



Next step- Future directions for the development of different facets of the Safe Community Movement

- A joint position paper from the two involved WHO Collaborating Centres- 2010-12-15.

Safe Community Movement goes back to 1975 when the first model was drafted and tried in Falköping, Sweden. The history is well-known to many involved and for those who are not extensive material is published on our home-page or at least referred to in there (www.phs.ki.se/csp).

The mere success of the movement has led to a situation where there are good reasons to review the present organisational developments. You also have to remember that the movement is a multi-faceted construction- through the years there were many needs to satisfy- those fell back –to a large extent- on the two WHO Collaborating Centres – in Sweden and Colombia.

The first step. Community after community around the world was found to be worthy of belonging to the family of Safe Community – *the network*. Relations were held up based on personal relations and international events-conferences, seminars, e-mails, training events etc. One centre was responsible for quality control/ designations.

The second step. From an initiative from Alberta, Canada, s.c. *Affiliate Safe Community Support Centres* were created in order to strengthen the spread and qualitative development of communities in the network, mostly within their country or in the closest set of countries. However such centres were also created to support specific initiatives like Safe Schools, Safe Sports, Safe Elderly, Safe Work, Safe Children etc. The idea was to engage local organisations for qualitative developments in a Safe Community setting- there are around twenty such centres formally established already.

The third step. A worldwide network had its limitations- language-wise, “culture-wise”, geo-political-wise etc. Like the whole of World Health Organisation regions developed their

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network organically. The most productive Safe Community *regional networks* so far are the Asian and the European, but there are new initiatives also for a Latin-American, an African and a Pan-pacific and recently an East-Mediterranean network. The two first have adopted bylaws and elected (by the designated communities and affiliate support centres) boards with chairs and secretariats- some others are on its way. The two first networks cover more than half of the current designated and still valid Safe Communities- 41/193 and 65/193 respectively.

The fourth step. The need for involving *Academic centres* has been expressed almost since the onset of this development- they have almost all of them also been involved as affiliate support centres. Examples are Karolinska Institutet and Linköping University in Sweden, Harstad University in Norway, Charles University in Czech Republic, Monash University in Australia, UNISA in South Africa, Ajou University in South Korea, Universidad del Valle in Cali, Colombia and more recently Chappell Hill in USA. This development has been especially important for satisfying the need of scientific evaluation of program outcomes and incorporation of evidence-based strategies in the program' developments.

The fifth step. This is basically the same function that was installed from 1989 by quality control of programs and designation of communities- the s.c.certification process. For that reason ten s.c. *Safe Community Certifying Centres* –were established- almost exclusively by falling back on already established Affiliate Support Centres. They are all **linked to the WHO CCs** for keeping a close relation with the development of the Violence and Injury Prevention and the regional WHO offices as well as with WHO Head Quarters.

The sixth step. It was felt that there might be a need for a *global organisation*; although the regional networks and the Stockholm WHO CC at least partly served that purpose. The main task was to give all facets of the movement a more democratic way to express their voice. Therefore the Stockholm WHO CC suggested to develop Bylaws for such an organisation- those ideas were tested on the affiliate and certifying centres and raised criticism. Therefore during 2010 the Stockholm WHO CC appointed two representatives of the leading centres- Dr Coggan from New Zealand and Mr Harberts from Australia to serve a group of 13 representatives from the movement to further develop the Bylaws- and come up with a proposal before the end of the year 2010! The group was after that to be dissolved and the further development to be handled by the WHO CCs.

The seventh step. The *Coggan/ Harberts led group* recently fulfilled their task and left a memo suggesting a Global Alliance to be created with the future aim to become a NGO linked to the WHO. A business plan was also developed. In such a way the closeness to the WHO could be solved considering the fact that in the long run the Stockholm WHO CC might not be in action. However, these suggestions as expected stirred up criticism. The established regional networks saw limited use of such an organisation replacing two CC:s closely connected with one global NGO to eventually become connected to the WHO.

The suggested constitution for a global organisation strongly satisfied the needs of the ten Certifying Centres and not the needs of the almost 200 designated communities. The Affiliate support centres felt not being recognised enough- and crucial academic centres were not mentioned at all. Leading representatives of the movement also expressed their concern that the movement must have a stronger link to the WHO- they rather want more WHO CC:s for Community Safety Promotion and the statement from the Stockholm Manifesto 1989 to be repeatedly established:” All Human Beings have a Right to Health and Safety”. They felt that the Global Alliance document with its business plan indicates the

future development of profit.- making. This is in major conflict with the Safe Community Movement- it has to be for NON-Profit. There should also be openness to a great amount of academic centres in the movement – rather than only two, which was suggested.

Our opinion: We realize that it is almost impossible to satisfy all involved parties in a multifaceted organically developed construction. ***We are therefore grateful*** to those who spent a lot of time try to figure out how the future would look like- thanks to Carolyn and Henk and the group! It might be too a big task to come up with ***ONE*** organisation ready at the Falun Conference- we therefore suggest to go on with the principle of thousand flowers that has been so successful so far.

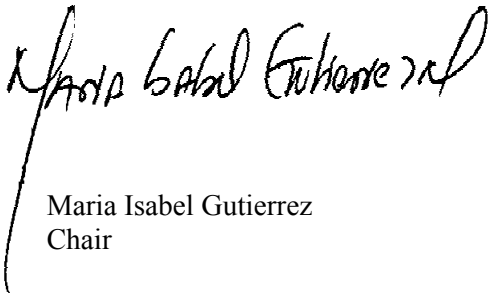
The next step

1. Keep and ***strengthen the Regional networks*** and stimulate new ones.
2. Try to ***adapt the Safe Comm Regions to the WHO Regional structure***; that increases the possibility of closer work with the WHO in the future.
3. Offer the existing ***Affiliate Support Centres*** a closer relation to the Regional Networks rather than the WHO CC's. It has been expressed the need to develop ***national support centres*** to take care of the existing and future communities in the network- this will from now on be a matter for the regional networks to decide. There are however two existing affiliate centres that will go with Safe Schools movement- the Arizona and the Prague centres.
4. ***The Certifying Centres should*** go the opposite way- ***covering regions*** instead of being national based- we realize that needs time to reach. That process needs a close cooperation with the regional safe Community Networks in order to be successful in the future..For example this will be a big advantage for the Pan-American region that can rely upon our WHO CC in Colombia.The rest of the world must rely upon the centre in Karolinska in Stockholm as long it is in action.The NZ/Australia portion should consider going with the Asia/Pacific WHO region instead of the S C Pan-Pacific which will have problems adapting to the WHO preconditions.
5. ***The Academic centres***, maybe with some exceptions, should go with their regions and keep doing academic cross-collaboration in specific projects. .The need for more Affiliate centres and Academic centres should be decided by the leaders of the Regional Safe Comm organisations.

Steps 1-5 will be initiated by the Chair of Stockholm WHO CC Leif Svanström in cooperation with the regional Chairs. It is up to the Regional Chairs to alert the designated Communities within their regions on their role in the Regional organisation.

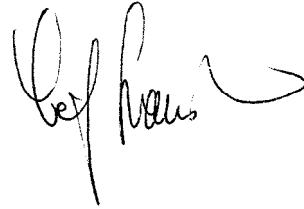
6. The future ***needs for a global organisation*** taking into account the changes mentioned in 1-5 ***has to be further investigated***. That process will from now on be led by Professor Maria Isabel Gutierrez, since she is heading the other WHO CC and is given the time up the Falun Conference in September 2011. This will be done in collaboration with the former chairs Dr Coggan and Mr Harberts.

Cali and Stockholm December 2010-12-15



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Chair

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