Safety and Safety Promotion :

Conceptual and Operational Aspects

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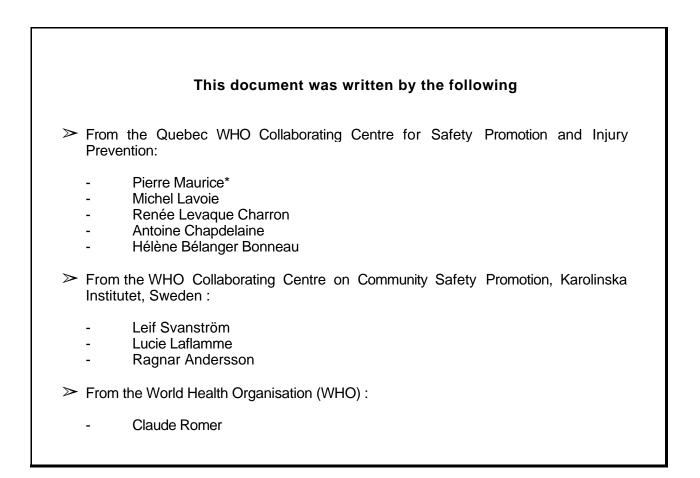
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Summary

This document presents the conceptual and operational aspects of safety[1] and safety promotion. More specifically, it proposes a framework to favour planning and implementation of safety enhancement interventions in a community. It concerns unintentional injury, suicide, violence and crime. These problems are tackled within a prevention and health promotion perspective. It also favours a better integration of the most frequently used intervention models designed to improve the safety of the population.

This framework was developed with the contribution of a number of intervening agents (that will herewith be named "actors" in this text) and experts involved in safety enhancement activities from many parts of the world. The numerous discussions held with them lead to a number of consensus, which represent an essential part of the framework summarised bellow :

1.   Safety is a fundamental human right.

2.   Safety is a state in which hazards and conditions leading to physical, psychological or material harm are controlled in order to preserve the health and well-being of individuals and the community. It is an essential resource for everyday life that an individual and a community need in order to realise their aspirations.

3.   There are two dimensions to safety : one is objective and assessed by behavioural and environmental objective parameters and the other is subjective and appreciated according to the feeling of safety of the population. Both dimensions can influence each other either positively or negatively. It is therefore necessary to consider these two dimensions to improve the safety of the population

4.   Safety is a pre-requisite to the maintenance and improvement of the well-being and health of the population. It is the result of a dynamic balance that is established between the different components within a specific setting.

5.   Attaining an optimum level of safety requires individuals, communities, governments and others to create and maintain the four following conditions : 1) a climate of social cohesion and peace as well as of equity protecting human rights and freedoms, at a family, local, national or international level ; 2) the prevention and control of injuries and others consequences or harms caused by accidents; 3) the respect of values as well as the physical, material and psychological integrity of individuals ; and 4) the provision of effective preventive, control and rehabilitation measures to ensure the presence of the three previous conditions.

6.   Safety promotion is the process used at a local, national and international level by individuals, communities, governments and others, including enterprises and non governmental organisations, to develop and sustain safety. This process includes all efforts agreed upon to modify the environment and structures as well as the attitudes and behaviours related to safety. It is based on a multisectorial approach and includes community enabling activities.

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[1]   In French, the words «safety» and «security» are translated by only one word : «sécurité». In the following English version, the authors made the choice to use only the word «safety». In doing so, it must be understood that the notions of «security» are included in that of «safety».

7.   At least two types of processes can be used to promote safety in a community : the problem-oriented process and the setting-oriented process. The two processes, though quite distinct, are both complementary and essential. The problem-oriented process is the search of specific solutions to problems considered one at a time. The setting-oriented process consists above all in the assessment of the safety problems of a specific setting in a global perspective and in the identification of an integrated set of solutions aimed at improving the safety level of the population.

8.   The mobilisation of a community towards safety improvement requires the presence of many critical factors, the most important being the following : 1) the existence of an multisectorial committee responsible for safety promotion; 2) the implementation of a programme covering all ages, environments and situations ; 3) the active involvement of the local community network ; 4) priorities for action based on what the community feels is most important ; 5) the capacity to assess the importance and causes of main safety issues and problems ; 6) a special concern for high risk groups and environments ; 7) a program planned on a long term rather than a short term basis; and 8) use of a wide range of techniques to mobilise the population, its representatives and decision makers.

These eight statements provide a global and positive point of view in regards to safety and safety promotion. It is useful to better understand and integrate the efforts made in a community to improve its safety. It should also favour mobilisation of the population and multisectorial partners aiming toward common safety goals, and thus should favour the effectiveness and efficiency of interventions.

1.   **Introduction**

This document presents the conceptual and operational aspects of safety and safety promotion. It proposes a framework to favour planning and implementation of safety enhancement interventions in a community. This framework applies to unintentional injury, suicide, violence and crime. These problems are tackled within the scope of a prevention and health promotion perspective. It also favours a better integration of the most frequently used intervention models designed to improve the safety of the population. More specifically, it proposes :

•   a definition of safety and safety promotion ;
•   a comprehensive approach to the assessment and promotion of safety and
•   the main factors for the successful mobilisation of communities to enhance their safety.

This framework has been jointly developed by :

•   the Quebec WHO Collaborating Centre for Safety Promotion and Injury Prevention ;

•   the WHO Collaborating Centre on Community Safety Promotion, Karolinska Institutet, Sweden; and

•   the World Health Organisation (WHO).

This document is the result of a certain number of international initiatives such as the publication in September 1989 of the « Manifesto for Safe Communities » (World Health Organisation, 1989), the growing involvement of WHO in the field of violence prevention, and the sizeable development of the Safe Communities network sponsored by the Karolinska Institutet (Sweden) and its WHO Collaborating Centre on Community Safety Promotion. It originally stems from a request by WHO in 1996, and a need stated in Johannesburg in October 1997 during the SAFECOM-6 conference and during the Injury Prevention and Safety Promotion WHO Collaborating centres meeting.

This publication is meant for all those whose vested interest is to improve the safety of the population or to prevent injuries, violence and suicide. Those concerned may evolve within a variety of fields such as public health, social sciences, justice, public safety, transport, sports and recreation as well as in municipalities.

2   Main reasons to develop a safety promotion framework

2.1   Safety is a basic human need

Safety is an ever present concern within the population. Most individuals seek safety by all means. Therefore safety improvement, as an explicit goal, can be a powerful mobilising force. It is thus important to develop an enabling approach to facilitate the achievement of this goal.

2.2   Many safety issues are related to each other in many aspects

Many safety issues share common risk factors. For example, firearms, medication, drugs and alcohol, are all related to suicide, violence, criminality and non intentional injuries. Interventions that take into account these risks and problems globally are liable to be more effective and efficient.

On the other hand, measures to prevent one problem can worsen another problem. For example, the decision to lower alcohol taxes to prevent criminal activities leads to a greater accessibility and more consumption and therefore may have untoward effects on violence, suicide and non intentional injuries. Such a decision must therefore be taken after considering its effects on all aspects of safety rather than only one problem at a time.

Finally, a same organisation is often concerned by a set of safety issues. For example, the solutions to road safety problems, criminality and violence all involve municipalities. Therefore, it should prove timely and efficient for a municipality to consider all these problems and solutions globally rather than on a one by one basis.

2.3   Safety means more than the absence of violent events or injuries

As we will see further in this document, safety is based in more conditions than only the absence of violent events or injuries. Furthermore, safety includes a subjective dimension that is important to take into account. This dimension is influenced by individual and collective experience which will act upon the feeling of safety of the community. This observation explains to a certain extent why, for example, in some communities the feeling of safety lowers while the magnitude of safety problems as injury, violence or crime remains the same.

In addition, the reduction of violent incidents don't necessarily lead to a proportional increase of safety. For example, to reduce the number of aggressions in a park, it is possible to close it down during the night. Also, to protect citizens living in a neighbourhood, walls can be erected all around to restrict its accessibility and alarm systems can be placed in all homes. In such cases, violent incidents are prevented by either reducing the opportunities or by placing protective measures. It is sometimes the only short term solutions feasible. However a fundamental safety problem remains despite such efforts. Indeed, those measures don't provide any long term solutions to violence. They are palliative and temporary. The assailants will obviously find new ways to avoid them resulting in an escalation of the protective measures and devices used. These finally turn out to be a concrete manifestation of existing safety problems. Moreover, many of these measures end up jeopardising the population's right to move around freely and accomplish their activities peacefully.

Thus, safety improvement of the population must take into account several aspects. A framework allowing a better integration of all these aspects within a comprehensive approach can be helpful for those whose role is to enhance the safety of a population.

2.4   Safety enhancement is a specific mandate for several agencies

Whoever works in safety improvement activities knows the indispensable contribution of a set of sectors such as health, public safety, transport, justice, sports and recreation, housing, etc., when the time comes for creating and implementing interventions. These sectors generally have among their mandates, the enhancement of the population's safety. That is why a framework on the concepts of safety and safety promotion can be a helpful tool for them.

2.5   There lacks a common understanding of safety

Much confusion exists concerning the concept of safety. For some, this concept refers only to the prevention of crime and violence ; for others it refers more to a feeling of being out of danger than to an objective state, or it refers to the satisfaction of basic needs (food, shelter, clothing, etc.). These interpretations do not always include injury prevention. In fact, the concept of "safety" is quite difficult to understand in all its dimensions (physical, social, psychological, etc.), and therefore difficult to promote.

Having a common understanding of safety should favour a better co-operation between the variety of disciplines and sectors concerned, and consequently will diminish the state of isolation they are in. It should stimulate the development of initiatives that can reduce the occurrence of a given problem, and can improve the safety of the population in a comprehensive perspective. This can only help to create a positive vision of safety as a value worth promoting in our communities.

2.6   A safety promotion framework can be a good junction point between concerned actors from a variety of sectors of society

Many approaches are used in the field of safety promotion and injury prevention. These approaches attract different followers, often based on their occupation, sector and country of origin. Each group uses a specific vocabulary and may have very different ways of understanding reality, as well as of designing interventions and putting them to place. For example, in order to prevent violence in a neighbourhood, the police department might use repressive measures, the urban planing department will favour environmental measures to avoid opportunities for assaults and the recreational department will put forward a program to foster activities for youths. As for the actors from other sectors, they could favour programs aimed at preventing violence by implementing measures focused on early childhood. Yet, all are working toward the same goal. However, the absence of a common thread among these models of intervention results in misunderstanding among various groups and makes it difficult to understand each group's actions in light of the realm of possible interventions (Else, Walker, 1978 ; Hayes, Carter et al., 1996). When safety actors work in isolation, it compromises the achievement of goals that they may share. A common framework for these players can therefore represent a useful common thread among the various models used. It also favours collaboration between actors and a better co-ordination of their interventions. The mobilisation of all partners involved in safety will then be facilitated.

3.   Main activities realised to develop this framework

To develop this framework a number of activities were held between June 1996 and May 1998. The following must be mentioned :

• A literature review regarding safety and safety indicators within the community was carried out (Levaque Charron, Cardinal, Lavoie, Maurice, Paradis, 1998).

• A document on the conceptual and operational aspects of safety and safety promotion was drafted and published (Maurice *et al*, 1997). This document was presented and discussed during several international events : in June 1997 in Québec, during the International Safety Promotion and Injury Prevention Training Session and the 2nd Injury and Accident Prevention French Speaking Network International Seminar, and in October 1997 in Johannesburg, during the Sixth International Conference on Safe Communities.

- An Internet discussion group of more than 25 experts in the field (appendix 1) was formed to gather comments on the subject and enrich the initial draft document. This group has been active from October 1997 to January 1998.

- A first international seminar was held in February 1998 in Québec. It was aimed at developing consensus on a number of key statements about safety and the principles of a safety promotion approach. Over 40 national and international participants (appendix 2) from different sectors (public security, transportation, justice, health and social services, leisure, municipalities, etc.) gathered during this seminar. Prior to the seminar, all had received the initial draft document (Maurice *et al*, 1997) and the key statements to be discussed during this two days working session. The seminar started with presentations on the work that had been done so far in the field. A consensus was reached on many of the proposed statements as well as on the principles that should be considered regarding the concepts and approach.

- Lastly, a second international seminar was held in May 1998 in Sweden to work on some of the ideas developed during the previous activities. Thirteen experts (appendix 3), some of which had attended the Québec seminar, have gathered for this event.

All these activities have allowed reaching consensus on the following elements :

1. Safety as a human right.
2. Safety as a pre-requisite to well-being and health.
3. Principles to respect in a definition of safety.
4. Subjective and objective dimensions of safety.
5. Main conditions necessary to attain safety.
6. Safety promotion definition.
7. Safety promotion general process.

The following framework is based on these consensus.

## 4.	Framework

## 4.1	Conceptual aspects of safety

Safety is a fundamental human right. This statement has been put forward on several occasions. Indeed, in the " Manifesto for Safe Communities" (WHO, 1989) adopted in September 1989 in Stockholm during the First International Conference on Injury Prevention and Control one could read : " All human beings have an equal right to health and safety ". On the other hand, United Nations stated in their 1994 report on human development, that safety is a fundamental right and an essential condition for the sustainable development of societies (United Nations Development Program, 1994).

### 4.1.1	Safety definition

Safety is a state in which hazards and conditions leading to physical, psychological or material harm are controlled in order to preserve the health and well-being of individuals and the community. It is an essential resource for everyday life, needed by individuals and communities to realise their aspirations.

Safety is considered as a state resulting from a dynamic equilibrium that is established between the different components of a given setting. It is the result of a complex process where humans

interact with their environment. By environment, we mean not only the physical but also the social, cultural, technological, political, economical and organisational environments.

On the other hand, safety must not be defined as a total absence of hazards. Indeed, it should not necessarily be the ultimate goal to achieve, it could even be risky (Maslow, 1968). A certain level of danger can stimulate a state of vigilance which in turn can have a protective effect. Furthermore, one can consider that, exposure to risks (dangers) is also necessary to the various apprenticeships of life. Exposure to minor hazards convey a certain « immunity » to resist against potentially more severe aggressions. Therefore, one should not seek to eliminate all dangers but rather seek to control dangers in order to protect the health and well-being of individuals and the community.

Furthermore, this definition implies that safety is more than the absence of violent events or of injuries. Indeed safety must lead to a feeling of well-being essential to the blossoming of any individual or community. So as for health, safety is considered as a resource necessary to individuals or communities to achieve their aspirations.

4.1.2 Safety dimensions

There are two components to safety (Figure 1): one is objective and assessed by behavioural and environmental objective parameters and the other is subjective and appreciated according to the feeling of safety (or insecurity) of the population.

Both dimensions can influence each other either positively or negatively (Forde, 1993). Indeed, improvement of the objective dimension can sometimes diminish the subjective dimension (e.g. the presence of numerous armed policemen in a given area to fight crime could generate a feeling of panic among some citizens).On the other hand, improving the feeling of safety can lead to a deterioration of the objective dimension (e.g. acquiring a firearm to feel better protected from attacks increases the risk of having a household injury). This dynamic between the objective and subjective dimensions of safety is sometimes even used to prevent some problems by inducing a feeling of insecurity in order to encourage safer behaviours that will benefit all (e.g. reducing the width of roads to slow traffic speed in school zones).
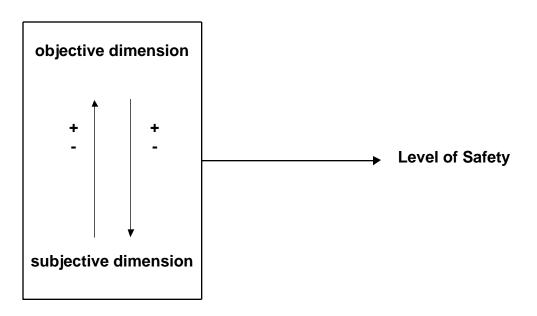
Figure 1
The Two Dimensions of Safety

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┌─────────────────────────────┐
│                             │
│   objective dimension       │
│                             │
│         ↑   │               │
│      +  │   │  +            │──────────────────→  Level of Safety
│      -  │   │  -            │
│         │   │               │
│         │   ↓               │
│                             │
│   subjective dimension      │
│                             │
└─────────────────────────────┘
```

To improve the safety of the population, it is necessary to consider these two dimensions for the following reasons :

• Much of what the population perceives as a problem is well-founded even tough it may not be demonstrable with objective parameters (Hayes, Carter, et al., 1996) ;

• Safety promotion programs need to be adapted to each community, its real-life as well as its subjective judgement about situations affecting it (Forde, 1993 ; Svanström, 1993) ;

• The dynamic between objective and subjective dimensions can better be taken into account while assessing the problems and planning the interventions.

• The objective and subjective dimensions of safety can differ dramatically because of the numerous stereotypes in our society. Since people have a tendency to behave according to a certain number of stereotypes, it is important to take them into account. For example, any type of marginal behaviour can represent a risk for some, because of the stereotype generated from the difference. In this case, it is important to distinguish the reality from the feeling of a population in order to protect the rights of certain marginal individuals (Augoyard, 1990).

4.1.3. Links between safety and health

Safety is a pre-requisite to the maintenance and improvement of the well-being and health of the population.

According to Maslow's Needs Theory, safety is one of the fundamental needs of human beings, just like physiological needs (Maslow, 1968). Consequently, safety can be viewed as a prerequisite for maintaining and improving the health and welfare of a population (Figure 2).

The health and welfare of a population is determined mainly by environmental conditions or exhibited behaviours. The effect of behavioural and environmental determinants on health and well-being is often a function of the level of safety attained.
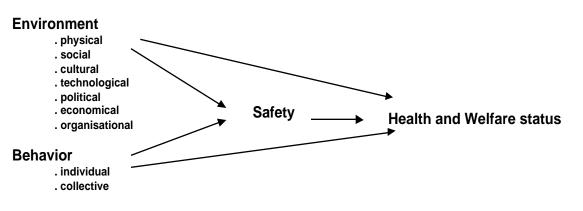
Figure 2
Links Between Safety and Health

Environment
  . physical
  . social
  . cultural
  . technological
  . political
  . economical
  . organisational

Safety → **Health and Welfare status**

Behavior
  . individual
  . collective

4.1.4 Four basic conditions for safety

Attaining an optimum level of safety requires individuals, communities, governments and others to create and maintain the following conditions, whichever setting is considered :

1)   **a climate of social cohesion and peace as well as of equity protecting human rights and freedoms, at a family, local, national or international level ;**
2)   **the prevention and control of injuries and other consequences or harms caused by accidents;**
3)   **the respect of the values and the physical, material and psychological integrity of the individuals ; and**
4)   **the provision of effective preventive, control and rehabilitation measures to ensure the presence of the three previous conditions.**

Safety concerns everybody. The whole community, including individuals, stakeholders, agencies and community groups must be mobilised to enhance the safety of the population. These basic conditions for safety must be present in all settings. A setting is considered a system having one or more finalities. Each setting is made up of many components (individuals, social, cultural, material, economical and technical elements, etc.) each of which fulfills a specific function. These components influence each other according to rules that are not always well known. A family, workplace, school, neighbourhood, town or a country can be regarded as a setting.

The climate of social cohesion and peace as well as of equity protecting human rights and freedoms, at a family, local, national or international level, refers to a fair society protecting the harmony between groups or communities of different races, sexes, ages, religions, countries, etc., without impeding the rights and freedoms of individuals. This condition must lead to non-violent co-existence of these different groups or communities. It must also shelter the population from wars or any other form of organised violence. Finally, it must lead to lowering poverty and inequities both of which cause a great deal of safety problems at an international, national and local and family level.

The prevention and control of injuries and others consequences or harms caused by accidents means the presence of environments and behaviours that prevent the occurrence of bodily lesions or other harm such as stress, social adaptation problems, post traumatic chock, resulting from a sudden transfer of energy (mechanical, thermal, electrical, chemical or radiant) or from sudden deprivation of any vital element (e.g. drowning, strangulation, freezing).

The respect of the values and physical, material and psychological integrity of the individuals refers to the harmonious and non-violent co-existence of individuals within a life setting. This state allows each individual to live without the fear of being personally attacked, either psychologically (harassment, hateful remarks, etc.) or physically (assault, rape, etc.), and to be able to enjoy his or her belongings without fear of having them stolen or vandalised. Unlike the first condition (a climate of social cohesion and equity...), which refers to interactions between groups, the present condition refers to interactions between individuals. It must be noted that suicide is considered a self-inflicted aggression resulting in part from a dysfunctional co-existence between an individual and his setting.

The provision of effective preventive, control and rehabilitation measures to ensure the presence of the three previous conditions refers to resources (material, human and financial), to programs and to services put forward in a community. These means are aimed at ensuring the presence of the three first conditions, minimising the harms caused by an unfortunate event and facilitating the rehabilitation of individuals or communities affected.

These conditions are not exhaustive. Indeed other conditions could have been added depending on the scope of the field to be included (e.g. : provision of healthy food, of work and income, etc.). However the conditions retained for this framework delineate the field by targeting the problems mostly concerned by this document, that is, violence, suicide and non intentional injury. This field generally squares with the mandate of many organisations having a mission to ensure the safety of the population (e.g. : public security, municipalities, justice, transport, labour, etc.). These conditions are important and relevant for different sizes of settings such as a family, a school, a workplace, a neighbourhood, a city, a nation, etc.

4.2   Safety promotion

4.2.1   Definition

Safety promotion is the process applied at a local, national and international level by individuals, communities, governments and others, including enterprises and non governmental organisations, to develop and sustain safety. This process includes all efforts agreed upon to modify structures, environment (physical, social, technological, political, economical and organisational), as well as attitudes and behaviours related to safety.

Safety promotion is a responsibility shared by governments, other organisations and the population. Safety promotion must be based on all organisations concerned by the safety of the population and must link closely all relevant sectors of activity. The structure used to promote safety may vary according to the different community and country realities. The safety promotion process needs a multisectorial approach and includes all community enabling activities. It is based on the active involvement of the population in defining its objectives as well as in choosing solutions.

Actions on the environment can favour safe behaviours while respecting rights and freedoms. On the other hand actions on behaviours can favour a safe environment especially through the social norm which allows sustainable structural changes (Figure 3).
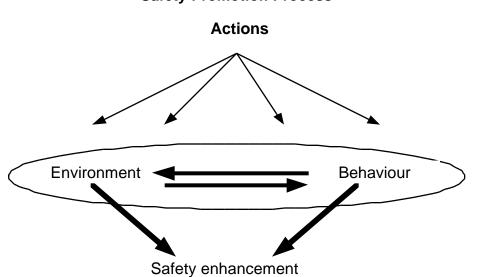
Figure 3
Safety Promotion Process

Actions

Even if behavioural changes improve safety, the expected impact on the safety improvement will come mainly through environmental changes. Both types of intervention are however necessary. Thus, it can happen that the action on behaviours constitute the only possible avenue especially when environment is not the main determinant of the problem considered or when behaviour is the only modifiable determinant.

4.2.2   Operational aspects of a safety promotion approach

To improve the safety of a community, at least two types of processes can be used: problem-oriented and setting-oriented. These two processes, though quite distinct, are both complementary and essential. Both presuppose the active participation of citizens and decision makers.

Problem-oriented process
This is the most frequently used process. It will not be presented in detail because it is well known. Essentially, this process consists in the study of specific solutions to a certain number of problems, taken one at a time. The mobilising goal is the prevention of one specific type of problem, such as suicide, transportation-related injuries, falls or urban violence. These problems can be selected after establishing an order of priority, usually based on their importance in a given community in terms of frequency and severity.

With this approach, the population of interest is composed of individuals who are exposed to the risk factors associated with the problems judged as high priority. The process followed is to identify the environmental or behavioural causes of a given problem and to develop a specific prevention program.

The problem-oriented process is essential to the safety promotion approach. It helps to define clear health and well-being objectives. It also helps to identify the risk factors that must be acted upon to reach these objectives. Lastly, it allows to focus the work on concrete issues (e.g. suicides, violence), acting as a mobilising force.

Depending on the mandate and field of activities of the actors involved, it may be useful to integrate the problem-oriented process into the setting-oriented process described below..

Setting-oriented process

The mobilising goal in the setting-oriented process is not a specific problem, but rather the global safety in a community. The objective is to act on a set of environmental and behavioural determinants in order to improve the safety of a community.

In this process, the population of interest is composed of individuals gathered in a given setting (street, park, school, factory, neighbourhood, town, etc.), each of which is considered as a system having one or more finalities. Each setting is made up of many components (population; economic and technical infrastructures; physical environment; etc.), each of which fulfils a specific function. These components influence each other according to rules that are not always well known. Safety is considered to be a state resulting from a dynamic equilibrium that is established between the different components of the system.

The setting-oriented process includes three stages. In the first stage, a safety diagnosis must be made by identifying the strengths and weaknesses of a given setting related to the conditions necessary to achieve an optimal level of safety. The second and third stages are aimed at identifying the specific causes and the solutions to put forward for each of the main weaknesses identified.

First stage: The first stage consists of identifying the strengths and weaknesses of a given setting in order to make a safety diagnosis. It is on the basis of as accurate a diagnosis as possible, which assesses all aspects of safety, that actions to enhance the safety of the population will be facilitated (Sehier, 1990). This diagnosis must be based on enough quantitative

and qualitative scientific data originating from several fields such as : epidemiology, human sciences, evaluation, clinical sciences and engineering. Figure 4 presents a two-axis matrix of the elements to consider when making such a diagnosis. The horizontal axis contains the elements necessary to reach an optimum level of safety, namely **1) a local, national and international climate of social cohesion and equity protecting human rights and freedoms, 2) the prevention and control of injuries and others consequences or harms caused by accidents and 3) the respect of the values and the physical, material and psychological integrity of the individuals.** The vertical axis contains three categories of indicators that can be used to identify the strengths and weaknesses of a given setting concerning the conditions across the horizontal axis.

The first category of indicators can help to evaluate the measures taken by a community to ensure the attainment or maintenance of safety conditions (e.g. presence of a legal system support service for battered women ; presence of a suicide prevention centre; presence of a school patrol system to help school children cross dangerous intersections). In fact, this type of indicators concerns the forth condition necessary to attain an optimal safety level, that is **the provision of effective preventive, control and rehabilitation measures.**

The second category of indicators can be used to assess the community's level of **exposure to factors liable to harm or to help in attaining or** maintaining these same safety conditions (e.g. sociocultural context not favourable to the recognition of equal rights for women and men; massive laying off affecting the bread winners of a community *;* many drivers driving under the influence of alcohol).

The last category of indicators documents the occurrence of undesirable events relative to those same conditions (e.g. the number of battered spouses *;* the number of suicides; the number of school children involved in traffic accidents at certain intersections).

Every time safety conditions (horizontal axis) are evaluated, it must be done using objective and subjective information related to the three categories of indicators (vertical axis). Objective data are used to evaluate behaviours and environments related to safety They are factual data that can be obtained from different sources (safety rounds, analysis of existing published data, etc.). Subjective data are used to evaluate the level of safety in the setting as it is perceived by its inhabitants: these are community impressions that can be obtained through various consultation mechanisms (discussion groups, complaints, surveys, forums, etc.).

The safety diagnosis of a given setting therefore comprises two dimensions (objective and subjective) that can either agree or disagree. For example, when evaluating the measures taken to ensure a climate of social cohesion and peace, it is possible that people may feel that the number of police on duty is insufficient while the facts may indicate there are enough or even more than necessary. In the same way, by comparison with the number of violent incidents that actually occur in a community, prolonged media coverage of a particular rape can lead many to believe that the problem is more widespread that it is in reality.

Figure 4
Safety Diagnosis of a Particular Setting : Dimensions to Consider

CONDITIONS / INDICATORS	CLIMATE OF SOCIAL COHESION AND PEACE	PREVENTION AND CONTROL OF INJURIES AND OTHER CONSEQUENCES	RESPECT OF THE PHYSICAL, MATERIAL OR MORAL INTEGRITY OF INDIVIDUALS
MEANS DEPLOYED	1	4	7
EXPOSURE TO RISKS	2	5	8
NUMBER OF EVENTS	3	6	9

Examples of strengths (S) and deficiencies (D) for each of the 9 cells of the matrix concerning real safety (RS) and perceived safety (PS):

1. **Example concerning the coexistence between street youth and other citizens of a given neighborhood**
   RS : Presence of a comity formed of youth, policemen and social interveners, aimed at finding pacific solutions to the existing strains (S)
   PS : The population believes that the police force let the street youth disturb other citizens (D)
2. **Example concerning the coexistence between different ethnic groups in a school**
   RS : Youth in a school are hostile to immigrants (D)
   PS : Youth in a school believe that immigrants have aggressive behaviors (D)
3. **Example concerning violent events between different groups of supporters during football matches**
   RS : There have been two riots at the stadium during the last year (D)
   PS : Sport event organizers aren't aware of riot possibilities (D)
4. **Example concerning the control of dangers related to disasters in a community**
   RS : Presence of an effective emergency plan in case of a disaster (S)
   PS : The population believes that the emergency plan in case of a disaster is completely ineffective (D)
5. **Example concerning fire control in a residency for old-aged persons**
   RS : Many residents smoke while in bed (D)
   PS : Most of the residents are aware of the dangers related to smoking while in bed (S)
6. **Example concerning poisoning control in a community**
   RS : Increase in the number of poisoning observed among children under 5 years old (D)
   PS : The population believes that poisoning among children is rare (D)
7. **Example concerning the respect of the physical integrity of individuals in a country**
   RS : Absence of effective firearm control by-laws (D)
   PS : The population believes that firearm control measures are useless (D)
8. **Example concerning the risks of violent crimes between individuals from a given community**
   RS : Presence of significant socio-economic inequities in the community (D)
   PS : The population is not aware of the importance of the socio-economic inequities in the community (D)
9. **Example concerning the number of aggressions in the parks of a city**
   RS : No aggression occured for the last two years in the parks (S)
   PS : The population believes that there are frequent aggressions in the parks (D)

As previously discussed, it must be remembered that the subjective and objective dimensions of safety are equally important. In addition, they must always be distinguished from each other, as they do not lead to the same solutions.

Moreover, this diagnostic process must not consider only the weaknesses of a community, but also its safety assets. There must also be an analysis of the interactions between the different strengths and weaknesses identified, which will yield a dynamic and complete understanding of the safety situation of the population. Thus, the use of an evaluation grid that systematically takes all safety aspects into account will result in a comprehensive picture that highlights the strengths to be reinforced as well as the weaknesses to be corrected in priority.

Second and third stages: The second and third stages of the setting-oriented process allow the identification of specific causes and solutions to endorse for each of the weaknesses observed in the preceding stage. This identification is done following the problem-oriented process described earlier. However, having a complete and dynamic understanding of the situation has the following advantages:

- *The interactions between problems are more easily considered.* The assessment of a set of safety issues taken together helps to detect and consider interactions between problems. For example, an increased risk of being attacked in some downtown areas can lead many to move to the suburbs, which can in turn expose those commuting downtown to a higher risk of traffic injuries.

- *The potential negative effect of a solution is more easily considered.* Sometimes the end result of a *solution* applied separately to solve a given problem compromises the level of safety of the population. For example, the construction of a pedestrian tunnel to reduce the risks of collision could represent a new opportunity for assaults in an area. Or, the systematic exclusion of a group or a category of individuals to ensure a climate of social peace in a public place may jeopardise their physical, material or psychological integrity by reducing their rights and freedom.

- *It favours the creation of global intervention programs that target a set of community needs.* The setting-oriented process favours the implementation of global solutions that will have an effect not only on several safety problems, but also on other types of problems. For example, in a setting-oriented process, a safety promotion program for seniors in a neighbourhood will consider a set of safety issues rather than only one. Thus, it should target for instance the maintenance of sidewalks, the creation of a *walking club,* crime prevention in the area and adapting traffic lights to the walking capacities of senior citizens. Such a program will be beneficial to reduce falls as well as to break senior citizens social isolation, and to improve their autonomy, physical condition and mental health. Furthermore, this program will have important positive effects on the whole population. In a similar way, by applying a setting-oriented process to improve safety at work or in a sport setting, it will force actors to consider not only the reduction of injuries but also the reduction of suicide, sexual abuse, harassment and other types of violence.

- *It breaks the isolation of actors.* The problems in a population are often so complex that they require a broad range of expertise in order to be solved. The setting-oriented process favours the integration of this diverse expertise, thus breaking the isolation among actors involved in safety issues. This should in turn enhance a better efficiency when implementing preventive actions.

The type of process chosen will vary according to the context. Thus, in a city, because of its very specific mandate to have a service for fighting fires, the fire department could adopt a process that is predominantly « problem-oriented ». On the other hand, for a city council, mandated to ensure all the safety conditions for the population, an approach that is predominantly « setting-oriented » would be more appropriate.

No matter what type of process is used, the safety promotion approach ends up in the implementation of intervention programs based on a variety of techniques and methods such as mass media intervention, presentation of local data, publication of opinions and advice, training sessions for actors, enabling activities for some target groups, safety rounds, as well as surveillance and development of certain products.

Finally, it is important to underscore that in general, the community will implement interventions which are in its own interest. Solutions should be made by the community and suggestions from outside should only be adopted if they are seen as appropriate by the community (Svanström, 1993).

4.2.3 Main difficulties to overcome in order to improve safety in a community

While working through these processes, actors usually have to face some potential barriers. Firstly, two types of attitudes prevail in communities concerning some problems: fatalism and blaming the victim. Both attitudes, as we will see further on, are detrimental to the implementation of effective programs for injury prevention and safety promotion. These attitudes hamper the implementation of efficient safety promotion programs.

Fatalism is the attitude that fosters the belief that some events are preordained by destiny. It leads to the resigned acceptance of these events and to the belief that they are simply due to bad luck or to the unchangeable will of a Supreme Being. Fatalism results in **social acceptance** of some problems, which in turn hinders many efforts to prevent them. This social acceptance is sometimes even more important when a danger is related to an activity that an individual controls or is free to accomplish (e.g.: risk of getting hurt while driving a car). Such a danger is generally more acceptable than a danger resulting from an activity that one does not control (e.g.: operation of a polluting industry).

Blaming the victim, unlike fatalism, is the attitude that leads to the belief that a victim is responsible of his problems either because he made a mistake, because he didn't adequately protect himself, because he hasn't been careful or because he deserves his misfortune. This attitude results partially from the fact that an individual can, to a certain extent, control his destiny, his environment or the risks related to some activities (e.g.: taking a walk alone at night, driving an automobile, mountain climbing). Such an attitude leads many to believe that education constitutes the one if not the only means by which some problems can be prevented, and this, to the detriment of other preventive interventions that focus on social, physical or economic environmental changes. For instance battered spouses are often considered in their community as being responsible for their problems (Benedict, 1992). In fact, the main causes of this type of violence are related to social factors to act upon, such as social values, power struggles, and the nature of women and men relations in the society.

To a certain extent, these attitudes explain why the priority level given to safety issues does not accurately reflect the seriousness of the problem. Unfortunately, any spending on safety improvement is usually considered to be an expense rather than a wise investment. This attitude is a major impediment to many efforts toward the improvement of safety and forces the use of even more resources to convince people of the importance to act. This observation applies equally at the individual level (convincing an individual to use the best possible method of protecting himself), the organisational level (convincing a municipality to allocate resources to improve the safety of its citizens), and the community level (convincing the population of the merits of allocating collective resources towards improving safety).

The low priority granted to safety often means that existing and effective interventions never see the light of day. Even if actions are taken to fulfil a safety need, they are often only ineffective half solutions that are a waste of the minimal resources available. The low priority given to safety means that limited resources are invested in research activities. Therefore, it is very difficult to obtain the necessary funding for implementing or evaluating innovative projects.

5.   Illustration of a safety promotion approach

The safety promotion approach can be applied in settings of different sizes such as a street, a park, a school, a neighbourhood, a city and a nation. The "Safe Communities" movement provides an illustration of a safety promotion approach applied to a local community level.

The "Safe Communities" movement has been developed by the WHO Collaborating Centre on community Safety Promotion at the Karolinska Institutet of Sweden under the auspices of WHO. This movement aims at supporting communities in their safety enhancement activities. It was firstly involved in safety promotion through unintentional injury prevention activities and is now developing many projects with a special focus on violence or suicide

Presently, more than thirty communities are officially designated a "Safe Community" . To be part of the movement a community must put forward a program fulfilling different explicit principles and criteria. These are based on the theoretical and practical knowledge concerning safety promotion and community mobilisation. The effectiveness of such programs has been demonstrated on several occasions (Schelp, 1987, Svanström, Andersson, 1998).

The basic principles of programs are the following :

• 	Safe Community Programmes must be based on all relevant organisations in the community and closely associated with all related sectors of activity - Community Organisation. The structure used to promote safety will vary from community to community and country to country

• 	Safe Community Programmes must be based on sufficient epidemiological and other data (surveillance) to document the size and nature of safety problems, including accidents, injuries, violence, suicide, and this, in all environments including home, transport, workplace and leisure.

• 	Priorities for action and decision making must also be based on what the community feels is most important. Solutions should be made by the community and suggestions from outside should only be adopted if they are seen as appropriate by the community. A pre-requisite for achieving this is involvement of individuals as well as communities in the process of promoting safety.

• 	A wide range of techniques and methods must be used. These include for example mass media interventions, presentation of local data, the publication of other types of information and advice, education of professional groups as well as members of community organisations, supervision through safety rounds and checklists, environmental control and product development.

Those principles lead to a certain number of criteria to fulfil for a community to be a member of the Safe Community movement. These are :

1. 	The existence of an multisectorial based structure responsible for safety promotion.

2. The involvement of the local community network.
3. A programme covering all ages, environments and situations.
4. A programme showing a concern for high-risk groups and high-risk environments and aiming particularly at ensuring safety for vulnerable groups.
5. A programme where those that are responsible are able to document the frequency and causes of injuries.
6. A programme based on a long-term rather than a short-term process.

7. The community must also undertake to :

   a. Utilise appropriate indicators to evaluate processes and the effects of change.
   b. Analyse the community's organisations and their possibility of participation in the programme.
   c. Involve the health and well-being organisations in both surveillance and the safety promotion programme.
   d. Be prepared to involve all levels in the community in solving the safety problems.
   e. Disseminate experiences both nationally and internationally.
   f. Be prepared to contribute to a strong network of " Safe Communities ".

6. Conclusion

The different components of the proposed framework give us a global perspective of safety promotion. Such a perspective is useful to better understand and integrate all efforts made in a community to improve its safety. It should also favour the mobilisation of local, national and international communities towards safety issues.

The proposed framework does not reject any existing intervention model. It aims at giving a certain conception of safety and safety promotion in order to favour the creation of links between the different approaches and methods used in this field. It represents somehow a common thread which favours the creation of partnerships between several disciplines and sectors of society that use different intervention models, but need to collaborate to reach their common goal which is to enhance the safety of the population.

The safety promotion approach should also favour the implementation of global initiatives aimed, not only at preventing this or that problem, but also at improving the global safety of the population taking into consideration both its objective and subjective dimensions.

The mobilisation of actors and the population that is needed to promote safety should also encourage the emergence of a positive mentality within the community that favours safety as a valuable resource to preserve. This heightened awareness is more likely to place safety on the agenda of decision makers and include safety in their decision-making criteria.

7.   References

Augoyard, J.-F. *Pas à pas. Essai sur le cheminement quotidien en milieu urbain.* In *:* Allet, C. (1979) *Au-delà de la sécurité : la vie sociale.* Actes du Congrès « Vivre et circuler en ville ». 29-31 janvier 1990. Seuil, Paris. pp. 275-280.

Benedict, H. (1992) *Virgin or Vamp : How the Press Covers Sex Crime.* New York. Oxford University Press.

Else, J. F., Walker, S. E. (1978) *Community Assessment Scale : The State of the Art.* J. of Sociology and Social Welfare. 5(3):299-315.

Forde, D. R. (1993) *Perceived Crime, Fear of rime and Walking Alone at Night.* Psychological Reports. 73(2):403-407.

Hayes, E. R., Carter, S. V., Carroll, M. C., Morin, K. H. (1996) *Managing Fear Associated with Nursing in Urban Environments : First Steps.* Public Health Nursing. 13(2):90-96.

Levaque Charron, R., Cardinal, L., Lavoie, M., Maurice, P., Paradis, F. (1998) *Étude exploratoire visant l'identification d'outils permettant d'apprécier le niveau de sécurité d'une communauté.* Direction de la satné publique de Québec, Équipe Sécurité dans les milieux de vie. 63 pages et annexes.

Maslow, A.H. (1968) *Toward a Psychology of Being.* Van Nostrand, New York, 1968.

Maurice, P., Lavoie, M., Chapdelaine, A., Bélanger Bonneau, H. (1997) *Sécurité et promotion de la sécurité : Aspects conceptuels et opérationnels.* Maladies chroniques au Canada, 18(4):199-206.

Schelp, L. (1987) *Epidemiology as a Basis for Evaluation of a Community Intervention Programme on Accidents.* Karolinska Institutet. 67 pages and 5 papers.

Sehier, J.-L. (1990) *La lutte systématique contre l'insécurité routière à Lille.* Actes du Congrès « Vivre et circuler en ville » Paris, 29-31 janvier 1990. pp.260-263

Svanström, L. (1993) *What is a Safe Community and How Can we Plan a Community Safety Programme ?* Background Paper for The Fourth Travelling Seminar on Safe Communities : How to Create Supportive Environments for Safety. Karolinska Institutet. KI VIT Rapport 298. 25 pages.

Svanström, L., Andersson, R. (1998) *Critical Factors Required for the Successful Mobilisation of Communities to Enhance Safety.* Seminar on Safety Promotion : Conceptual and Operational Aspects. Québec. 5-6 February 1998. 7 pages.

United Nations Development Program (1994) *Human Development Report 1994.* Oxford University Press, New York.

World Health Organisation (1989) *Manifesto for Safe Communities. Safety - A Universal Concern and Responsibility for All.* First World Conference on Accident and Injury Prevention, 12 pages.