



CASE STUDY

World Health Community – Safe Community

Waimakariri District Council
and Accident Compensation Corporation

Presenters

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World Health Community – Safe Community

Executive Summary

Injury is a global epidemic and New Zealand's injury death rate is one of the worst in the OECD. More than 1,600 New Zealanders die every year from injury and sadly, most of these could be predicted and prevented. The Waimakariri District Council (WDC) has shown leadership in their community and along with partners such as ACC have been working in a co-ordinated way to reduce injuries for the last 13 years in their community.

Recently the Waimakariri District was the 1st community in New Zealand to be re-accredited as a World Health Organisation Safe Community. This work is the result of many people within the Waimakariri community including community workers, government agencies, non-government agencies, voluntary organisations, committed community volunteers and Council staff, all working towards making Waimakariri a safer place to live.

The World Health Organisation Safe Community model encourages communities to work collaboratively and to take an active role in identifying, planning and delivering community initiatives; the result has been the development of a safety culture and the Waimakariri District recording the lowest fatality rate per Territorial Local Authority in New Zealand.

ACC is involved not only with the Waimakariri District Council but also with many Councils across New Zealand.

Working with Local Government makes sense for ACC. Local Government can act as a "sphere of influence" both as an employer and community leader enabling it to reach more New Zealanders with ACC messages and programmes.

Working with local councils provides a significant opportunity to reduce the impact and incidence of injuries and occupational diseases which forms part of ACC's strategic objectives. It also directly supports the New Zealand Injury Prevention Strategy (NZIPS) principles and outcomes.

The problem or issue

In New Zealand injury (unintentional and intentional) is the leading cause of death for ages 1 to 34 years, and the second leading cause of hospitalisation.

Injuries also account for more years of life lost than cancer and heart disease combined. In childhood, injury accounts for approximately 60% of all deaths and by adolescence and young adulthood, injury (including suicides) accounts for approximately 80% of deaths.

In New Zealand, in the most recent year for which data is available, 1,524 New Zealanders died as a result of an injury. A further 43,632 were hospitalised for 24 hours or more following a serious injury and 250,419 were treated in emergency rooms.

During 2002/03 over 1.5 million injury claims were accepted by the Accident Compensation Corporation (ACC).

Findings from a 2001 health survey indicate that 214,000 New Zealanders have long-term disability as a result of an injury.

Injury is an important cause of disability and costs New Zealand tax payers, employers, insurers, and individuals billions of dollars each year. Current evidence indicates that the social and economic costs of injury are high, approximately \$6-7 billion per year, yet many injuries and their consequences are preventable.

Is the injury burden comparable across Territorial Local Authorities (TLA's)?

Analysis of injury fatalities for all TLAs demonstrates wide variance (range:115 to 22 per 100,000 people);

- Motor vehicle traffic crashes & suicide leading causes of injury fatalities.

Analysis of injury hospitalisations for all TLAs also demonstrates wide variance - (range: 1650 to 704 per 100,000 people);

- Falls leading cause of hospitalisation for all TLAs, followed by Motor vehicle traffic crashes.

So what's this got to do with Local Government? Isn't it ACC's business?

The impact of injury on a person, their family, their friends and the community as a whole can be devastating. Many injuries result in lifelong changes for all those involved. The cost of injuries is far greater than treatment and rehabilitation costs alone and the cost of a life, of lost potential and opportunities are immeasurable.

As a nation, New Zealanders enjoy an active and challenging lifestyle and it is important to ensure that we continue to live in a society that embraces these values while striving to achieve the New Zealand Injury Prevention Strategy vision of a 'safe New Zealand becoming injury free'.

The New Zealand Injury Prevention Strategy recognises the impact of injury on governments, communities and individuals and demonstrates the Government's commitment to working with community and non-government agencies to reduce the injury burden on New Zealanders and improve the injury prevention performance.

The Local Government Act 2002 provides the overarching framework for local government. Councils must promote the 'four well-beings'.

- Economic,
- Social,
- Cultural
- Environmental well-beings of a community

The legislation also outlines what councils need to achieve on behalf of the communities they serve, and some of the key democratic and consultative processes they need to follow in setting strategic plans and allocating resources. Each year injury has a very significant impact on the economic and social well being of communities.

By taking a strong leadership role in promoting a safety culture and reducing the incidence of injury in communities, Councils can promote the four well-beings. Safety may not be on top of a council's agenda, so it is important for Councils to identify and work with others with an interest in injury prevention to collectively recognise the impact of injury on communities, and plan collaboratively to reduce this impact.

In the 2004 – 2005 year, approximately 200,000 people attended their doctor for an injury that occurred on the road, in the water or as a consequence of a falls outside the workplace, or home environment. These Doctor visits for injuries that occurred in community spaces occurred at a cost of \$35 million. Of these 200,000 injuries, 20,000 people were required to take **more than** one week off work at a further cost of \$104 million dollars in that year alone. Some of these people were never able to return to work again.

Apart from the obvious ACC costs associated with the provision of medical treatment, compensation and rehabilitation, injuries whether classified as minor or serious have both social and financial impact on the individual, their family, community, and the councils themselves.

Description of the Project/Response

So where did this all begin?

In 1994 the Public Health Commission established 4 pilots to trial the World Health Organisation Safe Community model in the New Zealand setting as a response to growing awareness of injury as a public health issue.

The Public Health Commission selected a mix of sites to ensure a mix of urban/rural/Maori/Non Maori environments.

- Rangiora (1st established)
- Kawerau
- Waitakere
- Taiwhariti

Rangiora was selected as the only South Island site, primarily because of its rural demographics. Initially the Rangiora project was focused on just children and just the Rangiora Township – population approximately 10,000.

Plunket National Office, based in Dunedin, were responsible for establishing two small community projects and they approached the Waimakariri District Council in 1993 to discuss 'feasibility' and interest in the concept.

The Mayor and another very community focused Councillor saw the vision and seized the opportunity! The worker was housed at the Council - initially in a back corner of the PIMS and LIMS department, now that worker sits in a purpose built office, with 5 colleagues doing community based work.

The project was managed by Plunket National Office at this time and the Waimakariri District Council agreed to 'host' the worker and be a partner in the project. Funding for the total project was provided from the Public Health Commission to Plunket, and primarily in the first two-three years of the project decisions on funding allocation were made from Plunket, based on recommendations from the community based Advisory Group.

Following the successful evaluation of the Rangiora programme the community, along with political pressure from the Council sought to have the geographical boundaries extended to take in the whole of the Waimakariri District and also to take over 'local management' of the programme. This decision was based on community development principles of 'local communities, making decisions for themselves and local people developing solutions to local problems. The Council were approached by the community based Advisory Group and negotiations began with Plunket National Office and the Public Health Commission for the Waimakariri District Council to take over local management of the Contract.

The Council have worked very closely with this Advisory Group and others with an interest in community safety and now health, to ensure they are seen as a 'partner' and not the 'manager' of these contracts. All decisions are made in conjunction with Community members as well as government and non-government agencies who sit around the table as Group members. The Advisory Groups role is one of identifying community needs and planning and prioritising strategies to address those needs, as well as monitoring and evaluation of the programmes.

Council's role is defined as ensuring the contract is being fulfilled, staff recruitment and management, and contract management and relationship development. Many of these tasks are done in partnership with the Community.

For the programme to be eligible to apply for WHO Safe Community status it had to demonstrate a range of work that included programmes that targeted covering both genders and all ages, environment and situations. Increased funding was allocated by the Ministry of Health to allow this to happen.

Around the same time, the Council became involved in delivering Road Safety (with a focus on intersections, speed and alcohol) and Crime Prevention (with a focus on Community Safety, Family Violence, Drug and Alcohol) programmes. Rural Safety (with a focus on ATV safety, and the development of health and safety plans), Injury Prevention (with a focus on child safety, older persons safety, falls, drowning and falls), Turnaround Waimakariri (with a focus on restorative justice) and Health Promotion (with a focus on Physical Activity and Nutrition) have since been added to the Council's portfolio. All sit alongside the Council's Community Development function.

This is an impressive list of programmes for a Council the size of the Waimakariri District Council to have operating - the Waimakariri community, and some very community focussed Councillors over the past 15 years have been successful in lobbying Council to take responsibility for community issues other than roads, rates and rubbish. This Council has recognised that in partnership with Government Agencies such as ACC, local solutions can have great benefits for the community.

How it works

Core funding is provided by Government departments, Land Transport New Zealand, Ministry of Health, Ministry of Justice, Rural Canterbury Primary Health Organisation, – this funds salaries and some project money. Additional project funding is supplied by other agencies and organisations like ACC. The Council provides office space and administrative support.

One of the cornerstones of the success of this work is the community partnerships and participation. Through the community based Advisory Groups members of non-government, government organisations and the community collectively decide on community priorities and develop a community plan of action.

A paid co-ordinator engages with key stakeholders and facilitates work in the agreed areas; this keeps the work focused and ensures ongoing, consistent communication and a co-ordinated effort.

Many of the projects are delivered in partnership with government and non-government organisations, with partners taking responsibility for parts of the project. Many organisations, such as ACC, provide resources or support projects that work towards the goals and objectives in the Injury Prevention Waimakariri (IPW) annual plan.

There are many different ways to prevent unintentional and intentional injury and internationally recognised models and approaches are promoted throughout New Zealand. The World Health Organisation model is much acclaimed and is the model adopted by the Waimakariri District in their work.

The World Health Organisation Safe Community model (SCFNZ)

The World Health Organisation(WHO) Safe Communities programme provides an approach to injury prevention and safety promotion, by creating an infrastructure in local communities for addressing injury prevention and safety initiatives through the building of local partnerships.

The WHO Safe Community model is internationally recognised as an effective, beneficial and long-term approach to the prevention of injuries (www.phs.ki.se/csp). The term safe community implies that the community aspires to safety in a structured approach, not that the community is already perfectly safe. Creative methods of environmental change, and education, along with appropriate legislation and enforcement, are important for the safety of a community, as no single approach is sufficient for changing behaviour and environments.

The criteria for a WHO Safe Community are:-

1. An infrastructure based on partnership and collaborations, governed by a cross-sectional group that is responsible for safety promotion in their community.
2. Long-term sustainable, programmes covering both genders and all ages, environment and situations.
3. Programmes that target high-risk groups and environments, and programmes that promote safety for vulnerable groups.
4. Programmes that document the frequency and causes of injuries – both unintentional (accidents) and intentional (violence and self-directed).
5. Evaluation measures to assess programmes, processes and the effects of change.
6. Ongoing participation in national and international Safe Communities Networks.

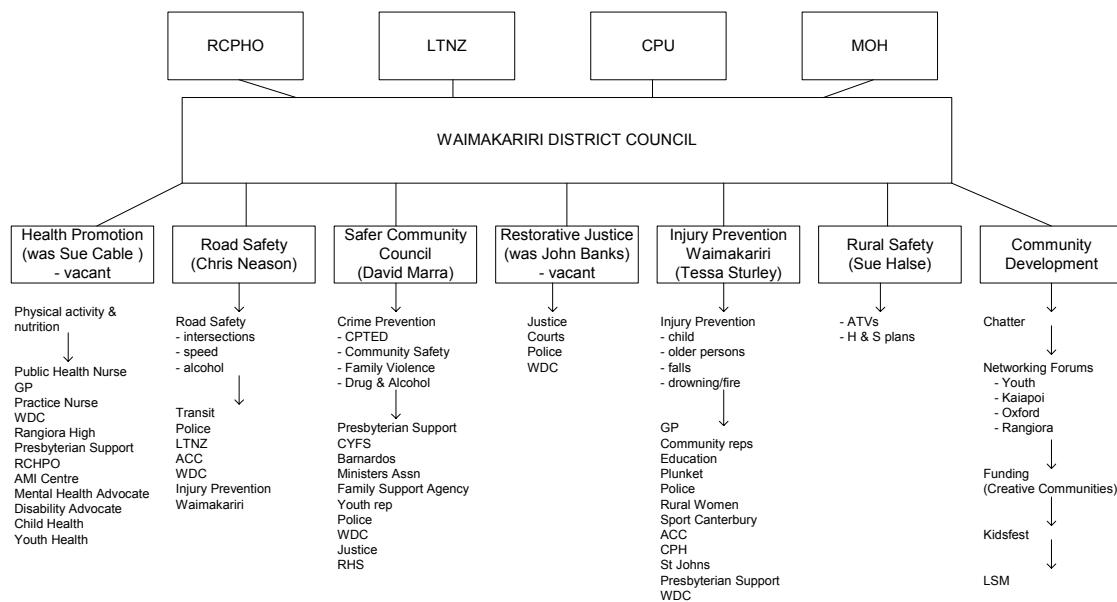
Safe Community Foundation of New Zealand

SCFNZ is a not for profit national organisation with charitable trust status and the primary function of the SCFNZ is to work with communities to gauge their readiness to work towards WHO Safe Communities Accreditation (WHO) and or New Zealand (NZ) Safe Communities accreditation. This involves advocating at national and regional levels and also includes community presentations, workshops, forums and meetings held throughout New Zealand.

Website www.safecommunities.org.nz

Waimakariri District Councils Role

Since the beginning of community safety work in the Waimakariri District the Waimakariri District Council has played a very active role. Acting as the umbrella organisation for each of the community safety programmes the Council has shown leadership and a commitment to making Waimakariri a safe community. The following diagram shows the structure under which community safety activity operates in the Waimakariri District.



The Council quickly saw the link with community development and community safety and from the outset was committed to a 'community development' way of working – that is working alongside the community to identify priorities and solutions. The community development function of Council supported the development of community safety initiatives and a purpose built office was formed as part of building renovations. This means that the Community Team are situated where the public can have direct access to the Team and an 'open

door' policy means that this is often seen as a 'community space' rather than a Council office.

Being attached to the Council structure has also provided valuable opportunities to have access to community decision makers. The Mayor has become a 'champion' for this work and noted re-accreditation to the World Health Organisation Safe Community network as the District highlight for 2006. It also means Community Safety issues are able to be reported to Council on a regular basis, and issues are discussed and reported back through other Community networks.

The Council has representatives on the Advisory group and are actively involved in project delivery ensuring monitoring of contracts and accountability. Injury Prevention Waimakariri has a Memorandum of Understanding (MOU) with Council regarding operating and roles and responsibilities. Regularly revisited by both parties this ensures clarity and has been essential in developing 'community ownership' of community safety issues. These documents were developed in partnership with both parties (Council and Advisory Group) bringing issues to the table until final agreement was reached. Council was very clear it had contractual obligations to the funders and that needed to be incorporated in the agreement, likewise the Advisory Group wanted to ensure that the community had decision making power for programmes reflecting community needs. Both parties were open to the time needed for the process to take place and the outcome has been a working document that provides clarity and expectations.

The Council has shown leadership in promoting health and safety internally to staff and contractors and holds the status of Tertiary in the ACC Workplace Safety Management Practices programme.

ACC has been involved as a key stakeholder since the inception of the Safe Rangiora project, working collaboratively to complement the business of making Waimakariri a safer place to live by funding, delivering, and closely supporting several community injury prevention projects over the years.

Road, home, sport and child safety are some of the key areas where ACC, IPW and the Council have come together to deliver quality programmes. So successful has the partnership become, that IPW and other community providers now seek funding from ACC to deliver the majority of the programmes themselves. This is true community development with the community taking ownership to deal with their local issues.

ACC continues to sit on the Advisory Group and has a leadership role in the community to address the issue of workplace safety. Up until recently the key focus of the IPW group has been dealing with issues of safety in the home and community, however, the group now wishes to broaden the scope of 'community safety' to include workplace safety.

This again shows that by working together a further opportunity to build capability has arisen with an outcome of greater ownership of the issues.

Injury Prevention Waimakariri, the Council and ACC are currently working together to integrate messages internally to staff and are in the process of setting up a 'Sphere Of Influence' action plan for wider delivery. This will enable ACC and dedicated personnel within Council and IPW to continue to build the health and safety knowledge internally but also motivates staff to translate 'safety' in its broadest sense into their every day work and environments.

Results

To date the Waimakariri District has been able to display significant results in community safety. Most recent statistics show that Waimakariri recorded the lowest fatality rate by TLA in New Zealand, and that it has lower than average hospitalisation rates for injury.

An evaluation completed by the Injury Prevention Research Centre, based at Otago University was able to show that there was increased community ownership of safety issues and that the WHO Model was instrumental in ensuring the best use of resources and increased co-ordination and collaboration.

There is a dearth of international evidence to support that community development is a longer-term approach. Also, because of the diverse, small geographic size, and contributory nature of many of the community development initiatives to community safety, it is often not possible to make a direct link between a specific initiative and a drop in the injury rates. It is nevertheless, possible to broadly assess the effectiveness of community development activity from some combination of the following indicators:

- Involvement in community safety issues of a wide range of community groups including, for example, sports, social and service clubs, churches, schools, publicans, health organisations, Marae committees
- Evidence of both developing and developed partnerships between community, government and non-government organisations to advance community safety. This includes jointly funded projects, joint management groups and community safety coalitions
- Obvious engagement of the community in community safety issues evidence by regular discussion in community media
- Increased demand for delivery of high quality community safety projects and programmes in the community
- Increased demand from the community for enforcement, engineering solutions and legislation
- A generally positive trend in the death and injury statistics

Prospects / The Future

Injury Prevention Waimakariri has led the way nationally in the development of true community development and sustainable programmes. Work in the future will continue to build on identified community needs and sustainable community safety.

ACC is continuing to engage and build robust relationships with Local Government and other key community stakeholders. The intention is to work with Local Government to enable the delivery of best practice in health and safety and to demonstrate a commitment to improving community safety with a view that health & safety is seen as an economic and social investment.

ACC, Local Government and other key stakeholders working together within a collaborative framework will assist to reduce the rate and impact of injury within communities.

Adaptability/Transferability

Currently ACC has relationships with 38 Councils in New Zealand, they are working together to build action plans of activity, supporting communities to become WHO accredited and looking for opportunities to build capability for the delivery of injury prevention. At this time five cities/communities in New Zealand hold WHO accreditation. The framework has variations in its make-up but does provide the wider community the opportunity to collaborate, communicate, share best practice and avoid duplication. For those who hold WHO accreditation opportunities are also provided to share information internationally

Councils have been required to implement Long Term Council Community Plan (LTCCP) which includes Community Outcomes. Some Councils have chosen to leave community outcomes for the community to deliver on, it is hoped that by sharing information, working more collaboratively together, that some of those outcomes will be met intrinsically by the work of the whole community.

Conclusion

Effective community-based injury prevention can and does make a difference

Today in New Zealand

- 5 people will die from an injury
- 380 people will be hospitalised for 24 hours or more following a serious injury
- 4,000 will need medical treatment for an accident (ACC claim)
- ACC will pay out \$5 million
- Our accident rate is one of the worst in the OECD!

It is hoped Local Government will want to become a champion for injury prevention alongside their key stakeholders and community partners. Safety promotion, crime & injury prevention provides a vehicle for local Government to engage with local businesses, community organisations & groups and in turn may assist with addressing any identified community requirements within the LTCCP process.

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