Undrumsdal and Våle.

The geographical area of Re is about 224 km². Of the total, 80 km² is cultivated land and approximately 122 km² is productive woodland. With this, Re is one of the municipalities with the largest cultivated area in Norway.

The terrain in Re is lightly rolling with low forest clad hills that varies between valleys and level country.

Re's coastline and forests provide opportunities for enjoying the outdoors both summer and winter. The municipality is renowned for offering good services for children, youths and the elderly. There are several volunteer associations, working to provide a wide range of leisure activities for citizens of all ages.

Re takes part in a common labour-market, the 12-municipality-region, which has an extensive inter-municipal collaboration. Re has job equity of about 66%. The largest concentration of workplaces is found in the village of Revetal, the administrative centre of Re, which holds the potential of being the first inland city in Vestfold County (Municipal Plan 2008-2019: 6).

About 50 % of the inhabitants of Re live in residential areas. The rest live on farms and in more scattered detached houses (Municipal Plan 2008-2019: 13).

A recent user survey shows that citizens are largely satisfied with municipal services. The municipality has the approximate full day-care coverage, sound capacity on several of the schools and well established Primary Health Care Services (Municipal Plan 2008-2019: 10-11).

Phase 1. 2005-2009 – Project organization: Safe communities, project development and initiatives

Accident and injury prevention in Re through *Safe Communities* is soundly rooted both in the local administrative and political authority. The Leadership Group is led by the Mayor, and is composed of the municipality's management team and the highest authority of local police, the Chief Police Sergeant and also the leaders of the municipality's two political boards; The Principal Committee for Health, Development and Welfare / The Principal Committee for Operations, Real Estate and Industry. The practical implementation of the project is organized via two groups:

- '*Project Group for Safe Communities*' (TL).
- '*Collaboration Group for coordination of local crime preventive initiatives*' (SLT).

The Project Group for *Safe Communities* has a focus on accidents and injuries in all sectors, with the exception of the area of drugs and crime which is the focus for the Collaboration Group. Both groups are led by the coordinator for *Safe Communities*. The coordinator reports directly to the Leadership Group. The Leadership Group also functions as the municipality's law enforcement council.

Phase 1 has consisted of process, initiatives and method development in relation to the 6 work criterions of *Safe Communities*:

- Participation/cooperation,
- Cross-sectional organization from Leadership Group level to initiative- and project-level,
- Mapping of accidents and injuries,
- Evaluation of programs and effect (qualitative/quantitative),
- Development of a new inter-municipal Local Injury Registry , and also a number of long- and short-term preventive initiatives associated with several high-risk arenas/groups (drugs/crime, road safety, fall accidents (domestic), safe playgrounds etc).

Phase 2. 2009-2013 - Reorganization/implementation

Phase 2 is about planned further development from autumn of 2009 and throughout 2013. Although project *Safe Communities* has resulted in good initiatives, the implementation of single initiatives in the respective enterprises could have been better. In phase 2 we want a stronger focus on the implementation operations in the different municipal activities.

The reorganization in phase 2 is based on the initial organization of phase 1. Still with one leadership group and two work groups, phase 2 also incorporates theme groups which are centred on the high-risk arenas. There is an international 'Site visit check list' with a basis in these themes which is used during certification visits.

In August 2009, 6 theme groups started outlining the accident preventive work in Re Municipality. The group leaders are enterprise managers with relevant professional and organizational connection to each of the fields they will be working on:

- *Domestic accidents* is led by the Activity Manager for Primary Health Care,
- *Leisure related accidents* is led by the Activity Manager for Culture and Sports,
- *Children's safety* is led by the Activity Manager for Childcare (in terms of day care),

- *Workplaces* is led by the Activity Manager for Industry,
- *Mental Health* is led by the Activity Manager for Children and Youth,
- *Traffic* is led by an engineer from the municipality technical services.

The theme groups' task was to map, or give a diagnosis, on the municipality. The mapping took basis in the following question:

- Which settings or situations are associated with risks/accidents/injuries in relation to the themes/main question the group is going to map? What is in place from before in terms of accident and injury prevention in the particular field in Re Municipality? What needs attending to?

The mapping has given valuable answers, and together with the experiences from phase 1, we have a solid foundation to base future work on, in the prevention of accidents and injuries.

Indicator 2. Long-term, sustainable programs covering both genders and all ages, environments, and situations

To ensure long-term development, we have chosen a broad approach. The Municipal Health Services Act is the foundation for the accident and injury prevention. According to this, municipalities must have an overview of positive and negative factors that can affect the health of the population, like accident risk and causal relations. The application for *Safe Communities* contributes to documentation, and points out key areas for efforts.

Accident prevention in Environmental Health Care

Environmental Health Care has an important supervisory role in relation to compliance with the statutory claims for injury and accident prevention, and is a result of a long-term effort.

This department conducts audit of enterprises in cooperation with the municipal chief physician, and supplies statements to regulatory plans and the like, such as:

Routines for the prevention of accidents; inspections, the use of check lists for outside and inside areas (enclosure, toxic plants, risk for stumbling or falling etc.). Environmental Health Care supplies both written and oral information about accident preventive effort to activity leaders.

Safe Communities as a working model

Safe Communities is a long-term project. By adopting the *Safe Communities* work model, Re Municipality signals that the accident and injury preventive effort will be set at a higher standard than what is required under the Municipal Health Services Act. The goal is to supply clear indicators on how safety and accident prevention is to be assessed and included in all plan documents. Application for approval of accident preventive work will be processed and accredited by Re Municipal Council. The council's decision, along with the other factors mentioned above, ensures that the developments described in the application will have high priority in the work in the years ahead.

How to ensure that the work with *Safe Communities* includes both sexes, all ages and environments/situations where injuries occur?

In addition to what is required under Norwegian law, Health and Safety regulations and established security systems and practices in each of the local enterprises, *Safe Communities* contributes to maintain a focus on injury prevention in multiple venues at the same time. At-risk age groups, environments and situations are identified by a number of factors:

Experience with at-risk groups and situations/arenas, prioritizing on the basis of a combination of local knowledge and local statistics, programmes/initiatives based on good results in other municipalities, nationally and internationally.

These factors have been the starting point for our choice of target groups and initiatives; all in all resulting in a sound combination of what is established, with renewal through *Safe Communities* as a new working method.

The sample of projects presented below reflects this. Some are initiated through the *Safe Communities Project Group* and *Collaboration Group*. Other projects have been implemented by various enterprises as a result of regulatory measures required by law and separate regulations regarding health and safety.

Projects through *Safe Communities* and SLT

Both short-term and long-term initiatives, and also programs started up by TL/SLT, take basis in the project's secondary goals (process goals and effect goals), which are:

Secondary goals: (Process goals)

- Increased cross-sectional collaboration.
- Increased expertise in the use of mapping tools and statistics.
- Positive contribution and commitment from citizens and employees.

Secondary goals: (Effect goals)

- Decrease in traffic accidents.
- Decrease in domestic accidents.
- Decrease in law violations.
- Reduction of drug use among youths.
- Safe physical and psychosocial framework in all kindergartens and schools.
- Continuous participation in the national and international *Safe Communities Network*.

The process goals have in different ways and to various extents been a guideline in relation to all initiatives; specifically how they are all implemented. Groups are composed of representatives from different sectors. Contribution and commitment from citizens and employees have been continuous objectives. Available statistics have been applied, and the project of *Safe Communities* itself has also resulted in surveys, in an effort to obtain quantitative data in some of the areas. Use of available statistics, and also local development of statistics, is directly linked to the project's effect goals. To measure the effects of initiatives one has to be able to describe status both before and after the intervention. In accordance with *Safe Communities*, it is therefore important to create systems that make it possible to measure effectual results of initiatives and projects.

As the secondary goals indicate, injury reduction must be attained through effort on several arenas at the same time. Here are some examples on how *Safe Communities* in Re have prepared for quality assurance of the attaining of goals in the different areas:

Drug and crime prevention:

To measure if there is 'reduction of drug use among youths', *Safe Communities* conducted a drug survey at Revetal High School in 2007. The survey will be repeated every three years (next time in 2010) in order to measure the effect of drug and crime preventive effort over time. In addition, local Police have available statistics on criminal activity in the municipality.

Traffic Safety:

The Traffic Safety Plan is revised; priority areas for direct efforts to 'decrease traffic accidents' have been identified. Statistics from the Police and the Road Safety Department, and also local injury data can document the development.

Domestic accidents:

The importance of decreasing domestic accidents is emphasized by the Injury Report of 2009 which showed a grave pattern of domestic accidents. The primary focus of this report is to present and interpret local injury rates, and from that, point out priority venues and target groups for effective injury prevention in Re.

What we have described above concerns how effort is being made within the framework of *Safe Communities*, where criteria and methodology have been important. The goal of phase 2 is, as previously mentioned, to implement this work model more firmly in the various enterprises. The work model will over time be incorporated in all accident and injury prevention in the municipality. This means that in this application we describe the preventive work from two angles:

- 1) Accident prevention under the direction of project *Safe Communities*.
- 2) Already established prevention effort. Programs and routines still not incorporated in the *Safe Communities* work model.

TL project group – accident and injury preventive initiatives/projects

TL project group have initiated, or been a central contributor, in the following initiatives/projects:

Sand Bucket Project

Fact: Project/initiative started: *Autumn 2007*

Project Description: Distribution of sand buckets and safety brochures for domestic accidents

Target Group: Seniors over the age of 67.

Process Goal: TL Method Development. Encourage injury prevention in peoples' homes. Strengthen the contact between the elderly, the municipality and volunteer groups through participation.

Effect Goal: Bring down the number of injuries among seniors over the age of 67 caused by falling in and around their own house/apartment.

Goal Achievement:

Process Goal: The contact between volunteers participating in the project and the municipality is strengthened, and also with the seniors in the target group.

Effect Goal: Awaiting injury data from new Local Injury Registry.

The 'Sand Bucket Project' is described by those involved as a success. Over 900 seniors have received a bucket of sand for their front steps. The project has resulted in huge local commitment. Volunteers from Lions, the municipality's pensioner unions and the Seniors' Council have been particularly engaged through delivering of sand three years in a row (2007-2009). The unemployed with SOMI have also been of importance to the project.

At present, the project cannot refer to quantitative effect. However, it is expected that the new Local Injury Registry will be an important tool in the further development of fall prevention amongst the elderly.

Safety in playgrounds owned by the community welfare associations of Re Municipality.

Fact: Project/initiative started: *Autumn 2007*

Project Description: Safe playgrounds.

Target Group: Community welfare associations, and children and youths who use the playgrounds.

Process Goal: TL Method development. Improve cooperation between welfare associations and the municipality through participation.

Effect Goal: Avoid serious accidents and injuries during play at the playgrounds of the community welfare associations.

Goal Achievement:

Process Goal: It was challenging to achieve contact and commitment from the community welfare associations in this project, but we experienced a huge commitment from the Children and Adolescents Council.

Effect Goal: Awaiting injury data from the new Local Injury Registry, but no serious accidents have been reported.

Traffic Safety Plan 2008-2011

Fact: Project/initiative started: *Autumn 2007*

Project Description: Efforts for road safety

Target Group: All travellers in traffic, but specifically focus on the elderly, children and young people.

Process Goal: TL Method Development. Multidisciplinary basis and inputs from residents/inhabitants. Permanently established multidisciplinary work group.

Effect Goal: Decrease in the number of traffic accidents.

Goal Achievement:

Process Goal: The implementation of the plan was most successful. The goal of creating a permanent multidisciplinary work group within *Safe Communities* is yet to be accomplished, but will be established during the course of 2010. Involvement of residents of the municipality has been satisfactory, with plenty of valuable inputs.

Effect Goal: In terms of traffic accidents, we refer to the statistics of the Road Safety Department. The most important figures from Re related to the theme group Traffic is presented under the headline 'Theme Group Traffic'.

This is a summary of the Traffic Safety Plan and priority actions. *Safe communities* in Re has initiated the following annual traffic safety measures for raising awareness as part of this plan:

Traffic Safety for 3-year-olds:

The municipality wishes to start early with work on raising awareness. All 3-year-olds are invited with their parents to a night of entertainment adapted for 3-year-olds once a year with the theme Traffic Safety for 3-year-olds. The evening ends with the handing out of a traffic safety package, and an invitation to a membership in Safe Traffic's Traffic Safety Club.

National Reflex Day the 16th of October every year:

National Reflex Day – handing out of reflector discs locally on the national day for reflex distribution every year.

Tell!

Every year, Tell!, is arranged at Re Upper Secondary School. This is an educational initiative targeting young drivers in relation to speed and the use of alcohol and other substances.

Local Injury Report Re Municipality 2009

Fact: Project/initiative started: *2008*

Project Description: Collecting of local injury data of Re municipality from Vestfold General Hospital and processing of this data. Data will be presented in a report with points for further development of the municipality's injury prevention.

Target Group: All residents in Re Municipality

Process Goal: TL Method Development in local injury registering. Increased expertise in the use of mapping tools and statistics.

Effect Goal: Decrease in accident numbers. Point out target groups on the basis of local data.

Goal Achievement:

Process Goal: The work on collecting data has led us to the decision to up-grade the quality of data through the construction of a separate Local Injury Registry, in cooperation with the local doctor surgeries, casualty clinic and dental services.

Effect Goal: Based on the local data presented in the report, we have identified that the elderly and domestic accidents, with a special focus on fall injuries, is a main objective for accident prevention in Re Municipality.

The most significant results from the Local Injury Report is presented under the headline: 'Accident patterns and causal effect patterns must be documented'.

Initiatives/projects in drug and crime prevention

SLT - multidisciplinary cooperation meetings

SLT is above all a model for coordination, focusing on increased cooperation between the different drug and crime preventive initiatives/programs, in addition to promoting research.

SLT work group has initiated, or contributed, in the following drug and crime preventive efforts in Re:

'Better planning, fewer risks'

Fact: Project/initiative started: 2006

Project Description: Crime prevention.

Target Group: Municipal planning

Process Goal: Re community planners will focus on crime preventive elements in planning processes. The brochure 'Better plan fewer risks' from Kråd has a checklist where the crime preventive aspect is set in focus. This will be used actively by the community planners and be based in parent plan documents.

Effect Goal: Reduce the possibility of criminal activity through focus on crime prevention in planning.

Goal Achievement:

Process Goal: KRÅD's checklist has been used, especially in connection with the planning of Revetal Centre.

Effect Goal: Long-term. The development of Revetal is to occur over several years. Whether this has an effect in terms of reduced crime can only be measured parallel to the development taking form.

Meetings - parents/students - about the use of substances in elementary school (Adolescents and drugs in High School)

Fact: Project/initiative started: 2005

Project Description: Meetings with parents and students at school for raising awareness and drug prevention

Target Group: Parents/guardians and students in 7th grade in Elementary School and 8th and 9th grade in High School

Process Goal: TL Method Development. Multidisciplinary cooperation between local enterprises working with drug and crime prevention. Involvement and contribution from parents/guardians and youths a central factor.

Effect Goal: Use of alcohol and other substances among youths decreased.

Goal Achievement:

Process Goal: Multidisciplinary collaboration works really well. The Police, the municipality's drug advisor and SLT coordinator collaborate on events.

We experience that the subjects engage, and that the parents see this as helpful learning in terms of preparation for the adolescent years and the transition from Elementary School to High School and on to Upper Secondary School.

Effect Goal: Awaiting new drug survey in 2010, for comparison with the survey from 2007.

'Drug Survey Revetal High School 2007'

Fact: Project/initiative started: 2007

Project Description: Research of drug use among the students at the local High School.

Target Group: Teachers, students and parents at the High School, and also everyone working with drug and crime prevention among youths.

Process Goal: TL Method Development. Multidisciplinary collaboration between local enterprises working with drug and crime prevention. Involvement and contribution from parents/guardians.

Effect Goal: Decrease in the use of drugs among youths.

Goal Achievement:

Process Goal: The survey points out several priority areas, to strengthen substance and crime prevention in the municipality.

Effect Goal: Awaiting new drug survey in 2010 for comparison with survey of 2009.

Drug policy action plan (2007-2010):

Re has its own Drug Policy Action Plan which signifies the direction for the municipality's drug preventive work. The results from the survey and the municipality's drug prevention make up the basis for the plan.

Other initiatives

Active in Re (AiRe)

[AiRe](#) is led by Culture Services and is an especially promising service for children and youths with behavioural deviations/special needs – an organized holistic approach in relation to day-care, school, home and leisure. AiRe is evaluated by NOVA (Norwegian Institute for research, welfare and ageing). The evaluation concludes that the program has a good opportunity for being able to strengthen children's social skills, and that this in the long run will prevent more significant behavioural deviations in children and young people.

Project 16-23

[16-23](#) is led by the organisation 'Children and Youth', its goal being to capture the ones who are falling, or are in danger of falling, outside of the school and working life. 16-23 is evaluated under the direction of *Safe Communities*. The project emerges as a success. Several persons in the target group have been helped with starting both school and work. The positive results have led to the continuation of the project, as well as expansion by hiring an additional person, so that yet more who needs it can get help.

After School

After School' (Green Care) is led by the organisation 'Children and Youth'. It provides services for children and youths from 1st to 7th grade who are struggling slightly. *After School* offers children activities in relation to animals, cooking and much more at Kirkevold Farm in Ramnes. After School was in 2007 given the 'Det Nytter'-award (It Makes a Difference-award) by the Social and Health Directorate and KS (Norwegian Central Municipality Association).

Living Supervisor Project

The *Living Supervisor Project* is led by NAV. This is a new project which follows up high-risk individuals in relation to housing and leisure, its permanent base being 'The Yellow House'. 16-23 and AiRe also hold quarters here, in addition to the volunteer organisation *Mental Health in Re*. Mental Health have meetings and social gatherings for its members at this location.

SOMI

SOMI is led by NAV and does work training initiatives for young unemployed people. SOMI takes on minor moving assignments, snow shovelling and maintenance work. One of the initiatives that SOMI takes part in is the Sand Bucket Project.

The Municipality's Drug Consultant

The Drug Consultant is under the direction of NAV and follows up drug dependent persons individually, and works closely with several of the projects in the community, especially in the school. The Drug Consultant contributes with arranging parent meetings about drugs in Elementary School.

The Church

The Church also plays an active role in the prevention work. Besides establishing contact with young people both in school and at the youth club, they have among other things organized the service of *Helping with Homework* for those who need it in the Elementary and High School. This initiative is meant to contribute to prevention through increased self-esteem.

The Police

The Police are an essential contributor in SLT, with representatives both in the *Safe Communities Leadership Group* and the *SLT Collaboration Group*. The Police also focus on several additional elements in drug and crime prevention. It is already mentioned that the Police participates in parent meetings concerning drugs in the school. One of the Police's important initiatives is the *Repeater Project*, which has had an effect on the Police's statistics. The Police keep a careful eye on the repeat offenders, who make for a significant part of the crime rate and are taken in as soon as they try for something criminal. *U-18* is also worth mentioning – this concerns the Police being extra focused on immediate consequences for law offenders under the age of 18. Short processing time is in these cases critical.

Indicator 3. Programs that target high-risk groups and environments, and programs that promote safety for vulnerable groups

The initiatives/projects outlined under indicator 2 are all geared toward high-risk and vulnerable groups. Some are defined based on local knowledge; others can be linked to national/regional efforts, such as SLT which has drugs and crime among young people as its target. The Traffic Safety Plan includes both raising awareness and concrete measures, where a number of initiatives are aimed at high-risk groups. The Drug Survey has a focus on young people; the transition between school and adult life in a drug preventive perspective.

The Injury Report charged initially on width, but based on the interpretation of the number material, the elderly have come in focus, but also children have been pointed out as a high-risk group. AiRe, Project 16-23, life-skills programs, Adolescents and Drugs and dialogue meetings on drugs in school all have children and youths as a target group.

Initiatives and programs according to high-risk groups:

Group: Children

Playground safety – inspection of playgrounds and construction of action plan
Insurance scheme for municipal and volunteer organisations which “owns” playgrounds
Reflex Day
“After School” (Green Care)
Traffic Safety Package for 3-year-olds

Group: Youths

Drug Survey
AiRe
Project 16-23
Life-skills programs
Adolescents and Drugs (initiative)

Group: Elderly

Sand Bucket Project
Further development of domestic injury prevention

Other groups

Traffic Safety Plan (2008-2012)
Local injury registering (systematic processing of injury data)

All the groups can be linked to risk environments: children and young people can be set in connection with homes, playgrounds, school and traffic. The home and traffic are risk venues for the elderly. These risk groups and venues are especially focused on in the injury prevention so far, and are linked to phase 1 in the injury preventive work.

In phase 2, definitions of high-risk groups/arenas are based on experiences from phase 1. What has been experienced locally is assessed against the studies done by the 6 theme groups in relation to the aforementioned checklist and risk-groups/venues here pointed out.

A summary of the group reports are presented in the application. Here we settle with presenting the theme groups' conclusion in relation to the mapping they produced.

Theme Group Mental Health: Is the program considering mental health?

Conclusion and way forward

Theme group Mental Health has put a special focus on violence and drugs. These issues are closely linked. Violence often occurs in conjunction with drugs, including within close relations, which is an important venue in terms of prevention. Honour violence and forced marriage among immigrants are also factors in this.

Drug preventive measures will over time be an important factor in terms of preventing injuries caused by substance influence, and especially violence. Also in traffic, the use of substances causes a lot of damage. In the National Plan for Traffic Safety it is stated:

Driving under the influence of alcohol or other substances has been a contributing factor in 22% of fatal accidents in Norway in the period 2005-2008. This applies to both drunk driving and when the driver was influenced by drugs or medications. Influence by alcohol or other substances is a factor which more or less directly triggers an accident (National Plan for Traffic Safety 2010 – 2013: 27).

From October 2008 to October 2009, there has been one registered suicide in Re. According to the Public Health Institute, it is common to assume that there are about ten times as many suicide attempts as there are suicides. Every other Norwegian experience mental illness during the course of their lives, 500-550 commits suicide annually. In addition, there are large dark figures. This means that twice as many die by suicide as in traffic. 90% of all suicides are related to mental disorders, particularly depression and substance abuse (Public Health Institute, Central Bureau of Statistics and National centre for suicide research and prevention). In addition to concrete effort related to diagnosis and psychiatric treatment, prevention measures in relation to drugs, 16-23, AiRe etc., will have a contributing factor in prevention.

Theme Group Traffic: Is the program considering transport safety?

Conclusion and way forward

In terms of accidents and injury prevention, road safety is the arena with the best general view of damage, and the best accuracy for accident reduction through the use of injury statistics. Despite the fact that the traffic pattern is tripled since the 70's, the number of injuries and fatalities in traffic has been halved during the same period. This goes to show how effective a focus on prevention can be when done measurable and concrete.

The Traffic Safety Department has a clear vision about achieving zero injured and zero killed in traffic. That means that traffic safety will continue to be one of the most important venues of prevention in Re Municipality, in terms of injuries and accidents, for a long time to come. Monitoring the Traffic Safety Plan will be central in relation to this.

Theme Group Domestic Accidents: Is the programme considering home safety?

Conclusion and way forward

Domestic accidents represent a substantial field of reference, and it is difficult to attain full general view in the short amount of time the group has had at its disposal. Nevertheless, we see that the former basis for decision making (Local Injury Report), with a focus on domestic accidents and especially accidents by falling, is strengthened by the mapping of this area.

Several high-risk domains and prevention programs initiated by numerous projects and organisations are set in the spotlight. At the same time other areas besides accidents by falling (in the category of domestic accidents) that have a high injury rate, nor additional areas with a high risk for accidents, are not pointed out. This means that at present time there is indication for starting up additional initiatives, other than what is pointed out or already is in place in Re.

Injuries from falling related to domestic accidents, remains a venue we have to assert need further effort. We also have reason to assume that the new Local Injury Registry will support this conclusion, as well as supplying more exact knowledge on which situations in the home that is causing most of the fall accidents. The other forms of domestic accidents will be illustrated more clearly than what we managed to outline in the Local Injury Report.

Theme Group Leisure Accidents: Is the program considering leisure and safety?

Conclusion and way forward

The leisure group concluded that there are limited injury statistics to find in relation to the subjects; sports, hunting and outdoor recreation. Although these are generally regarded as high-risk arenas, it is so far little that indicates that something is out of control in Re. On the contrary, it seems that in two of the arenas, good effort is done in terms of safety. There is educational training and adherence of routines in relation to safety precaution. No serious accidents are recorded.

This does not mean that accidents and injuries are non-occurring. As mentioned, registering of injuries is limited. This applies especially to outdoor recreation, which is an arena we know the least about locally. No school or sports organisation have control over what people do when outdoors, in woods and fields, at their own leisure. The new injury registry under the direction of *Safe Communities* can in this respect help to shed light on all three areas.

It should be added that the resource persons the Leisure Group has been in touch with are expressing that they have good collaboration with the municipality, and that good communication also helps prevent injuries.

Theme Group Safety for Children: Is the program considering Children's safety?

Conclusion and way forward

Safety for Children Theme Group has done a detailed and wide-range outlining of high-risk arenas and situations in schools and kindergartens in Re Municipality. The work is based on the principle of 'look before you leap'. One follows up in relation to initiatives required by Norwegian law, and preventive measures are introduced to situations defined as high-risk. In light of this, the theme group has summed up a number of initiatives relating to the different areas.

However, nothing is said about the scope of injuries, or anything concrete about where injuries happen. It is referred to the Local Injury Report for Re, where fall-injuries is the main category, but this is not put in concrete terms through separate statistics of the individual school/kindergarten. The schoolyards and playgrounds are pointed out as likely high-risk areas, but nothing is mentioned about to which degree schools /kindergartens themselves are keeping statistics on this. New Local Injury Registry will be able to define this more precisely. NAV and insurance companies may hold the statistics which can be used to concretize.

Theme Group Accidents in Workplaces: Is the program considering safety in workplace?

Conclusion and way forward

In relation to accidents in workplaces, the choice has been to focus on agriculture in Re. The description is a general representation of accident prevention in the agricultural industry. It is concrete in regards to type of farm etc., and specific in terms of which kinds of preventive measures are used in connection to agriculture in general. However, it is not exemplified with local initiatives in Re.

There is no heavy industry in Re Municipality. Except NOHA, there is no chemical industry either.

The general description of the damage preventive work provides a solid foundation for which to address agriculture in Re more context-closely – something that is necessary to get a closer look at where accidents actually happen. If the agricultural sector has its own injury statistics, it should be derived. Also in relation to agriculture, the new Local Injury Registry will be able to give indications as to injuries happening here.

NOHA as a separate case should be considered further. It is worth mentioning that inquiries already have been made to NOHA regarding this.

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

Drug Survey, Traffic Safety Plan, construction of Local Injury Registry, as well as statistics from the Police, is fundamental documentation/evidence concerning injury patterns and causal effect patterns. The documentation is being developed on an ongoing basis and is continually updated with the latest numbers. This has been especially important in connection with the theme groups' mapping. Traffic is perhaps the venue with the most experience and systematic use of statistics and analysis, but statistics have also been used in other venues as well.

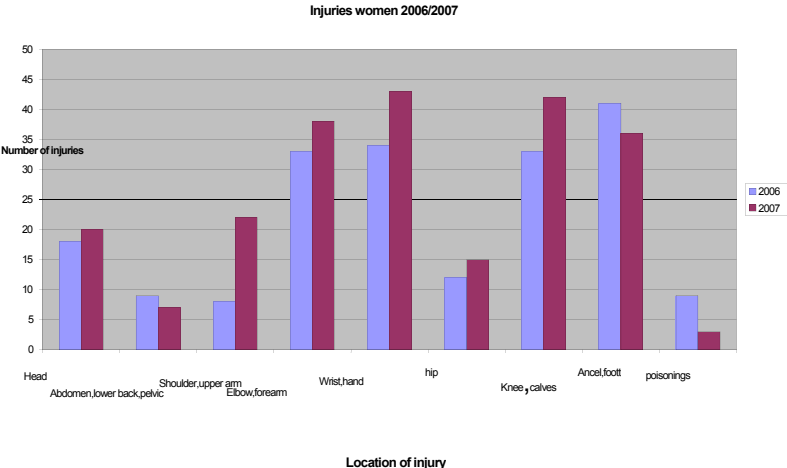
To strengthen the statistical basis as an analytics tool, data on injuries for 2006 and 2007 was collected from Vestfold General Hospital under the direction of *Safe Communities*. It is the first time for such an undertaking in our municipality. The results are compared with research and national figures, and sheds light on what Re Municipality can do to prevent injuries. Implementation of the new inter-municipal injury registry is an important outcome in the wake of the injury report's recommendations.

Which groups in Re are the most injured?

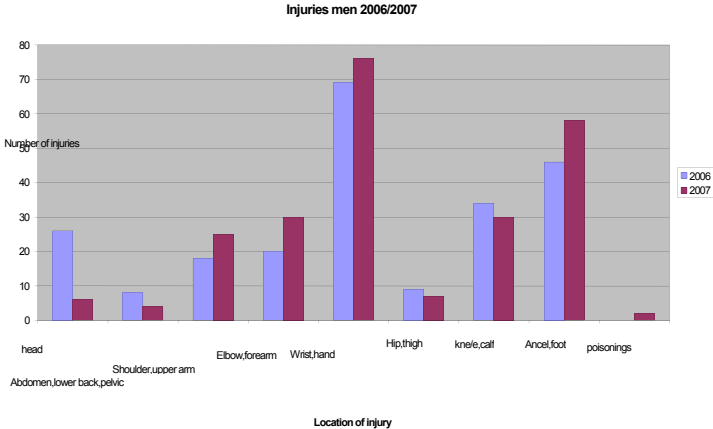
Based on statistics from Vestfold County Hospital concerning medically treated injuries, 585 individuals from Re was injured in 2006 (328 men/257 women) and 612 in 2007 (352 men/260 women). Most of these were treated in out-patient clinics.

The report shows that children and adolescents (under 18), and elderly over the age of 60 suffers the most injuries. Men below the age of 60 get more injured than women, while in the above 60 group there are more women getting injured. The differences are albeit minor. This tendency also manifests nationally, but to a much higher extent than is seen in Re.

What types of injuries are most common?



For both sexes, the majority of injuries related to the head, arms and legs: 'wrist/hand', 'knee/calf', 'ankle/foot' and 'elbow/forearm'.



The injuries are apportioned relatively evenly throughout the year. We must still expect fluctuations depending of what kinds of winters we get.

How do the injuries occur?

The local figures say nothing about how injuries occur, but the report still concludes that the majority of injuries happen by falls. There are two factors which indicate this: 1) That the majority of injuries are related to the *head and upper/lower extremities* suggests that many of the injuries are a result of falling, 2) national statistics supports falls as category number 1, especially in older people (for more elaborate explanations, the entire report should be read).

Indicator 5. Evaluation measures to assess their programs, processes and the effects of change

The same documentation that make up the basis in indicator 4, also make up the basis for important data for evaluation, especially in terms of effect.

In addition there is continuous assessment in the form of semi-annual evaluation reports, minutes and evaluation meetings related to separate projects. Some of the programs/initiatives are also evaluated by external actors. AiRe was thoroughly evaluated (qualitative survey) by Nova in 2009. Project 16-23 was also evaluated by Nova in 2009 (NOVA:2009), and also internally under the direction of *Safe Communities*. The internal evaluation is finished recently. See the report: 'Evaluation of Project 16-23 in Re Municipality 2009' (Grejs:2009).

It should be added that the results from the evaluation have influenced decisions regarding further development of the projects. The results from the evaluation of 16-23 contributed to the decision to expand the project with one additional employee, one reason being that the evaluation pointed out this particular position as being connected with several success factors. AiRe got confirmation on being on the right track and serving as a good example for other communities.

From sand buckets to injury prevention indoors

We find an example on other forms of evaluation when looking at the Sand Bucket Project. In addition to meetings on planning and ideas/evaluation with the Leadership Group and the project group, planning and evaluation of the project have also been carried through with volunteers participating in the project. This has led to expansion of the project by initiative of volunteers. The Sand Bucket Project has mainly been based on volunteer effort. We experience wide-range effort and founding of trust in the local community which opens for continuation.

As mentioned, the project has all along been seen as a first step in relation to domestic accidents among the elderly – a view supported by the conclusions of the injury report.

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

Several times a year, Re Municipality attends network meetings in Vestfold where the exchange of experience is central. The County Traffic Safety Committee is the initiator. Injury prevention forums also arrange conferences and network meetings throughout the year that Re Municipality participates in. The municipalities also have informal meetings and contacts beyond network meeting for collaboration and sharing of experiences. This has been of special importance in connection with developing the inter-municipal injury registry.

The coordinator for *Safe Communities* in Re has on several occasions been invited to speak at various conferences concerning accident and injury prevention; Larvik (2007), Hamar (2008) and Sande (2009).

In 2008, Re Municipality welcomed visitors from Iceland. The theme for the meeting was the work with *Safe Communities* and the way Re Municipality have approached injuries and accidents. The municipality have also attended the international conference in Bergen in 2005 and joined a Norwegian delegation to the

Carolinska Institute in Stockholm to get input on application process and general work with *Safe Communities* in 2009.

Re Municipality attended the conference in Reykjavik in 2010 where the municipality contributed with a poster, stating facts on one of our successful initiatives: the Sand Bucket Project. The international participation could have been better and we wish for strengthening of participation on the way forward.

Further development of *Safe Communities* to the end of 2013

Road Safety and prevention of drugs and crime are the main pillars of injury prevention in Re, and will continue to be in the time ahead. In addition, we will, with *Safe Communities* as methodological tool, continuously map, monitor and search for venues where accidents and injuries happen, and put together initiatives. Domestic accidents are an example of an arena where the Sand Bucket Project has provided knowledge and inspiration for systematic monitoring of fall accidents in the long run. The mapping done by the Theme Groups has shown that there is a lot of good preventive effort done in Re, and at the same time we have shed light on and systematized new challenges. On the road ahead, we believe the Theme Groups will act as viewpoints for each of their arenas. In this context, a new inter-municipal injury registry under the direction of *Safe Communities* will be essential as an analytic tool. Based on the review of the application, the municipality will in the next few years point out a direction for the work on the basis of the following key points:

- Continue to reinforce the focus on interdisciplinary collaboration as a principal factor in injury prevention.
- Strengthen the implementation of *Safe Communities* - methodology and focus injuries and accidents as a venue for effort in the separate organisation.
- Reinforce focus on statistics and calculated effect as basis for introducing efforts. The new injury registry will in relation to this be a key supplement to operation-based statistics which is available from for example the Police and Traffic Safety Department.
- The Theme Groups will adhere to the following central factors in their work when new initiatives are considered and implemented:
 - What does the statistical basis say?
 - How can we measure the effect of the initiative – quantitative (statistics) or qualitative?
 - In what way can interdisciplinary focus strengthen the initiative?
 - Which research based and professional criterions should be considered a part of the project to increase the probability for desired effect?

These are important questions which should always be considered before implementing an initiative/project. All our initiatives/projects will have clearly defined primary and secondary goals. Continuous evaluation and assessment in relation to the goals is a prerequisite for the ability to adjust, reinforce or phase out initiatives. Here statistics can be useful, but equally important is continuous qualitative evaluation – systematic assessments through meeting and reflection. Qualitative aims should in the highest possible degree be put in concrete terms in the planning phase. Focus on statistics, effect goals and research based approaches is important, but so is effort based on public understanding and local experience. *Safe Communities* is based on a 'bottom up' concept, aiming at defining problem-areas and local foundation; as close as possible to where people are living their lives. *Safe Communities* shall support initiatives from the grass roots, and from the participants themselves. Then, not only statistics and research based competency will give legitimacy, but local competence in the form of practical experience, understanding and local challenges will emerge as a pillar.