附件二：

# Questions to be answered by the Community

## Presentation of the Safe Community Program (To the web version)

*Photo to illustrate the community[[1]](#footnote-0)*

*Name of the Community:*

*Kind of Community[[2]](#footnote-1):*

*Country:*

*Number of inhabitants in the community: \_\_\_\_\_ in Year \_\_\_\_:*

*Safe Community Program started year/month:*

*International Safe Communities Network Membership: Designation year (only for re-certification application):*

*Name of Certifier:*

*Name of Co-certifier:*

*Name of the Safe Community Support Centre:*

*Info address on www for the Safe Community Program:*

*For further information please contact*

*Name:*

*E- mail:*

*Phone:*

*Photo of contact person*1*:*

## Community Overview – (suggested maximum 1 page) (To the web version)

* Briefly describe the community, it’s history and development

### **Describe the Safe Community work so far – (suggested maximum 3 pages) (To the web version):**

* What are the political visions on safety?
* Why is the community interested in being a member of the International Safe Community network?
* Are there any unique injury prevention effort/s in the community? If so describe them briefly. (See specifications about Good Examples!)
* Advantages already found as a result of the Safe Community work
* Are you facing any difficulties for implementing any safety promotion work in your community? If yes please describe briefly!
* How much staff and monetary resources are used for this Safe Community program? If possible provide a budget description. If voluntary services are used, please mention that also!

## Basics/Fundaments about the Safe Community work at the Executive level[[3]](#footnote-2) – (suggested maximum 4 pages) (To the web version)

* Injury risk overview in the community (summary from Indicator 5)
* Which objectives are formulated for governing the Safe Community work?
* How is safety prioritized in the community budgets[[4]](#footnote-3) since the program started?
* Are economic incentives[[5]](#footnote-4) used in order to increase safety? If so, describe these incentives!
* Beside your national regulation, are there any local regulations in the community, in order to increase safety introduced as a result of the program? If so, describe these local regulations!
* Please attach an organizational chart for the Safe Community program at the political and administrative level based on their responsibilities
* Describe the continuous improvements since designation (for re-certification application only)

## Indicator 1 (suggested maximum 3 pages) (To the web version)

**“An infrastructure based on partnership and collaborations, governed by a cross-sector group that is responsible for safety promotion in their community“**

1. Describe the cross-sector group for collaboration[[6]](#footnote-5), managing, coordinating and planning the Safe Community program
	1. List membership organizations and which sector they represent
	2. How are the mayor, the executive committee and the chief executive officers (or similar functions of the community) involved in the program?
	3. Who is chairing the cross-sector group?
2. Describe the inter-sectorial group for collaboration[[7]](#footnote-6), managing, coordinating and planning the Safe Community program
	1. List membership organizations from the public sector
	2. Who is chairing the inter-sectorial group?
3. How are the non-governmental organizations (NGO) (examples - Red Cross, pensioners organizations, sport organizations, parents and school organizations etc.) involved in the Safe Community work?
4. Are there any important organization (such as fire department, police, city planners, or any NGO) not engaged in your Safe Community work? If so, how does the community plan to incorporate their active involvement in the Safe community program?

## Indicator 2 (suggested maximum 4 pages) (Table to the web version)

**“Long-term, sustainable programs covering genders and all ages, environments, and situations”**

Mention the programs/projects (briefly) in each of the areas below. Please specify which sections of the population they specifically cover and which sectors of the community organizations that are involved in implementing them. Note! Include the work with genders, all ages and all environments and situations. Use the list below as a checklist.

1. Traffic safety
2. Homes safety
3. Leisure times safety
4. Children safety
5. Elderly safety
6. Work safety
7. Violence prevention
8. Suicide prevention
9. Disaster preparedness and response
10. Safe public places
11. Hospitals safety
12. Sports safety
13. Water safety
14. Schools safety

The programs/projects presented under indicator 2 shall be listed in a table format as below. The table will be exhibited in the web version. The community can expand their description in a non-table format if that is necessary.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Programs/Projects | Name of the programs/Projects | Sectors and organizations involved in implementation | Age groups targeted by programs/projects | Environments covered by programs/projects  | Situations covered by programs/projects |
| 1.Traffic safety |  |  |  |  |  |
| 2.Home safety |  |  |  |  |  |
| 3.Lleisure times |  |  |  |  |  |
| 4.Childrens safety  |  |  |  |  |  |
| 5. Elderly safety |  |  |  |  |  |
| 6.Work safety |  |  |  |  |  |
| 7.Violence prevention |  |  |  |  |  |
| 8.Suicide prevention |  |  |  |  |  |
| 9.Disaster preparedness and response |  |  |  |  |  |
| 10. Public places safety |  |  |  |  |  |
| 11. Hospitals safety |  |  |  |  |  |
| 12.Sports safety |  |  |  |  |  |
| 13.Water safety |  |  |  |  |  |
| 14.Schools safety |  |  |  |  |  |

Are some of these programs/projects mentioned above overseen by other organizations and/or from other agencies than from the community? Please identify the specific programs and explain how the community is involved?

## Indicator 3 (suggested maximum 3-4 pages) (Table to the web version)

**“Programs that target high-risk groups and environments and programs that promote safety for vulnerable groups”**

Mention (briefly) the programs/projects that cover the high-risk groups and

environments as well as vulnerable groups to increase their safety. For each group describe how the group is involved in the program/project!

How are the high-risk and/or vulnerable group/s identified?

Examples of high risks groups:

*Use this list as a checklist and comment if some of the groups are seen as vulnerable in the community. If a group is not considered as a vulnerable group in the community please explain why*!

1. Indigenous people
2. Socioeconomic risk groups
3. Minority groups within the community, including workplaces[[8]](#footnote-7)
4. People at risk for intentional injuries, including victims of crime and self-harm
5. Abused women, men, elderly and children
6. People with mental illness, developmental delays or other disabilities
7. People participating in unsafe sports and recreation settings
8. Homeless
9. People at risk for injuries from natural disasters
10. People living or working near high-risk environments (for example a particular road or intersection, a water hazard etc.)
11. People at risk due to religion, appearance, ethnicity or sexual preferences
12. Examples of high-risk environments in the community:
13. Areas with risk for land-slide
14. Areas in high risk for earthquake
15. Areas with very dens traffic near schools
16. Others?

The programs/projects presented under indicator 3 shall be listed in a table format as below. The table will help the reader to get an overview. The table will be exhibited in the web version. The community can expand their description in a non-table format if that is necessary.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| High-risk, vulnerable groups and environments targeted | Names of programs/Projects | Sectors and organizations involved in implementation | Age-groups targeted by programs/projects | Environments covered by programs/projects  | Situations covered by programs/projects |
| 1.Indigenous people |  |  |  |  |  |
| 2.Socioeco-nomic risk groups |  |  |  |  |  |
| 3.Minority groups within the community (including workplaces)  |  |  |  |  |  |
| 4.People at risk for intentional injuries, including victims of crime and self-harm |  |  |  |  |  |
| 5.Abused women, men, elderly and children |  |  |  |  |  |
| 6.People with mental illness, mental delays or other disabilities |  |  |  |  |  |
| 7.People participating in unsafe sports and recreation settings  |  |  |  |  |  |
| 8.Homeless  |  |  |  |  |  |
| 9.People at risk for injuries from natural disasters  |  |  |  |  |  |
| 10.People living or working near high-risk environments (for example, a particular road or intersection, a water hazard etc.) |  |  |  |  |  |
| 11.People at risk due to religion, appearance, ethnicity or sexual preferences |  |  |  |  |  |
| 12.High-risk environments |  |  |  |  |  |

Are some of these programs/projects mentioned above overseen by other organizations and/or from other agencies than from the community? Please identify the specific programs/projects and explain how the community is involved!

## Indicator 4 (suggested maximum 3-4 pages) (Summary to the web version)

**“Programs that are based on the available evidence”[[9]](#footnote-8).**

Of all the programs/projects listed in Indicator 2 and Indicator 3, please specify if they are ‘evidence-based’? Those identified as ‘evidence-based’ please describe the source(s) of the evidence. Have any contacts been established with Safe Community Support Centre, scientific institutions or other organizations about the development and/or implementation of evidence-based strategies? If yes: Which ones? What has been the extent of their guidance?

## Indicator 5 (suggested maximum 4 pages) (Summary to the web version under Basics/Fundaments about the Safe Community work at the Executive level2)

**“Programs that document the frequency and causes of injuries”**

1. What data sources are in use to assess the risk for injuries and plan for injury prevention in the community?
2. Does the community have any injury surveillance system? If yes, please describe the system and the main findings from the injury surveillance!
3. Are household surveys used for collection of information about injuries, risk environments and risk situations? If yes, please describe the system (sample methods survey content etc.) and the main findings from the household surveys!
4. Who records injury data for the community (examples: hospitals, health centres, dentists, ambulance staff, schools, care of the elderly organizations, local police)?
5. Describe how and by whom the data is analysed
6. Describe the methods and findings of risk assessment in the community
7. Describe to whom the findings of risk assessments are distributed in order to promote safety and prevent injuries in the community
8. If possible exhibit in a table the injury data since the program started
9. Do you find the statistics useful? If not how are you dealing with the problems?

## Indicator 6 (suggested maximum 4-5 pages) (Summary to the web version) “Evaluation measures to assess their programs, processes and the effects of change”

1. Does the community have an evaluation plan for the overall Safe Community program? If yes, describe the plan.
	1. Describe how the community evaluates the implementation process of various programs/projects in program
	2. Describe how the community evaluates the outcome of various programs/projects in the program
	3. Describe how the community evaluates the impacts of various programs/projects in the program
2. To whom and how are the results of the evaluations disseminated?
3. What are the specific effects or impacts that can be attributed to the Safe Community movement? Explain briefly how and why they are effective.

## Indicator 7 (suggested maximum 2 pages)

**“On-going participation in national and international Safe Communities networks”**

1. Describe the participation of the community in the International Safe Community network! (Examples: sharing experiences via international newsletter and/or international conferences; seeking advice or visiting other communities or support centres in other countries)
2. Describe the participation of the community in the National Safe Community network! (Examples: benchmarking, collaborations and sharing experiences via national newsletter and/or national conferences; seeking advice or visiting other communities or support centres in the country)
3. What are the expectations of the community from membership in the International Safe Community network? (to the web version)
4. With what can the community contribute to the International Safe Community network? (E.g. good examples, innovative approaches, ideas, expertise in a given area) (to the web version)
5. Will the designation ceremony coincide with any international conference, seminar or other forms of international or national exchange?
6. The community is interested in collaboration with other communities in the following areas or to solve the following problems (to the web version): (Please list)

Notes:

* Designation Ceremony dates. Please list desirable dates.
* Did the community receive advice to fill up this form? If yes, from whom
* Did the community get any help to fill up this form in English? If yes, from whom
1. 1(Specification: JPG max 240 pixels per inch, high 2000 and length 2000 pixels)

2A “Safe Community” can be: a Municipality, a County, a City or a District of a City working with safety promotion, Injury-, Violence- and Suicide-prevention and prevention of the consequences (human injuries) related to Natural Disaster, covering all age groups, gender and areas [↑](#footnote-ref-0)
2. [↑](#footnote-ref-1)
3. Political and administrative leadership [↑](#footnote-ref-2)
4. Note here is meant both the operating budget and the capital budget [↑](#footnote-ref-3)
5. By economic incentives means here to use money to stimulate a safer behaviour [↑](#footnote-ref-4)
6. By cross-sector collaboration means here collaboration between sectors in the society (public sector, business sector, voluntary sector) [↑](#footnote-ref-5)
7. By inter-sectorial collaboration we mean collaboration between sectors within the public sector [↑](#footnote-ref-6)
8. workers can commute from other communities [↑](#footnote-ref-7)
9. ‘Evidence-based strategies/programs’ are understood to be strategies/programs that have been evaluated and demonstrated to be effectively using available research results [↑](#footnote-ref-8)