

Case studies to support SC accreditation application

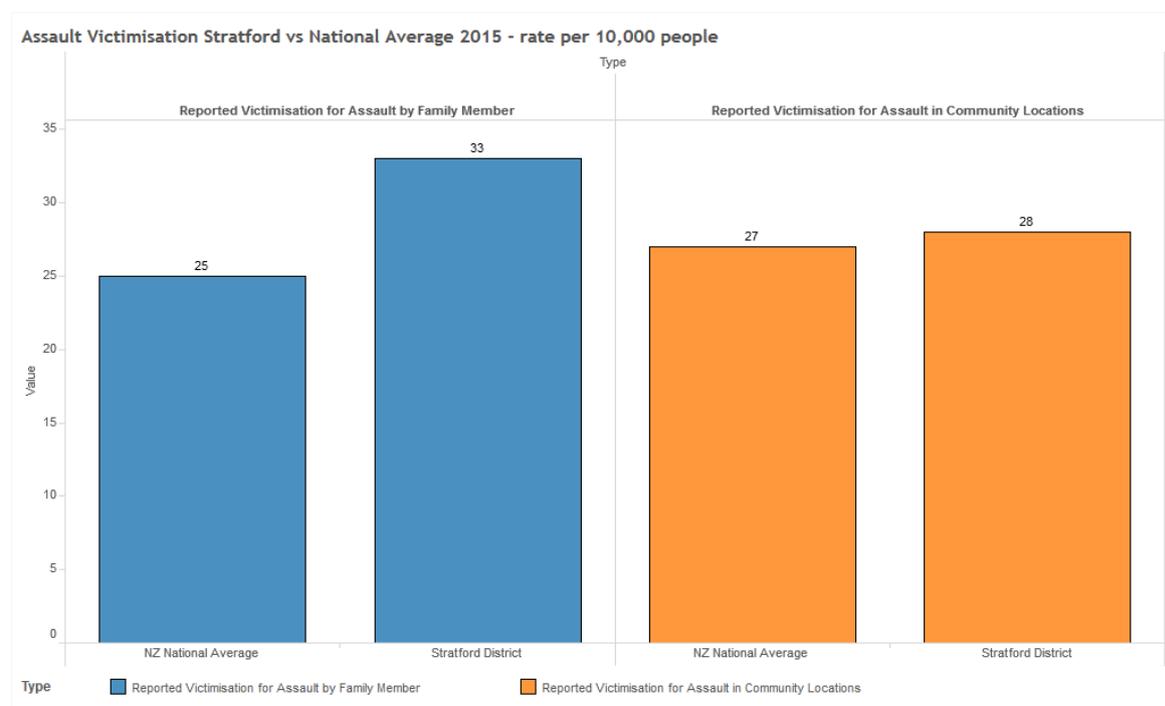
July 2016

Stratford District Safe Community

Case Study

Criteria 3: High risk group and environments

In 2012, the Central Taranaki Safe Community Trust (CTSCT) and a local social services agency, Tutaki Youth, Inc. recognised that the levels of Family violence in our area were rising and this need was not being addressed by the current services in the region.



To address this need, CTSCT and Tutaki decided to pool their resources to create a new position focused on addressing the needs of families experiencing family violence in the Stratford District. CTSCT contributed funding and was part of a steering group that included Tutaki, the Police and the Taranaki Safe Families collective to design a new role to be housed at Tutaki and supported by CTSCT.

The new role was titled Prevention Initiatives Coordinator and their role was to respond to all Police calls in regards to family violence. A trained social worker with experience working with family violence was employed in the role and responded to every family violence incident in Central Taranaki along with the Police Family Violence Coordinator. Intensive social work intervention was then offered to each of these families and they would then work with the trained social worker to address the family violence and contributing factors.

Since this position was established, family violence callouts are still high for our region, but Police report that these families are now calling the Police sooner, knowing that help is available, rather than waiting for the situation to escalate. The Preventions Initiatives Coordinator is also part of a Taranaki Collective reporting on high risk families known to frequently experience revictimisation to track these families and to coordinate interventions from multiple agencies to ensure the safety and well being of the children and parents.

Over the last 12 months the Preventions Initiatives Coordinator has responded to 280 incidents and supported 58 families with intensive social work support. This work is supported by groups run for

children and young people to identify positive alternatives to violence, as well as mentoring programs and social work support for families.

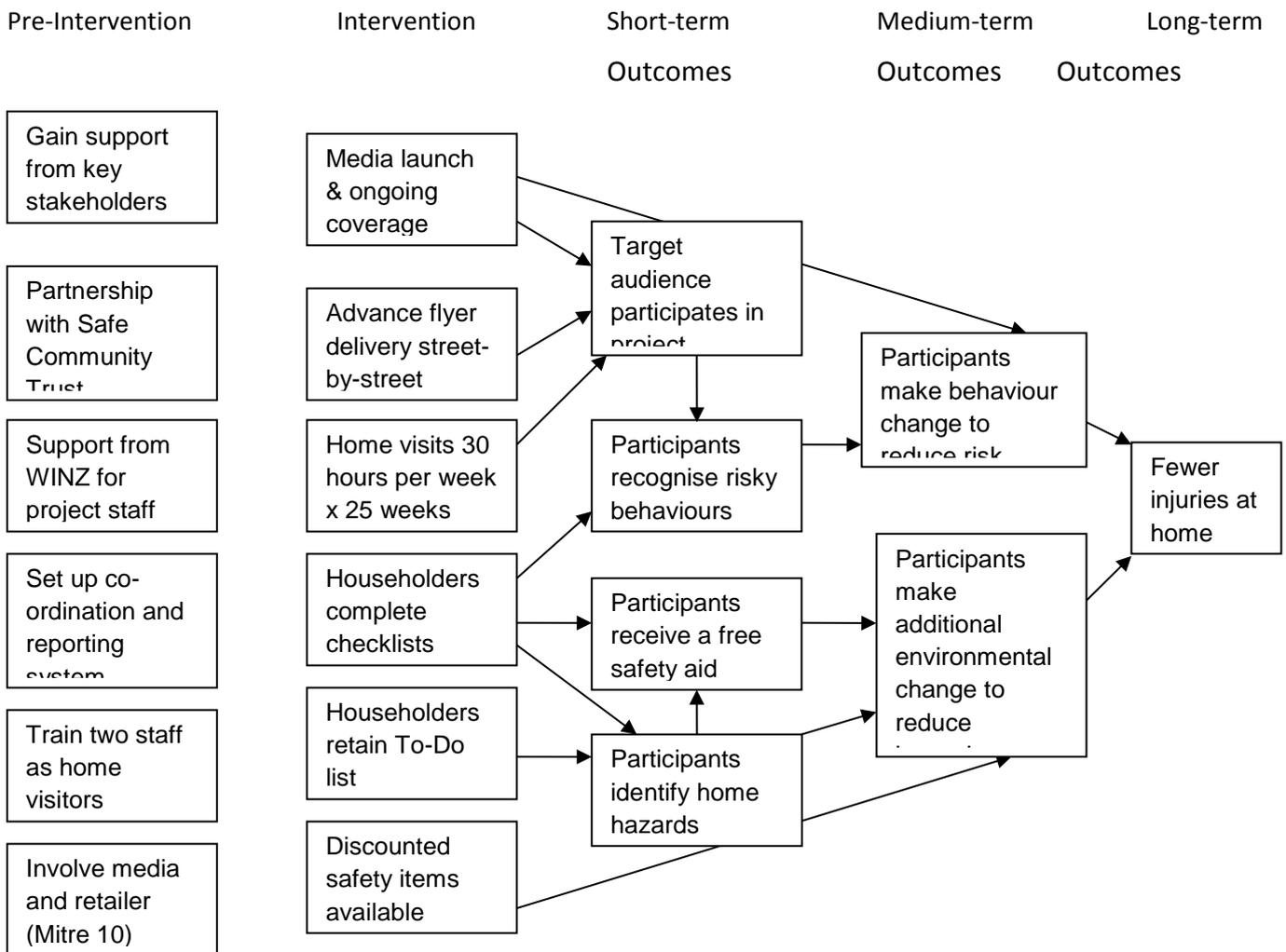
Case Study

Criteria 5: Evaluation

In 2012, the CTSC, along with ACC recognised that Falls was the major cause of injury in the Stratford District and implemented a home safety project to address this risk. The project consisted of employing 2 ambassadors for 30 hours a week for the length of the project, which was 6 months. The project engaged householders in completing a home safety checklist with the help of the 2 ambassadors. On completion of the safety checklist, the participants were given a free safety device to reinforce the uptake of practical solutions to manage risks.

During the 6 months of operation, every address in the Stratford District was visited. In total, 3,900 doors were knocked, 2,093 households were invited to participate and 687 completed the checklist.

Project Logic model was as follows:



Process Evaluation

The process evaluation assessed the quality of the content, design and delivery of the home safety information.

The key questions were:

- Did the home safety ambassadors have the knowledge and skills to deliver the project satisfactorily?
- Did the intervention reach the target audience?
- To what extent did the home safety visits engage and interest the participants?
- Did the intervention provide useful information to participants?

Delivery of the project was tracked on a weekly basis by the project coordinator and every completed checklist was forwarded to ACC and filed. Participants retained the back panel with the tear-off 'to do' list. The ambassadors completed a cover sheet for each checklist which recorded the ages and gender of every person in the household, the date of visit, the safety item left with the householder and whether a referral to the fire service had been requested. The cover sheet also listed contact details for follow-up and whether the participant wanted further information on neighbourhood support or community patrols.

A spreadsheet was developed by ACC to record the data relevant to the falls prevention project for analysis at the completion of the community trial.

Process evaluation performance standards

As this project was a trial it was difficult to anticipate what response might be expected, however based on similar approaches, the following standards were set to decide the merit of the intervention:

Intervention: Home visit including discussion and completion of home safety checklist and supply of free safety aid	
Rating	Standard expected
Excellent	Both of the home safety ambassadors believed the training they received prepared them for the job extremely well ≥90% of participants approve of home safety as a focus for a community intervention ≥90% of participants rate the home visitors as polite and helpful

	<p>≥90% of participants rate the visit either 4 or 5 out of 5 where 1 is not at all useful and 5 is extremely useful</p> <p>The project is delivered to at least 200 homes of working-age people</p>
Very Good	<p>Both of the home safety ambassadors believed the training they received prepared them for the job well</p> <p>≥80% of participants approve of home safety as a focus for a community intervention</p> <p>≥80% of participants rate the home visitors as polite and helpful</p> <p>≥80% of participants rate the visit either 4 or 5 out of 5 where 1 is not at all useful and 5 is extremely useful</p> <p>The project is delivered to at least 190 homes of working-age people</p>
Good	<p>Both of the home safety ambassadors believed the training they received prepared them for the job adequately</p> <p>≥70% of participants approve of home safety as a focus for a community intervention</p> <p>≥70% of participants rate the home visitors as polite and helpful</p> <p>≥70% of participants rate the visit either 4 or 5 out of 5 where 1 is not at all useful and 5 is extremely useful</p> <p>The project is delivered to at least 180 homes of working-age people</p>
Poor	<p>At least one of the home safety ambassadors believed the training they received did not adequately prepare them for the job</p> <p>≤69% of participants approve of home safety as a focus for a community intervention</p> <p>≤69% of participants rate the home visitors as polite and helpful</p> <p>≤69% of participants rate the visit either 4 or 5 out of 5 where 1 is not at all useful and 5 is extremely useful</p> <p>The project is delivered to fewer than 180 homes of working-age people</p>

What did we plan to do?	What did we actually do?
Train two home safety ambassadors	Training was completed over a one-week period and included sessions on fire safety and smoke alarm placement, home safety including a “Did You Know” and ACC Falls in the Home presentation and detailed discussion of the ACC Checklist, key safety points relating to wood burners and gas heaters, personal safety strategies and

	practical role play on conducting interviews with householders.
Work and Income case manager will select candidates for the ambassador positions based on person specifications provided and recommend to project co-ordinator.	Three people were recommended by WINZ and interviewed by the Trust chairman, the CIPC and the project co-ordinator. Two were selected and offered the role. One accepted and one withdrew so the third recommended person was appointed
Ambassadors complete training delivered by Fire Service on smoke alarm installation	Completed in half day session
Ambassadors complete training delivered by ACC CIPC on home safety	Completed in half day session
Ambassadors understand how to apply checklist customised for project by ACC	Completed through role play and a practice visit
Targets for completing checks are set and overseen by project co-ordinator	Central Taranaki Safe Community Trust employs a Community Safety Officer and funded extra hours for her to undertake this role. She liaised with the ambassadors on a daily basis and managed the supply of safety aids and the reporting to ACC and the CTSC Trust
Ambassadors to conduct at least 500 home safety checks by 30 June 2012	431 checks were completed by 30 June, but the project had enough funding to continue for a further ten weeks by which time 687 checks were completed.
Facilitate remediation of at least 200 hazards in homes of working age adults by 30 June 2012	We expected to complete checklists in 500 homes and that at least 200 (40%) would be homes of working age people. By 30 June there were 257 WAP homes included in the 431 visited (60%). By project end, a total of 687 homes completed checklists and 427 (62%) of these had working age residents.
Additional strategy: Safety Week promotion	Although not planned prior to the start of the project, we identified that the project end coincided with the run up to Safety Week and decided to link the media coverage to encourage further efforts by householders to complete their To Do list. The relationship with Mitre 10 in Stratford was very positive due to them having supplied all the safety devices so they were happy to discount a range of items for the whole month of October.

How well did we do it?	
Did the home safety ambassadors have the knowledge and skills to deliver the project	Both of the home safety ambassadors believed the training they received prepared

well?	them for the job adequately
Did the intervention reach the target audience?	257 households of working age people participated by 30 June and 427 households of working age people participated by project end (15 September)
To what extent did the home safety visits engage and interest the participants?	100% of respondents agreed that preventing injuries at home was a good focus for a community safety project. Comments on the two ambassadors were universally positive. They were rated 5 out of 5 (extremely polite and helpful) by 93% of a sample of 180 participants and 4 out of 5 by the remaining 7%.
Did the intervention provide useful information to participants?	Overall, the visit was rated 5/5 (extremely useful) by 63% of respondents, 32% rated it 4/5, 3.5% rated it 3/5 and 1% did not find it useful.

. Impact Evaluation

The impact evaluation assessed whether participants demonstrated a change in knowledge or attitudes and whether they made any changes to their environment or behaviour.

i) What difference did we intend?

The evaluation questions were:

- Are participants more aware of risk of injury at home?
- Are participants using the free safety aid to reduce their risk of injury?
- Have participants made any further changes to mitigate hazards in their homes?
- Have participants changed the way they do things to reduce their risk of injury at home?

Impact evaluation performance standards

Again, as this project was a trial it was difficult to anticipate what response might be expected, however based on similar approaches, the following standards were set to decide the merit of the intervention:

Rating	Standard expected
Excellent	≥85% of participants will be more aware of the risk of an injury at

	<p>home</p> <p>≥85% of participants are using the free safety aid provided</p> <p>≥60% of participants have made an additional environmental change</p> <p>≥60% of participants have made a behavioural change</p>
Very Good	<p>≥75% of participants will be more aware of the risk of an injury at home</p> <p>≥75% of participants are using the free safety aid provided</p> <p>≥50% of participants have made an additional environmental change</p> <p>≥50% of participants have made a behavioural change</p>
Good	<p>≥65% of participants will be more aware of the risk of an injury at home</p> <p>≥65% of participants are using the free safety aid provided</p> <p>≥40% of participants have made an additional environmental change</p> <p>≥40% of participants have made a behavioural change</p>
Poor	<p>≤64% of participants will be more aware of the risk of an injury at home</p> <p>≤64% of participants are using the free safety aid provided</p> <p>≤39% of participants have made an additional environmental change</p> <p>≤39% of participants have made a behavioural change</p>

ASSESSMENT OF IMPACT

Overall, the impact of the project is rated as very good, with use of the free safety aid by recipients rated excellent.

Rating	Standard expected
Excellent	<p>≥85% of participants will be more aware of the risk of an injury at home</p> <p>≥85% of participants are using the free safety aid provided</p> <p>≥60% of participants have made an additional environmental change</p> <p>≥60% of participants have made a behavioural change</p>
Very Good	<p>≥75% of participants will be more aware of the risk of an injury at home</p>

	<p>≥75% of participants are using the free safety aid provided</p> <p>≥50% of participants have made an additional environmental change</p> <p>≥50% of participants have made a behavioural change</p>
Good	<p>≥65% of participants will be more aware of the risk of an injury at home</p> <p>≥65% of participants are using the free safety aid provided</p> <p>≥40% of participants have made an additional environmental change</p> <p>≥40% of participants have made a behavioural change</p>
Poor	<p>≤64% of participants will be more aware of the risk of an injury at home</p> <p>≤64% of participants are using the free safety aid provided</p> <p>≤39% of participants have made an additional environmental change</p> <p>≤39% of participants have made a behavioural change</p>

In the follow up telephone survey of 180 participants, 159 were working age households. Of these, 95 (60%) reported making some further change to reduce their risk of injury at home. These were either behavioural change to the way they do things or environmental change to manage a hazard identified in the checklist.

50% of these 159 working-age respondents made further environmental change and 51% reported a change to the way they do things.

E.g. should the project continue? What would make it better? Who else could be involved?

This project appears to have been well designed and delivered. It was well received by the community and well supported by all key stakeholders. The trained safety ambassadors enjoyed their involvement and the Central Taranaki Safe Community Trust and Stratford District Council were rightfully proud of their involvement and the positive media coverage received.

Positive outcomes which were not included in the project plan included:

- Both ambassadors gaining full time employment at the end of the project
- Central Taranaki Safe Community Trust deciding to seek accreditation as a Pan Pacific Safe Community with support from Stratford District Council

- Stratford Mitre 10 agreeing to discount home safety aids for the entire month of October as Safety Week promotion and to encourage the community to make further change

On the other hand, the success of the project was strongly related to the exceptionally good ambassadors and the project co-ordinator and these are factors that cannot necessarily be easily replicated. Similarly, the excellent existing infrastructure and support provided by CTSC and Stratford District Council enabled smooth and efficient delivery.

The most telling success of this project was that falls in the Stratford District fell by 35% in the year 2012, then continued to rise again the following year. There are no other years we have attempted a direct intervention and this shows a positive result for having done so. It also highlights the importance of continued intervention.

Year of Discharge	Number of Discharges	Rate / 100,000 people
2009	39	428.1
2010	41	449.1
2011	35	382.1
2012	24	259.7
2013	35	379.2
2014	41	441.3
TOTAL	215	389.8