

# **Wangaratta Safer Communities Project Evaluation**

**Prepared for The Centre by  
Women's Health Goulburn North East  
For presentation to VicHealth**

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# Acknowledgements

The Centre wishes to thank Women's Health Goulburn North East for undertaking the evaluation of the Safer Communities Program. The skills used to evaluate the project by people who were not involved brought a healthy degree of objectivity to the process of examining the work of a three year program.

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# Wangaratta Safer Communities Evaluation

The Centre contracted Women's Health Goulburn North East to undertake an evaluation of the Safer Communities Program funded by VicHealth. The evaluation was designed and implemented within the parameters of a limited budget and timeline.

The methodology for this evaluation included both qualitative and quantitative strategies and was guided by a consideration of process, impact and outcome measures. Secondary data analysis formed the basis of the evaluation. Documents analysed were assessed for:

- outcomes achieved
- community representation and participation on the various committees and working parties
- media coverage and emerging themes.

Two sets of data from Monash University relating to Poisons, Pedal Cycle Accident, and Intra-cranial Injuries were compared to indicate change over time.

Consultations involved regular interviews with the Project Officer with numerous email and phone contact for clarification purposes, and a focus group of key people involved in the project (eight participants).

The draft evaluation document was circulated to the Project Officer and several members of the Program Management Committee, and this final document prepared.

## Executive Summary

The Wangaratta Safer Communities Project was a community initiative following a Safer Communities Forum held in 1997. The Centre for Adult Education, Wangaratta, played a leadership role in seeking funding and supporting the program throughout its duration. Funding was initially received from the Victorian Health Promotion Foundation for one year and subsequently for a further two years.

The initial aims of the Project were:

- to foster community collaboration in the achievement of a safer community
- to target specific areas for injury reduction (Poisons, Pedal cycle injuries and Intra-cranial injuries).

An operational structure for the project was quickly established, with the formation of a management committee and three working parties. Other working parties for specific tasks were formed as needed. The operational structure worked well. Meetings were regular, well attended and progress was clearly documented. The structure ensured broad and representative input from community members and organisations.

Although targets identifying specific measures of injury reduction were nominated, it has since become clear that these targets were not achievable for several reasons:

- the unavailability of directly comparable data
- the existence of other influences on safety issues leading to the difficulty of proving cause and effect.
- the small numbers involved in the specific injuries in this region.

The Project has achieved clear outcomes for the community. Community awareness was raised to the extent that it could be estimated most residents in the Rural City of Wangaratta would have seen activities or media articles relating to the Project. Activities involved a broad range of community service providers and volunteers, and all stakeholder organisations have been encouraged to plan around safety issues. Networking and cooperation was facilitated in a sustained way through the three years of the Project. At a local level, data was collected and analysed relating to safety issues. Material outcomes included a presentation for use within schools on bicycle safety and circulation of poisons information stickers.

A concern is that, in the absence of ongoing funding, the progress made will cease due to a lack of funding and areas identified for potential improvement will remain unaddressed.

A sustained legacy of this Project is that community safety objectives have been successfully included in the Municipal Health Plan with a flow on to broad policy and strategy planning.

## Quotes from Members of the Evaluation Focus Group

In undertaking the Program Evaluation, a Focus Group was conducted to gather the perceptions and experience of those who participated in the Safer Communities Program. Some of the 8 people who attended had been there over the three year period. Others had been involved for a shorter time and some for a specific purpose only.

The Community Safety Weeks allowed showcasing of other safety players. It gave the opportunity for them to get on board and have a more powerful impact as a group.

The World Health Organisation visit allowed us to show what we'd been doing. It started the ball rolling with community awareness and linking in with council.

Work in the preventative health area doesn't allow us to see results until many years later. I think we've achieved a fair bit in a short time.

During the Year of the Older Persons in 1999, we gave away smoke detectors and torches. It's quite hard now to find someone who hasn't got one.

In last year's (2000) Community Safety Week, the Indigo, Delatite and Wangaratta shires were involved and pooled funds. This was the first time this had happened.

VicRoads made a video with motorbike crashes, interviews with a doctor, a visit to a helmet factory. The video is used by nine VicRoads units through the State.

[The video] is available for use throughout schools and police are using this too. It was a direct result of this project that the video became available.

The World Health Visit in April 2000 was the biggest highlight. Feedback from the WHO gave the recognition that there was a lot happening within the community that was not driven by the project.

This project was over 3 years and over this time a range of organisations have come to the table. I'm not sure if they would have come together to talk about community safety under any other umbrella.

There's been a lot of informal networking between organisations that may not have communicated before.

It's hard to quantify the value of networking but it is clearly an outcome of the project.

We had an involvement in the immunisations program - poisons information and phone numbers are given to each new parent getting their child immunised. One sticker for the phone and one for the infant welfare book. We see them around so it's working.

We have a good presentation [on helmet use and bike safety] targeting years 7 and 8 but someone needs to do it. We used Olympic riders to attract students, but this hasn't continued because there's no funding. Within the last six months there's been nothing. There's a frustration having something really good and not being able to implement it.

[The lack of ongoing funding] affects the trust thing - we built community rapport and trust, but when they reach for the carrot it's not there anymore. The momentum is lost.

People were sceptical about give-aways, like the torches, like we were trying to sell them something!

## Recommendations

### After undertaking this evaluation, we recommend that:

- the funding body provide funding over a sustained period subject to one-year performance evaluation. This would be far more cost-effective than reapplications causing a loss of momentum while awaiting the application outcome.
- the Rural City of Wangaratta invite the Project Officer and representatives of the Project Management Committee to present an evaluation document to Council outlining the achievements of the project

- the Rural City of Wangaratta investigate avenues for pursuing Wangaratta's accreditation with WHO as a Safe Community
- opportunities be sought by the Rural City of Wangaratta to give some public recognition of the work of the Project, perhaps by combining a short evaluation report with a Launch of a new Council or community project
- project workers and management committee members seek sustainable outcomes as a first priority in setting objectives. Working closely with organisations with ongoing funding has the best chance of achieving this.



## **Background**

Following a successful Safer Communities Forum held in June 1997 members of the local community requested The Centre to seek funding from VicHealth for a Safer Communities program.

The Centre was successful and received one year's funding in November 1997 for Phase 1 of the Project. A funding extension for a further two years was received in September 1998 and Phase 2 commenced in February 1999. (Appendix 1 outlines other funding attracted to the Safety issue.)

In February 1998, a project officer was appointed and a representative committee of key stakeholders was formed the following month to oversee the project. The composition of the *Wangaratta Safer Community Program Committee* included the major key players with eight organizations represented in Phase 1: Rural City of Wangaratta (RCOW), the Victorian Ambulance service, The Centre, Vic Roads, Department of Human Services (DHS), The Victims Assistance Program (VAP), North East Victoria Division General Practice (NEVDGP), and Wangaratta & District Base Hospital (WDBH). In Phase 2, nine organizations were consistently represented and these were RCOW, Ambulance service, The Centre, Vic Roads, DHS, VAP, Victoria Police, Country Fire Authority (CFA) and the State Emergency Service (SES). (See Appendix 2 for a detailed timeline of events.)

## **Core components throughout the Project**

A number of core components formed a strong foundation for the distinctive features and achievements that characterised each of the Phases. Consistent threads throughout were a commitment to evidence-based practice, to identifying existing related work and building on it, to informing the community and to developing resources for use beyond the conclusion of the project.

Data was collected on the three identified areas of Poisons, Pedal cycle injuries and Intra-cranial injuries from a variety of sources including Monash University, VicRoads, and schools undertaking bike education. Good practice elsewhere was researched (such as the Hume City Council's safe features in new house design).

The Project supported and enhanced existing safety strategies such as tablet collection during Pharmacy Week, Bike Safe Schools and BP Bike Ed Challenge. It also assisted RCOW with community consultation as part of the Safe Cities and Shires Program.

There was an ongoing and effective media campaign using radio, newspapers, physical displays and personal presentation. Appropriate resource materials were developed throughout the life of the project including education session plans, kits, posters, a video and cd-rom.

## **Program Achievements Against Aims**

### **Initial aims of the Project**

There were three initial aims:

1. Foster the achievement of a safer community through a long-term program with sustained community commitment and participation.
2. Contribute to the Municipal Public Health Plan to gain commitment to long term action.
3. Target specific objectives for reducing the incidence of:
  - (a) accidental poisoning in 0-4 age group
  - (b) pedal cyclist accidents in 5-14 age group
  - (c) intra-cranial injuries

### **Achievements**

The *Wangaratta Safer Community Program Committee* was effective and cohesive. The membership of the Committee was broadly representative and involved the key community and organisational stakeholders (detailed in Background, above). Regular monthly meetings were well planned and minuted, with around 60% of attendance by the organisations, which formed the core committee. Members of the Project Management Committee also worked on specific Working Parties and have demonstrated their willingness to participate in events planned as part of the Project. Eight members attended a Focus Group and a further two apologised due to other commitments. Their feedback was unanimously positive in relation to both the outcomes of the project and the way it was implemented. All indicated their regret that the project was not ongoing and several were willing to continue this work even in the absence of funding.

Within six months of the Project starting, community safety was included in the final version of the Rural City of Wangaratta's Municipal Public Health Plan through the work of Ross Cairns, the Environmental Health Officer and Chair of the Program Committee. Gathering research data has played an integral and ongoing role. Importantly, data analysis early in the Project helped injury reduction target, which offered a good chance of positive change. Research data has been obtained both from existing sources such as the VIMD, VEMD, ABS and DHS, and through surveys conducted as part of the Project, including two helmet use surveys and the paracetamol survey. The Program assisted the Rural City of Wangaratta in fulfilling its Safer Cities and Shires commitment by undertaking a community survey providing further evidence about community concerns on safety.

### **Key Achievements of Phase 1 (commenced November 1997)**

- Establishment of Poisons Working Party and Pedal Cycle Working Party in March 1998, and in July 1998 establishment of Working Party on Intra-cranial injuries
- Public Launch of the Safer Communities Program in May 1998
- Safer Community Program made representation to the Municipal Public Health Plan Steering Committee resulting in a commitment to community safety in Rural City of Wangaratta's Municipal Health Plan.

- First Bike Helmet survey conducted indicating 85% of students wore helmets in July 1998
- *Reclaim the Night* survey indicated some of the safety concerns of women eg lack of lighting in some parts of the city
- Distribution of over 700 Poison Information Centre stickers and leaflets via daycare centres and pre-schools and the immunisation program
- Attended key seminars and forums such as The Second National Convention on Injury Prevention and Control
- Recruited approximately 25 organisations for involvement in Community Safety Week displays in Wangaratta's main street in September 1998

## **Key Achievements of Phase 2 (commenced February 1999)**

- April to December 1999, held sessions in three secondary schools featuring well-known athlete, Dean Woods, South West Brain Injury Rehabilitation Service, and a parent of a student killed in a bicycle accident near the Wangaratta High School
- Undertook paracetamol survey in September 1999 to identify patterns of use and storage within Rural City of Wangaratta
- In association with the North East Community Road Safety Council, introduced BP Bike Ed Challenge to Wangaratta Primary Schools in October 1999
- Recruited volunteers to undertake much of the work of the Poisons Working Party and encourage sustainability beyond the life of the project
- Second Bike Helmet survey conducted in November 1999 indicating 88% of students wore helmets
- Additional funding received as part of International Year of the Older Person to hold activities during Community Safety Week
- Held Safer Communities Forum in June 1999 with 50 people attending – *Making our Community Safer*
- Victorian Safe Communities Network met in Wangaratta in February 1999
- 25 Delegates from the World Health Organisation (WHO) conference visited Wangaratta in April 2000 and invited an application for accreditation
- Development of a video on helmet testing and in conjunction with Rosemount helmets
- Targeted local football clubs and the Victorian Country Football league (VCFL) to identify and implement strategies to reduce intra-cranial injury
- Involvement of three local government areas in Community Safety Week 2000 – Wangaratta, Delatite and Indigo

## **Coincidental and related outcomes**

As in much community work, a ripple effect of benefits is evident. Although not emerging directly from this project funding, many coincidental and related outcomes have been identified. Examples are:

the Occupational Health & Safety Training now offered on an ongoing basis by The Centre Parallel activity by the Rural City of Wangaratta leading to Justice Department funding of \$70,000 for the Safe Cities and Shires program. The Safer Communities Program assisted with the community survey aspect of this program.

## **Objectives**

Refer to Appendix 3 for detailed objectives and evaluation of impact through assessment of key performance indicators.

## **Learnings from the Project**

### **What worked well**

#### **Location of the Project**

The Centre was an appropriate base for the Safer Communities Program. Other staff were supportive, and other programs contributed to and benefited from the activities of this program. Driver Education, Young People At Risk as well as First Aid and Occupational Health and Safety training were all part a range of similar activities.

#### **Media coverage and ownership of the project by the community**

The community warmly embraced the themes and ideas of a number of campaigns and events conducted as part of this project. Most members of the community would have been aware of aspects of the project due to the broad media coverage (see Appendix 4 for a summary of newspaper articles) which included

- both print and radio
- the physical presence of information in the main street of Wangaratta during Community Safety Weeks
- direct contact at schools.

In itself, the print coverage could be estimated to have reached most of the population as the circulation of the Chronicle is 4,500 Mondays and Wednesdays and 7,500 on Fridays. A free regional newspaper, The Weekly Telegraph, is delivered to 15,000 addresses around Wangaratta. Newspaper articles reflected the community owned and well networked nature of the project, rather than focussing on the project itself, or its key workers.

#### **Involvement of the community through organisational representatives and through community volunteers on Project Management Committee and working parties**

The Management Committee was well organised and consistently well attended (over 60%) given the heavy demands and existing commitments of its members. Attendance and participation at the focus group (conducted as part of this evaluation) indicated that members saw the work of this Project as important and a source of pride.

Two of the working parties worked exceptionally well and produced sound outcomes- the Poisons Working Party and the Pedal Cycle Working Party. Common to the two working parties was a clearly defined task and a key member who had a professional interest in the work and was paid as part of their professional role to participate.

This was not true of the less successful working party which focussed on Intracranial Injuries. This working party found it difficult to develop a clear focus and difficult to find good connections with the organisations able to make a difference.

## **Networking**

A clear outcome is the closer linkages between different organisations broadly working towards the same aim - of healthy and safe communities. This is attested to by the diversity and by the number of organisations involved throughout the life of the project (See Appendix 5). One key achievement was gaining the co-operation of three Victorian local government municipalities to reinforce the objectives of this project through their work together on the 2000 Community Safety Week. Another was the ongoing involvement of the Project Officer as a Board member of Upper Murray CASA, following an invitation from the Manager who recognised the connection between that organisation and the work of this project.

## **Strategies used to gather local data**

From the outset, a commitment was shown to using available data to focus work and ensure that effort was directed strategically. In addition, wherever possible, local data was captured. For example, small pre- and post-intervention surveys were conducted of helmet wearing outside local secondary schools. While the 3% increase in helmet wearing from 1998 to 1999 may be natural variation or due to any number of factors, the technique of data collection is worth repeating and refining. Appendix 6 outlines other surveys conducted.

## **What could be improved**

### **Progressing the outcomes of the project**

The most disappointing aspect to stakeholders is that the outcomes achieved - in more effective networks, increased knowledge in workers and community members, and resources (such as the program developed for schools and poisons information stickers for new mothers) - are not supported to be ongoing.

Whilst it is recognised that one-off funding allows for initiatives and foundation work that is hoped will be self-sustaining, established organisations are already stretched and unable to take on extra work. Despite acknowledgment of the value of committing resources to sustaining project work, which is no longer funded, many organisations are simply unable to do this.

Future projects could focus on project work that delivers sustainability of outcomes. Perhaps by becoming an integral part of the MPHP, some outcomes will be ongoing, e.g. Farm Safety and Bike Safety.

## **Guidelines for working groups**

Based on the experience of the working groups, two worked particularly well (as outlined above) and one seemed to flounder. The one that had few achievements was slow to start, was not clear about its target, and had several attempts at locating key people that were not immediately successful. Overall, there was no sustained interest from community or organisational representatives. This experience reinforces the key elements identified earlier in what contributes to a good working group.

## **Requirement to reapply for funding**

The project worker and members of the Project Management Committee found that having to reapply for funding on two occasions through the three years of the project stalled its work and severely interrupted its momentum. In spite of this, three years of activity produced valuable results.

A **snapshot of Safety Week** over three years (below) illustrates the increased momentum, networking and outcomes where funding continues over several years:

### **1998**

Shop front displays throughout central business district: portrays safety at work, safety in sport, safe living in the sun, domestic violence resources, pre schools and safety activities.

### **1999**

Focus on International Year of the Older Person where torches, smoke alarms, first aid kits, and refresher courses for older drivers were made available. CPR courses were heavily discounted and pharmacies were set up as "safe shops".

### **2000**

Three local government areas involved – Rural City of Wangaratta, Indigo Shire and Delatite Shire: First Aid Kits were given, falls prevention (Victim Assistance program), CPR (Cardio-Pulmonary Resuscitation, CFA check of equipment and demonstration, Model Farm made available by the North East Division of General Practitioners was demonstrated at Beechworth, Thoona and Oxley Primary Schools and Euroa School fete.

## **Difficulties getting the data**

There were difficulties in obtaining clear and specific data relating to injury to guide the project in its early stages. This is a broad issue, with difficulties in obtaining, for example region specific or sex-disaggregated data, on many aspects of health and safety.

## Appendix 1 - Funding sources

### Program Funding

Phase	Dates	Funding Sources	Amount	Key Stake holders	Objectives
1	November 1997 May 1998	VicHealth	\$ 40,000	The Centre VicHealth	Partnerships community involvement
2	15.2.99- 15.2.01		\$60,000		

### Sources of Additional Funding

Dates	Funding Sources	Amount	Key Stakeholders	Objectives	Main features
April- Oct 2000	DHS Community Safety Week Community Grant Program	\$600 \$600 \$600	Indigo Shire Delatite Shire RCoW	Raise community safety awareness	Community Safety Week Task group established to organise Expo
1999	Year of Older Person	\$5,000	Community Safety Week Task Force	As above	
	Victorian Farmer's Federation Farm Safe Alliance	\$12,000 1 day per week for 12 months	VFFFS WSCP	Establish Farm Safety Action groups across region	Reduce farm injuries

## Appendix 2 - Timeline

### Phase One

June 6, 1997	Safer Communities Forum Proceedings and Baseline data
August 1997	Submission developed by staff at The Centre
November 10 <sup>th</sup> 1997	Funding from VicHealth for one year, Funding agreement signed by VicHealth and The Centre
February 9, 1998	Adele Davies appointed as Wangaratta Safer Communities Program Co-ordinator located at The Centre
February 1998	Program commenced
March 1998	Committee established with representation from the Ambulance service, RCOW, The Centre, VicRoads, DHS, VAP and the NEVDGP's. Committee meetings were held monthly.
March 1998	Two working parties were established and met monthly
May 2, 1998	Launch of The Safer Communities Program at The Exhibition Gallery, supported by Hume City Council, the Rural City of Wangaratta, and the Monash University Accident Research Centre
July 1998	Helmet Survey
September 1998	Participation in Community Safety Week included a Shop front display and displays throughout the city.
September 3, 1998	Application for funding extension, 2 <sup>nd</sup> and 3 <sup>rd</sup> year funding sought and granted
October 31 <sup>st</sup> 1998	Reclaim the Night – women surveyed
December, 1998	“Wangaratta's On Track with Bicycle Safety” – a promotional event with NE Community Road Safety Council, RCOW, VicRoads and Community Safety Council

### Phase Two

February 15, 1999	Commencement of Phase 2
February 1999	Forum Working Party formed
February 28 <sup>th</sup> 1999	Meeting with executive of Victorian Safer Communities Network
April 1999	Sessions about Bike Safety at Wangaratta High School – 500 year 7 & 8 students
June 23, 1999	Safer Communities Forum – <i>Making Our Community Safer</i> 50 people attended. Progress since 1997 evaluation documented
September 1999	Community Safety Week - focus International Year of Older People
September 1999 – March 2000	Survey results - 223 personal responses and 130 from businesses about safety and perceptions of safety
October 1999	Ovens College cycling day
October 1999	Bike Ed Challenge



November 1999	Galen cycling day – launch of Video developed by Wangaratta Safer Communities, Rosebank and Vic Roads
November 1999	Helmet Survey
March 1 <sup>st</sup> 2000	Launch Safe Cycle at Milawa Primary School
April 6 <sup>th</sup> 2000	25 delegates of WHO visited Wangaratta to look at community safety and commence the process of world-wide recognition
July 2000	Request for funding to complete executive summary – Successful
September 2000	Community Safety Week
May 1 <sup>st</sup> 2001	Focus Group evaluation

### Appendix 3 - Performance indicators

Phase 1.

#### PRIMARY OBJECTIVE

No.	Objective	Indicator	Outcome
1.	To incorporate safer communities as a key component into the Rural City of Wangaratta Municipal Health Plan	Community safety incorporated into Municipal Health Plan within 12 months	Community Safety included in final version of MPHP within six months

#### TARGETTED OBJECTIVES

No.	Objective	Indicator	Outcome
2.	Reduce public hospital separations for accidental poisonings in the 0-4 age group	25% reduction after three years.	Difficult to do comparisons as access to VEMD was denied by DHS. Second funding application reduced the targets to 20%
3.	Reduce public hospital separation rates for pedal cyclist accidents in the 5-14 age group	25% reduction after three years.	
4.	Reduce both public hospital and all hospital separations for intracranial injuries.	25% reduction after three years.	

#### BROAD OBJECTIVES

No.	Objective	Indicator	Outcome
5.	To consolidate the Wangaratta Safer Community Committee as an effective intersectorial group providing strong leadership and co-ordination of all key players in community safety at the local level.	Committee meets monthly, 80% attendance, agenda papers circulated beforehand, minutes include clear recommendations for action by specified organisations or individuals, actions taken on time, recommendations communicated, recommendations considered by target organisations and response evaluation documented to committee.	<p>The composition of the Wangaratta Safer Community Committee included the major key players as outlined in the Background section of this evaluation document.</p> <p>Meetings were held approximately every month with over 60% attendance in Phase 1 and just under 60% in Phase 2. (Percentage was calculated on representation of the eight organisations. The lower rate was Influenced by organizations like the NEVD</p>

			of GPs whose representative could not continue to travel so far. The Project Officer attended each meeting and was not included in these figures.)
6.	To maintain ongoing and effective partnerships with key agencies in injury and violence prevention including police, VicRoads, the Safety Centre at the Royal Children's Hospital, schools, and general practitioners.	Partnerships established and documented in evaluation document within twelve weeks.	Involvement of key agencies was consistent throughout the life of the project. GP involvement was minimal.
7.	To engage the community in all stages of planning, implementation and evaluation of the community safety program.	Program evaluation documents indicate the extent of community involvement in all stages of program including numbers participating in or reached by various activities.	Community Survey conducted as part of Safer Cities and Shires Program Key community stakeholders were involved both in the Program Committee and in Working Parties and a number of volunteers were also recruited. Focus group
8.	To seek to have community safety objectives and actions explicitly included in the policies, strategy plans, service contracts and routine operating procedures of all relevant agencies and community organisations, including the municipal public health plan, which is currently being prepared.	Participating agencies/organisations include community safety objectives within their strategic planning within 12 months of commencement of project. Evaluation document to document inclusion.	Partly achieved. There is an increased awareness amongst the key organization as evidenced by their participation in this project
9.	To increase awareness of the general community about injuries and violence about methods of preventing injuries and violence, and to make the means of prevention more accessible to the people most at risk and least able to protect themselves.	At least five percent of the adult population attends talks or training sessions about safety as a result of the program. At least one third of the adult population aware of the Wangaratta Safer Community Program or its activities.	Through the media
10.	To provide children's safety information to parents and carers especially in outlying areas and/or members of low-income households.	Children's safety information promoted through children's services networks. Evaluation document to document number of talks, displays, and other promotions: numbers attending and brief details about each promotion. Target is to reach all new parents (approx 150 couples per year) and parents/carers of all children under 4 (approx 2000 children).	Successfully done through the Immunisation program, kindergartens and child care centres
11.	To reduce the level of risk of injuries and violence in the community.	Evaluation documents document hazard control measures. Within 12 months of each audit at least 50% of identified hazards rectified or scheduled for rectification by appropriate authorities.	
12.	To reduce the incidence of injury and violence occurring in the community	Hospital emergency department data (VBEMD), VicRoads data and police evaluation documents show a reduction of incidence	

		in target areas, relative to a suitable comparison community (if available).	
13.	To have agencies targeting specific groups working effectively together.	Agencies cooperating on specific projects/programs within 3 months.	Evidenced by the ways groups worked together
14.	To work towards satisfying the twelve criteria for membership of the World Health Organisations International network of Safe Communities.	Evaluation document sets out extent of achievement of the criteria after twelve months.	25 delegates from WHO visit and invite an application for accreditation

**EXTENDED FUNDING**

Phase 2.

No	Objective	Sub Objectives	Performance Indicators	Outcomes
1.	To consolidate the Wangaratta Safer Communities Committee as an effective intersectoral group providing strong leadership and co-ordination of all key players in community safety at the local level.	<ul style="list-style-type: none"> <li>▪ To maintain ongoing and effective partnerships with key agencies injury prevention including VicRoads, The Safety Centre at the Royal Children’s Hospital, schools, general practitioners.</li> <li>▪ To engage the community in all stages of planning, implementation and evaluation of the community safety program.</li> <li>▪ To seek to have community safety objectives and action explicitly included in the policies, strategy plans, service contracts and routine operating procedures of all relevant agencies and community organisations including the Municipal Health Plan, which is currently being prepared by the Rural City of Wangaratta.</li> </ul>	Effective progress toward the achievement of injury targets by 20% over <b>3 years</b> .	Outcomes difficult to measure as access to VEMD denied by DHS
2.	To increase the awareness of the general community about injuries and about methods of preventing injuries, and to make the means of prevention more accessible to the people most at risk.	<ul style="list-style-type: none"> <li>▪ To provide children’ safety information to parents and carers especially from outlying areas and/or members of low income households</li> </ul>	Research into the community’s perception of important safety issues and development of the means to address these.	Poisons and cycling information well disseminated
3.	To achieve identifiable and measurable reduction in the incidence of injuries.	<ul style="list-style-type: none"> <li>▪ Incorporation of Safer Communities into the Municipal Public Health Plan.</li> <li>▪ Consolidation of project research, analysis and recommendations into the Rural City of Wangaratta Municipal Health Plan.</li> </ul>	Co-operation with the Rural City of Wangaratta in reducing injuries both intentional and unintentional to the point that community safety is incorporated into the Corporate plan and budget and public health plan.	Successful
			Development of awareness in the community that: <ul style="list-style-type: none"> <li>a) information on safety is available</li> <li>b) action on safety is possible</li> <li>c) injury prevention is everyone’s responsibility</li> </ul>	

## Appendix 4 - Summary of media release scrapbook

Date	Main Points	Key Stakeholders	Outcomes
25/3/98	1. Launch of Safer Communities Program Outlines 3 program objectives	The Centre RCOW Vic Health Funding	Aim to get develop current issues into MHP by Aug 1998
20/4/98*	2. Details about a safer communities phone-in and launch e.g. of poisoning incident Questioning why children reluctant to wear bike helmets	The Centre RCOW Vic Health Targeting parents	Involve local parents Increase community awareness
21/5/98	3. Launch by MP (Ken Jasper, Mayor of Hume City, Mayor of RCOW, Lesley Day)		
10/6/98	4. Wangaratta's inclusion in state safer cities & shires program		
29/5/98	5. Wangaratta second worst municipality for cyclist fatalities (93 – 97)		Stimulate awareness of this issue
4/6/98	6. More info about the launch and speeches		
9/6/98	7. Short courses at The Centre (relevance to this project?)		
18/6/98	Notice of grant		Get into city health plan and corporate plan
26/8/98	9. General community info about protecting your home		
21/8/98	10. General community info about protecting your home	Neighbourhood Watch contacts	
26/8/98	11. General community info about protecting your home, leading into community safety week Some information about The Centre's involvement in the program	Supported by significant advertising	
28/8/98	12. General community info about protecting your home	Supported by significant advertising	
3/9/99	13. Advertisement re Community safety Week activities and displays Free sessions eg. first aid –(CPR) driver assessment + smoke alarms, first aid kits etc.	Links with International year of Older Person	Help older residents prepare for the new millenium (Y2K)
3/9/99	14. Community Safety Week Activities	CFA, Eastern Energy	Home safety
3/9/98	15. Community Safety Week	Shop displays, schools, kindergartens and community health centres involved. Vic Roads, Police, O&KCH Farm Safe	

Date	Main Points	Key Stakeholders	Outcomes
6/9/98	16. * Media release – Community Safety Week & Child Protection Week	Sun Smart	Safety awareness
7/9/98	17. Week of Safety First – Info on activities, program, and article on cycling injuries.		
9/9/98	18. Child poisoning article, tips for prevention, activities in city	Community Safety week	
11/9/98	19. "Head Injuries: think about it" Article in Community Safety Week	Safer Communities, The Centre	
17/9/98	20. Slip, Slop, Slap – Community safety Week	Schools & Kinders, Sun Smart	
16/9/98	21. Sun Smart		
17/9/98	22. Pleasing response to safety sessions	RCoW Health State legislation.	
18/9/98	23. Cycle Safety	Community	
18/11/98	24. Buckle Up & stay cycle safe	NE Community Road Safety Council	
6/11/98	26. Parks, streets local female" danger spots". Summary of survey.	Reclaim the Night survey respondents, UMCASA, RCoW	Survey results
18/11/98	27. Crackdown – to curb motorcycle deaths	W Police, W Traffic Operations	
10/11/98	28. Danger City for cyclists - Wangaratta 2 <sup>nd</sup> highest in state		
23/11/98	29. Cyclist lucky to be alive	Cyclist	
25/11/98	30. Lack of supervision risks the lives of children. Young cyclists still at risk	Safer Communities	Public education
11/12/98	31. Safety Campaign gets on its bike	Safer Communities, Police Vic Roads, RCoW	Interviews from kids, Bike Ed Challenge, co-operation between groups
26/3/99	32. Halting crashes in their tracks Students safety focus	Wangaratta High School & Vic Roads, Ovens College	Vicsafe community strategy and Crime prevention framework
29/3/99	33. Road Safety blitz	Traffic Operations group	
5/3/99	34. Safer communities secure for 2 years	Funding for Safety Communities	WSC funded
9/4/99	35. Police and teens to beef up safety	Ovens College, police, Vicsafe Community strategy and crime protection program, Dept. of Justice, Education.	
11/6/99	36. Play it safe on roads	Police	
7/6/99	37. Helping save Young lives	Police, schools	Bike ed challenge
21/7/99	38. Helping our Elderly to lock-out crime	Police – Project deadlock, locksmiths	

Date	Main Points	Key Stakeholders	Outcomes
21/7/99	39. Food Act changes to boost safety	Rural City of Wangaratta, food handlers	
25/6/99	40. Boost for Crossing Safety	RCoW Vic Govt., school children	Funding
2/8/99	41. Life and death for our schools	Wangaratta Primary school, RCoW	
23/7/99	42. Accident prompts call for removal of tree	CivicNET	
4/8/99	44. It's for Safety Sake	Wangaratta District Base Hospital	
5/8/99	45. Moves to improve Chisholm Street safety	WPS, The Centre, RCoW	
6/8/99	Hideaway Safe proves a success	Private individuals	
9/8/99	46. Parking Safety Push	RCoW, WPS	
6/8/99	47. Security upgrade to stop vandals – lighting at showgrounds	Consumers	
11/8/99	48. Protect your home from vandalism	Police	
13/8/99	49. Buckling up for Safety	Hoys buses, passengers	
13/8/99	50. Free tyre safety inspection		
13/8/99	51. Flashing lights at school crossings		
13/8/99	52. Program to Save Young lives	NE Community Road Safety Council	Bike Ed
23/8/99	53. Search on for safety fiction	Kildara Neighbourhood Watch	
30/8/99	54. Safe Chemical disposal	EcoRecycle, DNRE	
15/10/99	55. Talking Safety	Vic Farmers Federation, Safer Communities	
	56. Grant for Bike path strategy	Rural City of Wangaratta, Recreation Victoria	Funding
20/10/99	57. No 40kph zone for now	WWPS	
1/11/99	58. Pain killer liver link	Paracetamol users	
28/6/99	59. Commitment to make rural city even safer	Safer Communities, WHO	Community Safety Forum
26/7/99	60. Push for Farm Safety Group	Wangaratta Safer Communities Program	Safer farm practices
5/1/2000	61. Safety cash plea	Safer Communities Project	Program continuation if cash received.
5/1/2000	62. Rural city fatality free	Police	
5/1/2000	63. Safer program needs support	Seeking sponsorship from local businesses	



Date	Main Points	Key Stakeholders	Outcomes
7/1/2000	64. Chemists play vital role	Community safety week survey	Survey results- 95 respondents showed <ul style="list-style-type: none"> <li>• 79% purchase from chemists,</li> <li>• 52.6% obtain dosage information from chemists</li> <li>• 77.8% use to lower temperatures</li> <li>• 71.5% thought giving more than the recommended dose would be harmful</li> <li>• 58.9 would call Poisons Information Centre</li> <li>• 31.5% would take the child to the hospital</li> <li>• 22.1% would call doctor</li> </ul>
1/3/2000	65. City pushes community safety	35 people State seminar Safer Communities, police	Safer Cities Promotion Seminar
7/4/2000	66. City seeks international status	25 delegates from the World Health Organisation Safer Communities, Victoria Police, Vic Roads, NE Community Safety Council, Rural City of Wangaratta youth council and local schools.	WHO recognition by 2007
12/4/2000	67. Looking to safer future	WHO, RCoW	Tourists feel safer -WHO recognised
14/4/2000	68. Chemical Safety	WorkCover,	
17/4/2000	69. Don't become a fatigue stat this Easter	NE Road Safety Council	
20/4/2000	70. Hospital looks out for staff	Private hospital No lift policy	Staff wellbeing
20/4/2000	71. Road Safety groups' call to take care	RACV, NE Road safety Council	
3/5/2000	72. Making it "kid safe"		
3/5/2000	73. It's time to turn up the heat, on safety		
5/5/2000	74. Youths' plan for safe city	RCoW Youth Council	

Date	Main Points	Key Stakeholders	Outcomes
10/5/2000	75. Our Lady's Primary	Police, kids	Traffic safety education
10/5/2000	76. Asbestos concerns ruled out at local school	W District Special School	
12/5/2000	77. Cycle safety main issue	Neighbourhood Watch	
12/5/2000	78. CFA to "fire up" primary lessons	CFA, Primary school children	
12/5/2000	79. Rural health issues		Rural Health week activities
17/5/2000	80. Rural health in focus	Delatite Shire	
19/5/2000	81. Life saving campaign welcomed	Learner Drivers, TAC, Wangaratta High School	

## Appendix 5 - Matrix of organisations involved

	WANGARATTA SAFER COMMUNITIES COMMITTEE	PEDAL CYCLE WORKING PARTY	POISONS WORKING PARTY	INTRA-CRANIAL WORKING PARTY	FORUM WORKING PARTY	SAFETY WEEK TASK GROUP
Rural City of Wangaratta						
City of Wodonga						
Department of Human Services						
Indigo Shire						
Delatite Shire						
Wangaratta Secondary College						
Ambulance Service						
Bicycle Users Group						
VicRoads						
Ovens & King CHS						
Maternal & Child Health						
Community Policing						
TXU						
Upper Murray CASA						
Community Visiting Program						
North East Road Safety Council						
Wangaratta & District Base Hospital						
The Centre						
St Catherine's Home for the Aged						
St John's Village (Aged Care)						
Victoria Police						

	WANGARATTA SAFER COMMUNITIES COMMITTEE	PEDAL CYCLE WORKING PARTY	POISONS WORKING PARTY	INTRA-CRANIAL WORKING PARTY	FORUM WORKING PARTY	SAFETY WEEK TASK GROUP
CFA						
St. John's Ambulance						
Community member						
Victims Assistance Program						
Australian First Aid						

- Representation from the larger organisations may have included several departments or positions, e.g. the Rural City of Wangaratta was represented at various times by Aged and Disabilities Officer, the Environmental Health Manager, and Councillors. The Wangaratta District Base Hospital was represented by nurses, a paediatrician, and the Primary Health Manager.

## Appendix 6 - Surveys conducted as part of the Project

### Phone in

Parents were invited to phone in regarding their experiences in the home and on the road. Parents of children who had suffered injury or poisoning were invited to be "talkers". There were only a few 'talkers' who phoned in. Some of their stories were from a long time ago. There were not enough to engage as a group and the few who did phone in spread themselves out over a period of time. No follow up activity occurred.

### Bike Helmet Survey

Date	Location	No hel-met	%	Wearing Helmet	%	Carrying helmet	%	Total
22/7/'98	Galen, WHS, Ovens College, St.Bernards	15	5	337	85	41	10	393
25/11/'99	Galen, WHS, Ovens College, St.Bernards	16	4	353	88	39	9.5	408

### Bike Safety Awareness

Bike safety was raised and schools surveyed as to their interest and resources.

N=13	Is Bike Ed. Offered	Teacher trained	Training required	Bike Ed challenge contestants	1999 2000	Recognition as safe school
Yes	12	11	1	2	5 in 2000	10
No	1	1	11	2		2

### Reclaim the Night Safety Survey

This opportunistic (with around 50 women) survey raised the issue of lighting in Wangaratta streets and parks. The Rural City Council continues to address these issues.

### Paracetamol Use and Storage Survey

Conducted during Safety Week 1999 and aimed to gather information on the ways in which people used medication. Approximately 95 surveys were returned from the Rural City of Wangaratta. A comprehensive evaluation document was written. Copies of this report may be requested from The Centre

## **Glossary**

Common terms and abbreviations.

ABS	Australian Bureau of Statistics
BUGS	Bicycle Users Group
CASA	Centre Against Sexual Assault
CFA	Country Fire Authority
CHS	Community Health Service
DHS	Department of Human Services
DNRE	Department of Natural Resources & Environment
IYOP	International Year of the Older Person
MPHP	Municipal Public Health Plan
MUARC	Monash University Accident Research Centre
NE	North East
NEVDGP	North East Division of General Practice
O&KCH	Ovens & King Community Health Service
RACV	Royal Automobile Club of Victoria
RCOW	Rural City of Wangaratta
TAC	Transport Accident Commission
UMCASA	Upper Murray Centre Against Sexual Assault
VAP	Victim's Assistance Program
VCFL	Victorian Country Football League
VCSCC	Victorian Safer Communities Committee
VEMD	Victorian Emergency Minimum Dataset
VIMD	Victorian Inpatient Minimum Dataset
WDBH	Wangaratta & District Base Hospital
WHO	World Health Organisation
WPS	Wangaratta Primary School
WSCC	Wangaratta Safer Community Committee
WSCP	Wangaratta Safer Community Project
WWPS	Wangaratta West Primary School