

Becoming a Member of the International Safe Community Network - Guidelines

Version to be in action from 2012

**WHO Collaborating Centre on Community Safety Promotion-
on behalf of the International Safe Community Network
(Final: 2012 01 24)**

For communities who want to apply for designation or re-designation as an “International Safe Community” (ISC) in the International Safe Community Network (ISCN), please follow the instructions below.

Why a Safe Community?

The Safe community concept is based on systematic, sustained and cross-sector collaboration for safety promotion and injury prevention (SP/IP), and was originally developed by The World Health Organization (WHO) more than two decades ago. It leads to a higher standard of living with fewer injuries and death, and an increased feeling of safety for the inhabitants of the community. It also reduces costs in several sectors such as hospitals and social services as well as insurance fees.

Our overall objective is the prevention of deaths and injuries caused by accidents, violence, suicide or natural disaster.

How is the International Safe Communities (ISC) Program organized and what is it's link to WHO?

(Details on the organization can be found on <http://www.ki.se/csp>)

Since the establishment of the “Safe Communities” concept, the WHO Collaborating Centre on Community Safety Promotion (WHO CCCSP) at the Karolinska Institutet, Stockholm, Sweden has led the movement promoting the idea that local communities could themselves contribute to Safety Promotion/ Injury Prevention (SP/IP) based on the quality criteria and evidence-based strategies.

Affiliate Safe Communities Support Centres (ASCSC)

http://www.ki.se/csp/who_affiliate_centers_members_en.htm are appointed by the WHO CCCSP in collaboration with the Regional Networks for Safe Communities (RNSC). Their main task is to assist communities in the development of their programs and with their application for designation as ISC. Both ISCs and most of the ASCSCs are organized regionally by networks, i.e. European Network for Safe Communities http://www.ki.se/csp/who_regional_networks.htm

The WHO CCCSP accredits a number of Safe Communities' Certifying Centres (SCCC) http://www.ki.se/csp/who_certifying_centres_network_en.htm around the world to oversee the certification process to insure that the communities that apply reach the established standards for membership in the ISCN.

Every application is finally screened by the WHO CCCSP before final clearance allowing the community to be designated and registered on the WHO CCCSPs webpage <http://www.ki.se/csp> as an ISC.

This means that no community is designated by the WHO as such, but by the WHO CCCSP on behalf of ISCN that follows the initial Safe Community model of the WHO.

Becoming an ISC gives automatic membership in any of the RSCNs (http://www.ki.se/csp/who_safe_communities_network_en.htm). This provides access to national and international contacts with all resources in respect of practical work, evidence based practices and research. Every designated ISC may use the Safe Community logo but under no circumstance may you use the WHO-logo.

Indicators for a “Safe Community”

There are seven international indicators that must be fulfilled by a community in order to be designated as an ISC:

Safe Communities have:

1. An infrastructure based on partnership and collaborations, governed by a cross- sector group that is responsible for safety promotion in their community;
2. Long-term, sustainable programs covering genders and all ages, environments, and situations;
3. Programs that target high-risk groups and environments, and programs that promote safety for vulnerable groups;
4. Programs that are based on the available evidence;
5. Programs that document the frequency and causes of injuries;
6. Evaluation measures to assess their programs, processes and the effects of change;
7. Ongoing participation in national and international Safe Communities networks.

Application for membership in the ISCN

The application and the certifying process are based on three documents

Letter of intent with information about contact person

- A. Formal application and checklist for the results of applications and site-visit(s)
- B. Text for web-page

The application to become a Safe Community must be written in English. The applications must be comprehensive and have a good balance between the different indicators. In the application the strategies, plans etc. must be described in an informative and easy to follow manner.

Ten steps for certifying process

Step 1

Letter of intent

The letter of intent shall be addressed to WHO CCCSP (email moa.sundstrom@ki.se) with a copy to the office of the Certifying Centre. This letter must be **signed** by the Mayor (or similar function). The letter must contain the following information:

- Name of community,
- Contact persons (name, title, address, email, phone number),
- For billing purpose: Invoice address and organization number/ tax number. An invoice on the registration fee will be sent to the community.

The letter of intent and the fee of presently 500 EUR is the starting point of registration of the community as a candidate for future designation as an ISC. This fee for service is charged on behalf of the ISC and not on behalf of the WHO. The letter should be sent *at least 6 months* before the planned designation.

Step 2

(Duties of the coordinator of the WHO CCCSP)

The letter of intent and receipt of the registration fee starts the process:

1. An official standard response letter is sent to those who signed the letter of intent with a copy to the contact person(s) in the community concerned confirming the official registration as a “community under preparation” on the web site of WHO CCCSP.
2. The SCCC appoints certifier and co- certifier and sends out Form A to the community contacts persons of the community.

All information asked for in column 1 of Form A must be filled in by the applicant and sent to the Certifying Centre.

The Chair of the Certifying Centre informs the community of the name and contact info of the certifier and co-certifier. The form will now be reviewed by the Certifiers - a process of less than 1 month. Additional information is often needed and asked for before the site visit.

Step 3

The certifier contacts the community representatives and:

- Welcomes the community to the review process
- Informs about the role of certifiers and sends a copy of the ethical rules for certifiers.
- Informs about the fees and other costs including accommodation and travel costs for the certifier(s) at site visits and the designation ceremony.
- Asks for a proposed timetable for site- visit and preliminary designation events
- Stresses the importance of the necessity to cover all injuries.

Step 4

Certifiers fill in Column 2 of the Form A for the results of applications. The certifier coordinates one answer for both certifiers on the Form A and allows a minimum of 6 weeks for the community to prepare the site- visit.

Step 5

Site visit

Mostly the site- visit will be done by the certifier and not together with the co- certifier. Important is that that the certifier can verify what is written in the application. It will be done by meetings with people involved, interviews with members of the staff in the community as well as Members of non-governmental organizations. During the site visit also visits take place in schools, playgrounds, and sports grounds etc. The site visit normally (>50.000 inhabitants) takes up to about 2 full days and for bigger communities a longer time.

In the final part of the site visit the certifier

1. Gives a verbal presentation with clarifications that must be done in the application
2. Discusses the tentative date for designation
3. Asks if the community wants to order flags, and plaques.

Step 6

The community:

Makes the changes in the application that have been discussed during the site visit. After a final dialogue the community sends in the final version of the application to the certifier.

The certifier:

When the certifier has approved the application and Form B completed she/he writes a report and the decision to approve the application to the community and to the WHO CCCSP (moa.sundstrom@ki.se).

Step 7

The final application:

The final application (*Forms A and B*) and the recommendation for designation by the SCCC must be sent to moa.sundstrom@ki.se at least 1 month before the planned designation ceremony.

The WHO CCCSP now has form A and form B with the approval from the certifier the Chair of the WHO CCCSP is notified, and finally screen the application and allow the community to be designated and registered on the WHO CCCSP webpage.

Step 8

The certifier and the community:

Communicates about the final decision of the timetable with date for designation.

The community:

Produces a program for designation and invites local, national and international guests and takes under consideration if a seminar or conference is of value.

Step 9

The community:

Invites all involved to the designation ceremony. It is expected that representatives from other communities be invited for the ceremony.

Often the *designation ceremony* is planned to take place together with some sort of conference or seminar or other forms of international and national exchange.

During the ceremony an agreement (http://www.ki.se/csp/agreement_2011.pdf) is signed between the Mayor and representative from Health sector and the WHO CCCSP and the SCCC about collaborating for developing the local SP/IP.

Step 10

The coordinator of the WHO CCCSP: now puts the name of the community on the official web list.

When a community has been designated, the Web information will be posted on the WHO CCCSP website so that all can read about the community and its accomplishments. The website information is a short version of the application

http://www.ki.se/csp/pdf/guidelines/form_b_web_info_2012.pdf

Logotype and banners

A file with the Safe Community logo can be ordered from the SCCC and from WHO CCCSP moa.sundstrom@ki.se

Safe Community flags to be ordered by the Certifier Centre for your evaluation.

Costs

The ISCN is a non-profit organisation with no central resources. Therefore certain costs are connected for registration, site visit, designation ceremony and administration fee. The SCCC before the designation normally orders a diversity of flags, extra brass plate etc.

Each SCCC will have their own administrative fee schedule. There is ongoing investigation into whether it is possible to develop diversified fees for different size- and income situation communities.

Travel expenses and accommodation for site visit and designation are extra for the certifier(s) from the SCCC.

What will happen after the designation?

WHO CCCSP has designated regional ASCSCs. These Centres will in the future monitor and support the designated Safe Communities. Furthermore they will be working with research centres and even inform authorities and interested communities. All regions provide networks with different activities. International conferences are organized every second year and in between there are conferences organized in all regions. These are all announced on the official web page of the WHO CCCSP. http://www.ki.se/csp/who_conferences_en.htm and announced in the Safe Community Monthly News http://www.ki.se/csp/who_newsletters_en.htm sent by koustuv.dalal@liu.se

Re-designation

A designation has to be renewed after 5 years. The pre-requisites for that are the same as for the first application with the exception that the certifier normally does not make a site-visit.

Form A

Application and checklist for the results of applications and site-visit(s)

The Form A will soon be available for on-line use.

The checklist consists of two parts - one to be filled in by the community and one to be filled in by the certifiers.

The following information in column 1 is the application, therefore please describe also all details:

Column 1	Column 2
Questions to be answered by the community	Questions to be answered by the certifiers
Section A Community Overview	
A.1 Briefly describe the community and its historical development	Are the descriptions sufficient? <input type="checkbox"/> yes <input type="checkbox"/> no If no! What is missing:
A.2 Describe the strategy, ambitions, objectives and work in the community in regard to safety. It must be a higher level of safety than average for a community in the country or region.	Are the descriptions sufficient? <input type="checkbox"/> yes <input type="checkbox"/> no If no! What is missing:
A.3 How are the mayor (or similar function of the community) and the executive committee involved? Who is chairing the cross-sector group?	Are the descriptions sufficient? Is the mayor involved? <input type="checkbox"/> yes <input type="checkbox"/> no Is the executive committee involved? <input type="checkbox"/> yes <input type="checkbox"/> no Who is chairing the cross-sectional group? <input type="checkbox"/>
A.4 Describe the injury risk-panorama in the community.	Is the risk-panorama sufficiently described? <input type="checkbox"/> yes <input type="checkbox"/> no If no! What is missing:

<p>Section B Structure of the community</p>	
<p>B.1 Describe the demographic structure of the community</p>	<p>Is the demographic structure and the different risks sufficient described? <input type="checkbox"/> yes <input type="checkbox"/> no If no! What is missing:</p>
<p>B.2 Describe the SC/IP at present and the plans for the future.</p>	<p>Are the descriptions sufficient? <input type="checkbox"/> yes <input type="checkbox"/> no If no! What is missing:</p>
<p>B.3 Describe the support for sustained injury prevention of the local politicians in the community and which parts of the program have been undertaken and/or supported by the regional government?</p>	<p>Are the descriptions sufficient? <input type="checkbox"/> yes <input type="checkbox"/> no If no! What is missing:</p>
<p>B.4 Describe the strategic program concerning the safety promotion and injury prevention work, which has been formulated!</p>	<p>Are the descriptions sufficient? <input type="checkbox"/> yes <input type="checkbox"/> no If no! What is missing:</p>
<p>B.5 Who is responsible for the management of the SP/IP program and where are they based in the local political and administrative organization?</p>	<p>Are the descriptions sufficient? <input type="checkbox"/> yes <input type="checkbox"/> no If no! What is missing:</p>
<p>B.6 Which is the lead unit for the SP/IP program?</p>	<p>Are the descriptions sufficient? <input type="checkbox"/> yes <input type="checkbox"/> no If no! What is missing:</p>
<p>B.7 Is the Safe Communities initiative a sustained program or a project?</p>	<p>Are the descriptions sufficient? <input type="checkbox"/> yes <input type="checkbox"/> no If no! What is missing:</p>
<p>B.8 Are the objectives decided by the local politicians covering the whole community? Which are they?</p>	<p>Are the descriptions sufficient? <input type="checkbox"/> yes <input type="checkbox"/> no If no! What is missing:</p>
<p>B.9 Who have adopted these objectives?</p>	<p>Are the descriptions sufficient? <input type="checkbox"/> yes <input type="checkbox"/> no If no! What is missing:</p>
<p>B.10 How are the Safe Community objectives evaluated and to whom are the results reported?</p>	<p>Are the descriptions sufficient? <input type="checkbox"/> yes <input type="checkbox"/> no If no! What is missing:</p>

B.11 Are economic incentives in order to increase safety used? If yes, how are they used?	Are the descriptions sufficient? <input type="checkbox"/> yes <input type="checkbox"/> no If no! What is missing:
B.12 Are there local regulations for improved safety? If so, describe them	Are the descriptions sufficient? <input type="checkbox"/> yes <input type="checkbox"/> no If no! What is missing:
Section C Indicator 1	
1.1 Describe the cross-sector group responsible for managing, coordinating, and planning of the SP/IP program.	Are the descriptions sufficient? <input type="checkbox"/> yes <input type="checkbox"/> no If no! What is missing:
1.2 Describe how the local government and the health sector are collaborating in the SC/IP work.	Are the descriptions sufficient? <input type="checkbox"/> yes <input type="checkbox"/> no If no! What is missing:
1.3 How are NGOs: Red Cross, retirement organizations, sports organizations, parent and school organizations involved in the SC/IP work?	Are the descriptions sufficient? <input type="checkbox"/> yes <input type="checkbox"/> no If no! What is missing:
1.4 Are there any systems for ordinary citizens to inform about risk environments and risk situations they have found in the community?	Are the descriptions sufficient? <input type="checkbox"/> yes <input type="checkbox"/> no If no! What is missing:
1.5 Describe how the work is organized in a sustainable manner.	Are the descriptions sufficient? <input type="checkbox"/> yes <input type="checkbox"/> no If no! What is missing:
Section D Indicator 2	
2.1 Describe the sustainable work in regard to SC/IP in following areas and how the different sectors including specific NGOs are involved in the work. 1. Safe traffic 2. Safe homes and leisure times 3. Safe children 4. Safe elderly 5. Safe work 6. Violence prevention 7. Suicide prevention 8. Disaster preparedness and response 9. Safe public places	Are the descriptions sufficient? <input type="checkbox"/> yes <input type="checkbox"/> no If no! What is missing:

<p>10. Safe hospitals 11. Safe sports 12. Safe water 13. Safe schools Are some of these areas overseen by from other organizations and/or agencies than from the community? How is the community involved?</p>	
<p>2.2 Describe the work with genders, all ages and all environments and situations. Describe all activities like falls prevention and how the work is done</p>	<p>Are the descriptions sufficient? <input type="checkbox"/> yes <input type="checkbox"/> no If no! What is missing:</p>
<p>Section E Indicator 3</p>	
<p>3.1 Identify all high risk groups and describe what is being done to increase their safety. Groups at risk are often:</p> <ol style="list-style-type: none"> 1. Indigenous people 2. Low-income groups 3. Minority groups within the community, including workplaces 4. Those at risk for intentional injuries, including victims of crime and self-harm 5. Abused women, men 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, ethnicity or sexual preferences 	<p>Are the descriptions sufficient? <input type="checkbox"/> yes <input type="checkbox"/> no If no! What is missing:</p>
<p>3.2 Give examples of high risk environments</p> <ol style="list-style-type: none"> 1. Describe how risk environments in the community are identified 2. Describe prioritized groups and/or environments 3. Are there specific programs for their safety in the community 4. Describe the timetable of the work 5. Are these groups involved in the prevention aspect of these programs? 	<p>Are the descriptions sufficient? <input type="checkbox"/> yes <input type="checkbox"/> no If no! What is missing:</p>

<p>Section F Indicator 4</p>	
<p>4.1 Describe the evidence-based strategies/programs that have been implemented for different age- groups and environments.</p>	<p>Are the descriptions sufficient? <input type="checkbox"/> yes <input type="checkbox"/> no If no! What is missing:</p>
<p>4.2 Has any contacts been established with ASCSCs , WHO CCCSP, other scientific institutions, or knowledgeable organizations about the development and/or implementation of evidence-based strategies? Which ones? What has been the extent of their counsel?</p> <p>Notice! WHO links to evidence- based interventions are found at the end of form B!</p>	<p>Are the descriptions sufficient? <input type="checkbox"/> yes <input type="checkbox"/> no If no! What is missing:</p>
<p>Section G Indicator 5</p>	
<p>5.1 What local data is used to determine the injury prevention strategies?</p> <p>For example, registering injuries can be done at hospitals, health centers, dentists, schools, care of the elderly organizations and the local police.</p> <p>Household surveys can also be used for collection of data about injuries and risk environments and risk situations.</p> <p>Which methods are used in the community?</p>	<p>Are the descriptions sufficient? <input type="checkbox"/> yes <input type="checkbox"/> no If no! What is missing:</p>
<p>5.2 Describe how data are presented in order to promote safety and prevent injuries in the community.</p>	<p>Are the descriptions sufficient? <input type="checkbox"/> yes <input type="checkbox"/> no If no! What is missing:</p>
<p>5.3 Describe how the community documents and uses knowledge about causes of injuries, groups at risk and risky environments. How does the community document progress over time?</p>	<p>Are the descriptions sufficient? <input type="checkbox"/> yes <input type="checkbox"/> no If no! What is missing:</p>
<p>Section H Indicator 6</p> <p>6.1 How does your community analyze results from the injury data to track trends and results from the programs? What is working well and has given you good results. What are the plans to continue? What needs to be changed?</p>	<p>Are the methods used sufficient? Yes</p> <p>No If no, What is missing?</p>

6.2 Describe how the results from the program evaluations are used	Are the descriptions sufficient? <input type="checkbox"/> yes <input type="checkbox"/> no If no! What is missing:
6.3 Describe the changes in pattern of injuries, attitudes, behavior and knowledge of the risks for injuries as a result of the programs.	Are the descriptions sufficient? <input type="checkbox"/> yes <input type="checkbox"/> no If no! What is missing:
Section I Indicator 7	
7.1 Describe how the community has joined in and collaborates in national and international safe community networks.	Are the descriptions sufficient? <input type="checkbox"/> yes <input type="checkbox"/> no If no! What is missing:
7.2 Will the designation ceremony coincide with any international conference, seminar or other forms of international or national exchange?	
7.3 Which already designated Safe Communities will be invited for the designation ceremony?	Are the descriptions sufficient? <input type="checkbox"/> yes <input type="checkbox"/> no If no! What is missing:
7.4 Which international conferences and national Safe Community conferences has the municipality participated in?	Are the descriptions sufficient? <input type="checkbox"/> yes <input type="checkbox"/> no If no! What is missing:
7.5 In which Regional Network for Safe Communities is the community a member or planning to seek membership? (Asian, European, Pan-Pacific, African or Latin-American Regional Network for Safe Communities)	Are the descriptions sufficient? <input type="checkbox"/> yes <input type="checkbox"/> no If no! What is missing:

WHO links to evidence- based interventions

Referring to the new Indicator 4. Programs that are based on the available evidence:

Please see the following publications published by WHO.

Violence Prevention Evidence Base and Resources

Violence prevention: the evidence

http://www.who.int/violence_injury_prevention/violence/4th_milestones_meeting/publications/en/index.html

Child injury prevention:

World report on child injury prevention

http://whqlibdoc.who.int/publications/2008/9789241563574_eng.pdf

Road traffic injury prevention:

World report on road traffic injury prevention

http://www.who.int/violence_injury_prevention/publications/road_traffic/world_report/en/index.html

Seat-belts and child restraints: a road safety manual for decision-makers and practitioners

<http://www.who.int/roadsafety/projects/manuals/seatbelt/en/index.html>

Helmets: a road safety manual for decision-makers and practitioners

http://www.who.int/roadsafety/projects/manuals/helmet_manual/en/index.html

Drinking and driving – an international good practice manual

<http://www.who.int/roadsafety/projects/manuals/alcohol/en/index.html>

Speed management : A road safety manual for decision-makers and practitioners

http://www.who.int/roadsafety/projects/manuals/speed_manual/en/index.html

Form B

Web Information

The following information must be filled on this form and sent as a file named with name of the community, C Web information and date (type: 20111217)

Please send by e-mail as a word file to

1. The Certifying Centre which is evaluating your programme.

http://www.ki.se/csp/who_certifying_centres_network_en.htm

2. The WHO CCCSP (moa.sundstrom@ki.se)

Presentation of the Safe Community Programmes

Photo: The Community

Name of the Community:

Country:

Number of inhabitants in the community:

Safe Community Programme started year:

International Safe Communities Network Membership: Designation year:

Name of the Certifying Centre:

Info address on www for the Programme: No:.....Yes, where?

For further information contact:

Name:

Institution:

Address:

Zip code:

Municipality/ City:

Country:

Phone (country code included):

Fax:

E-mail:

Info address on www for the institution (or community as a whole): No:.....Yes, where?

The following information shall be short, maximum 10 A4 pages including photos (in jpg format)

The programme covers the following safety promotion activities:

Photo: Typical safety feature

For the age group

Children 0-14 years:

Home:

Traffic: Bicycle helmets, child car seats, visibility

School: Anti Bulling program

Sports:

Leisure:

Evidence-based strategies (For info see guidelines):

Youth 15-24 years:

Home:

Traffic:

Program for: Bicycle/ Motorcycle helmets, Car Seat belts, Visibility, Alcohol non use.

Occupational:

School:

Sports:

Leisure:

Evidence-based strategies (For info see guidelines):

Adults 25-64 years:

Home:

Traffic: Visibility, Alcohol non use, Speed limit, Seat belts

Occupational:

School: Anti Bullying program

Sports:

Leisure:

Evidence-based strategies (For info see guidelines):

Elderly 65+ years:

Home:

Traffic: Visibility, Alcohol non use, Speed limit, Seat belts

Sports: Balance training programme like TaiChi

Leisure:

Evidence-based strategies (For info see guidelines):

Natural Disaster: the consequences (human injuries) related to Natural Disaster. (example Tsunami Warning System, earthquake safe houses)

Other: What?.....

Violence prevention (intentional injuries):

Evidence-based strategies (For info see guidelines):

Suicide prevention (self-inflicted injuries):

Evidence-based strategies (For info see guidelines):

Programs aiming at "High risk-groups":

The High risk-goups are:

Surveillance of injuries: Where?

Numbers per year:

Population base:

Started year:

Publications:

Scientific:

Produced Information material: like leaflet, posters, videos

Staff

Photo of leader(s):

Number:

Professions: part-time or full-time:

Permanent:

Temporary:

Organization:

Specific cross-sectoral leadership group for safety promotion

General public health/health promotion group:

International commitments:

Organised Study visits for the following visiting communities:
Participation in Safe Community conferences: Where and when?
Hosting Safe Community Conferences: When?
Hosting "Travelling Seminars":
Other, what?

Attach the following photos in the text as a JPEG
(NOTE: Maximum 100 KB)

1. The community
2. Typical safety feature
3. The leader(s)

Ethical rules for certifiers

Our starting point is that we as certifiers must be impartial as well as service oriented in our work with communities. We must be aware that we belong to a group of public persons looked upon as sensitive to all improper approaches and are expected to show a high standard with objectivity and impartiality. Our aim is to build trust and confidence and never compromise on quality or integrity. Therefore we certifiers must be independent of any role in the community programs.
Specific ethical rules:

1. We must find out about the actual local community culture and adapt to that as much as possible without losing independence.
2. The communities we visit pay for our travel costs, lodging and food during site- visit(s) and designation event.
3. We don't accept gifts or other benefits that is at risk of being looked upon as improper influence.
4. Before clearance for designation (by WHO Collaborating Centre on Community Safety Promotion) it is improper to be invited to dinners or amusements that are not just ordinary meals.
5. Accompanying persons are not allowed to participate in any meetings or other activities related to site- visits or designation. No special programs for accompanying persons can be accepted. Accompanying persons shall cover their own full costs

