



## **Building Safer Communities:**

A national programme to reduce crime and increase community safety in Scotland

## **Phase Two: Reduce Injury**

This phase of the Building Safer Communities Programme seeks to significantly reduce the harm caused by unintentional injury in Scotland.

## **Note of Scoping Event: 28 August 2014**

### **About this Event**

This event brought together over 30 practitioners from across Scotland to discuss the shape of Phase 2 of the Building Safer Communities programme. This note summarises the discussions.

### **Discussion: Defining Unintentional Harm**

Participants discussed how 'unintentional harm' should be defined for the purpose of Phase 2 of this programme. Key issues emerging included:

- **Using the term 'unintentional harm'** – There was general agreement that 'harm' was preferred to 'injury'. This definition allows a wide spectrum of harm from the less obvious (like infections; smoking) to the more obvious (like road accidents and falls in the home). However, some felt that 'harm' could potentially be too wide ranging, and it would be important to be clear where the focus of the programme lay. It is also important to be clear about where self-harm fits.
- **Using plain language to describe our work** – 'Accidents' is a term that is easily understood by the public, but one which many organisations have been trying to move away from given the implication that accidents could not have been prevented.
- **Focusing on prevention** – There was agreement that focusing on prevention was vital. Participants felt that it was important to focus on root causes, vulnerability and risk – not just the symptoms and actual harm.
- **Psychological harm** – Participants felt that it was essential that the definition of harm included psychological harm. There was agreement that there needs to be a strong evidence base. But it is harder to get measurements and evidence about psychological harm than about physical harm.

There was a surprising degree of consensus around a definition like:

*'Predictable and preventable unintentional physical or psychological harm'.*

Participants felt that it would be helpful to start the programme with a broad definition, and agree the detailed focus as the programme develops – working jointly with partners.

### **Discussion: Focus of the Programme**

Participants felt that programme should focus on:

- **Tackling risk and vulnerability** – Participants felt there was a need to focus on those issues which are driving wider inequality. The programme should be targeted on the most vulnerable. It should target specific ages and groups to address highest risk. It should move towards prevention, instead of reaction.
- **Being evidence based and outcomes focused** – The programme should be led by shared evidence, including evidence about what works. It should be clear about intended outcomes, and progress should be measured from the start.
- **Linking to existing activity** – The programme should build on things that work. It must also feed into the wider BSC programme.
- **Some early wins** – The programme should encourage early collaboration about what is most preventable – to demonstrate that this approach can make a difference tomorrow.
- **Supporting resilience** – The programme should help build greater community resilience (so that people take responsibility for their own safety). Community and place are important, and should be part of prevention strategies.
- **Building a positive culture** - Culture is very important. How we tackle unintentional harm is as important as what we do. It is important that people are supported to understand risk, without becoming overly risk averse.
- **Key themes** – It may be useful to split any thematic areas of work under the headings of Home Safety, Road Safety and Outdoor Safety, recognising that there are cross cutting themes and target groups across all three. However, there is a need to also include mental health and other harm areas e.g. social isolation.

### **Discussion: What difference should the programme make? In five years, how will we know we have been successful?**

- **We should be clear what we want to achieve** – Unintentional harm should reduce; inequalities in harm should reduce; communities should be more aware of unintentional harm; communities should change their behaviour; and we should achieve this in a way which is efficient through working together and sharing our data effectively. Communities should better understand unintentional harm, but should not become risk averse.

- **The difference must be measurable** – We must have key indicators and outcomes before we start so that we know if we are being successful. It would be sensible to develop a logic model for the programme. We have evidence which will help to show whether we have been successful – but we may need to develop this. There was some doubt about whether we measure the right things just now and a feeling that there are some gaps in current data. We need clear indicators of risk across a range of injuries and harms and a clear strategy for how to target overlapping groups and ‘outlying’ populations. Data sharing between organisations should improve.
- **It should be clear how we can all contribute** – There should be clear pathways mapped out for all organisations and agencies. Phase 2 of BSC should develop a good reputation as an effective programme which will attract buy in from other organisations.
- **We should target inequalities** – We should reduce inequalities through specific targeting of highly risky groups who tend to be known to numerous agencies; and through targeting geographical areas where risk is highest. We need to ensure that this approach doesn’t miss rural isolation and inequality.
- **We should have more understanding of how to tackle unintentional harm** – In five years we should be clearer about what early interventions are required to stop harm and be able to have some influence on what early interventions are needed.

**Discussion: What are your hopes and fears around this programme? What needs to happen to reduce fears and realise the hopes?**

Participants hoped that the programme would:

- **Build on what exists** – Understanding what has been successful both in Scotland and internationally. This should be accompanied by data that demonstrates what works, and makes understanding of unintentional harm more accessible. We should also learn from what hasn’t worked.
- **Raise the profile of unintentional harm in community safety** – Participants hoped the programme would put unintentional harm on the radar of more agencies and individuals. It could also provide the chance to work with more partners (such as faith groups, the business sector and others).
- **Provide strong leadership** – The programme should provide clear senior and political leadership, particularly emphasising the need for a focus on prevention. Some wanted this leadership to be accompanied by the trust to give people a free reign to just do it. It should provide a framework that can be deployed locally where there is need. However, there were tensions around accountability and need to measure outcomes.
- **Link with parenting** – Putting child safety firmly as part of early years and parenting initiatives.
- **Focus on communities** – So that the programme is not just about services and collaboration but about community resilience and confidence. It should take an asset based approach to promote changes that lead to positive outcomes.
- **Enable real joint working** – With the focus on unintentional harm reflected in community planning priorities and Single Outcome Agreements. However,

the joint working around this programme requires partners way beyond the current CPP membership.

- **Tackle inequalities** – So that there are not such clear gaps between those most and least likely to be involved in unintentional harm.
- **Be self sustaining** – The approach and way of working should be self sustaining after the life of the programme.

Participants had fears that:

- **The programme could lose focus** – The size and scope could mean that it is hard to focus effort, or the task is seen as too difficult. To address this, there is a need for a strong focus and strong political commitment.
- **Change can't be evidenced** – It may be difficult to demonstrate the good work done. The programme may be drawn into short term measurable change, rather than long term change. There's a danger we focus on using the data we have to demonstrate change, rather than the data we need.
- **Change is not transformational** – There was concern that we don't understand the enormity of what we are trying to do, and there is a lack of courage to break the old paradigm.
- **We don't build on what works** – We need to build on what works, rather than becoming too focused on doing new things. We need to make sure we don't spend too much talking, instead of making the most of opportunities.
- **Communities aren't involved** – The focus on outcomes may become too distant from communities and individuals. Communities might be excluded from decision making.

**Discussion: How should the programme work? What types of support and opportunities should it provide?**

The programme should involve

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- **Sharing learning and good practice** – It should include events like Learning Networks to share learning at national and international level. Getting people together to share ideas quickly can have a real impact.
- **Mapping** – Existing activity to tackle unintentional harm should be mapped quickly and simply, to ensure we build on existing activity. We should also map the contributory factors to unintentional harm – to understand the environment and context of why and where harm is occurring. Participants suggest the Health and Equalities Framework as a good example of a mapping process.
- **Evidence** – It should involve testing the value of current data, and gathering evidence on the benefits of prevention. This is important so that we can demonstrate the return on investment from preventative work.
- **Support** – The programme should support partners to change their behaviours. The approach should be based on a sustainable shift in how we work – and should avoid pilots. The programme needs to be seen as leading on unintentional harm, and engage and influence involvement from key organisations. Tackling unintentional harm needs to become part of a normal day's work.

- **Co-design** – Partners should work together to develop new policies and approaches. Communities should also involve. The programme should challenge partners who are not including others in their policy design. It should identify clear programme outcomes, and identify who is best placed to deliver these outcomes.
- **Lobbying** – The programme could lobby for any legislative change required (for example in relation to safety standards in housing, care homes or roads).

The programme should also have strong governance, terms of reference and clear lines of communications. There is a need for a group (operating under the umbrella of the BSC Strategic Board) to move this programme forward. There is also a need to consider issues of capacity – who will lead this programme and who will do the work?

There is a need to carefully consider how to convert a national programme to local action to ensure it is owned at a local level. The programme should use an asset-based, co-productive approach. It should be very closely linked to community planning. Overall, the programme needs to be courageous and aspirational.