



## Approaches Applied

### **Safety Promotion and the Setting-Oriented Approach: Theoretical and Practical Considerations<sup>1,2</sup>**

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#### **Abstract**

This article deals with the development and use of the setting-oriented approach in the promotion of safety. The first part focuses on the concepts relative to safety and the promotion of safety, and provides a definition of the setting-oriented approach. The four fundamental components of this approach are outlined: (1) a holistic vision of safety; (2) intersectoral partnerships; (3) a structured planning process; and (4) community engagement. The advantages stemming from the use of this approach for communities engaging in a process to improve their safety are highlighted. The second part presents the tools developed by the public health network in the province of Quebec in support of the setting-oriented approach to promoting safety. The article also features three examples of local initiatives to improve safety, illustrating a number of successes and challenges. A discussion of theoretical and practical considerations follows, and recommendations are put forth arising from the findings.

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<sup>2</sup> Il est également possible d'obtenir la version française de cet article à l'adresse [www.crpspc.qc.ca](http://www.crpspc.qc.ca), section « Approches privilégiées » du menu principal du *Centre québécois de ressources en promotion de la sécurité et en prévention de la criminalité* (CRPSPC).

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## Introduction

Safety is a basic human need (Maslow 1968), as well as an ever-present concern in everyday life. In its 1994 report on human development, the United Nations stated that safety is a fundamental right and an essential condition for the sustainable development of societies. (United Nations Development Program (UNDP) 1994). It is also an issue that actors in many sectors of society must deal with, be they mayors of municipalities, plant managers, school principals, or police or fire chiefs. All of these actors have responsibilities in regard to public safety.

What then can be done to adequately address the needs of local communities?

Thanks to its expertise in health promotion, Québec's public health sector has become involved over the past two decades in activities aimed at enhancing public safety. Initially, it concentrated on injury prevention on roads, in the home and during leisure activities, but later became interested in other public safety questions, including violence prevention. At first, its actions targeted specific issues, such as driver protection devices, drunk driving and firearms. Eventually, however, it became increasingly aware of the need for an approach that would enable local communities to focus not only on specific problems or risk factors, but also the more global issue of safety per se, a question more closely linked to the population's concerns. This type of approach is known as safety promotion and it involves two different perspectives: one whose point of departure is a specific problem or issue that needs to be resolved (problem-oriented approach) and the other, a life setting where there is a desire to improve safety (setting-oriented approach). This article deals with the second perspective, i.e. the setting-oriented approach.

Based on our experience in Québec, we would like to highlight the advantages of applying the conceptual framework developed for taking action to promote safety and describe the lessons learned from using it, especially in crime prevention. We will first present the framework and its setting-oriented approach and then review its practical applications, particularly the tools devised for implementing it and three local safety improvement initiatives. Lastly, we will discuss the approach's theoretical and practical aspects. Although the framework was originally influenced by a public health perspective, it has been enriched over the years by other viewpoints arising from field tests requiring the participation of many intersectoral actors.

## Theoretical framework for action to promote safety

This theoretical framework was designed more than ten years ago. At the time, the World Health Organization (WHO) was supporting various safety promotion initiatives, mainly the Safe Communities<sup>4</sup> movement. There was a growing need for organizations to adopt a common language and define a theoretical framework for supporting safety action at the local level. Therefore, in the late 1990s, the Québec WHO Collaborating Centre for Safety Promotion and Injury Prevention was asked to lead a reflection process with international experts in order to propose a theoretical framework for safety and safety promotion. The framework had to include an operational definition of safety, the conditions needed to make communities safe, a definition of safety promotion and a process for promoting safety in communities. Two international seminars<sup>5</sup> were organized for this purpose.

The theoretical framework that emerged from these discussions contained the basis for subsequent work in the area of safety promotion. It is presented in the study *Safety and Safety Promotion: Conceptual and Operational Aspects* (Maurice et al. 1998), which also gives the following definition of safety: "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" (p. 6). The framework established four conditions for a community to be deemed safe:

- a climate of social cohesion, peace and equity that protects human rights and freedoms;
- the prevention and control of injuries and others consequences caused by accidents;
- the respect for the values and the physical, material and psychological integrity of individuals;
- the provision of effective preventive, control and rehabilitation measures (p. 9).

Under this framework, safety promotion is viewed as a process for acting on the environment and individual behaviours in order to develop and maintain these four conditions in communities. The framework also recognizes that safety has two dimensions, one objective and the other subjective, which Maurice et al. (1997) have defined as follows: "one being a state of reality that can be assessed according to objective behavioural and environmental parameters, herein labelled real safety (RS), and

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<sup>4</sup> The concept of Safe Communities originally emerged during the First World Conference on Accident and Injury Prevention held in Stockholm in 1989. To be accredited as a Safe Community, communities must satisfy six requirements: 1) have an infrastructure based on partnership and cooperation, governed by a cross-sectional group that is responsible for safety promotion in their community; 2) have implemented long-term, sustainable programs covering both genders and all ages, environments, and situations; 3) have applied programs that target high-risk groups and environments, and programs that promote safety for vulnerable groups; 4) have introduced programs that document the frequency and causes of injuries; 5) have developed evaluation measures to assess their programs, processes and the effects of change; and 6) participate on an ongoing basis in national and international Safe Communities networks.

See the Safe Communities indicators presented on the Web site of the Karolinska Institute:  
[http://www.phs.ki.se/csp/who\\_safe\\_communities\\_indicators\\_en.htm](http://www.phs.ki.se/csp/who_safe_communities_indicators_en.htm).

<sup>5</sup> Québec City, February 1998 and Stockholm, May 1998.

the other being a perceived state measured in terms of the feeling of safety (subjective parameter) within a population, herein labelled perceived safety (PS)."

As mentioned above, two approaches have been proposed to promote safety: a problem-oriented approach and a setting-oriented one. The first, which is the more traditional of the two, consists in identifying individuals at risk for a specific problem, pinpointing the causes of the problem and devising specific solutions. As for the second approach, it involves examining safety globally and is very useful for studying a set of safety issues in a particular setting.<sup>6</sup> Choosing one approach over the other depends on the advantages each can offer in the particular context where it is to be applied and the objectives pursued. When actions target a specific problem, the problem-oriented approach is a good option, but if the goal is to enhance safety in general, the setting-oriented approach is more appropriate.

## **The setting-oriented approach to safety promotion**

With this approach, the safety of a setting stems from the interaction of the many components of an organized system (population, physical environment, economic and technical infrastructures, etc.), each of which has one or more finalities (Maurice et al. 1998). The setting, which may be a street, park, school, neighbourhood, village or city, is the focus of all interventions, and the resources mobilized to apply the approach depend on the characteristics of the setting targeted. The setting-oriented approach has four essential features: 1) it is based on a holistic view of safety, 2) it is applied by a group of intersectoral partners, 3) it proposes a structured approach to planning, and 4) it involves the population.

### ***Holistic view of safety***

Adopting a holistic view of safety is justified by the complex nature of safety itself. Indeed, safety involves a multitude of issues that have to be taken into account; moreover, these issues are interrelated and often share the same determinants. Therefore, the question of safety must be approached from a global perspective to ensure that coherent solutions are applied. To that end, WHO recommended in its World report on violence and health that links between different types of violence be used to maximize the impact of proposed measures (Krug et al. 2002).

For field workers, taking a holistic view of safety optimizes the chances that they will read the safety issues affecting a setting as a whole more accurately. Interventions will be chosen based on the interaction of the issues defined and the actions proposed. For example, if measures are taken to

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<sup>6</sup> A physically or socially organized space with one or more finalities. Each setting is made up of many components (population, physical environment, economic and technical infrastructures, etc.), each of which fulfils a specific function. These components influence each other according to rules that are not always well known (definition based on Green et al. 2000 and Maurice et al. 1997).

increase the number of people who frequent a park and the surrounding area with a view to enhancing the feeling of safety, authorities should also consider the road safety issues that might arise as a result.

### ***Intersectoral partnerships***

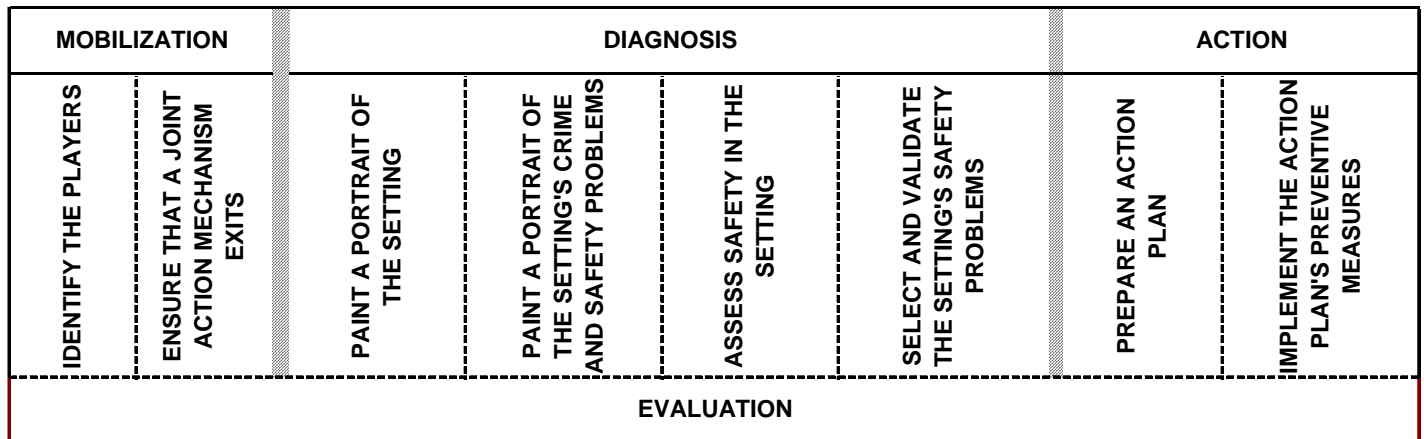
Tackling a complex reality that concerns numerous players requires intersectoral partnerships, especially because no one sector or organization has all the expertise and tools needed to truly understand and act on all the dimensions of safety. To improve safety in a setting, one must be able to capitalize on and maximize the setting's strengths, and intersectoral partnerships are very useful for this purpose. Even though creating such partnerships is demanding, it can boost available resources and generate synergy (Rosenbaum 2002; Nilsen 2006). The partners' diverse viewpoints lead to a more global understanding of the issues involved and foster a common vision of the situation in a given setting (Nilsen 2006). Although there has not yet been a thorough evaluation of the partnership approach, it is highly recommended to crime prevention for it helps to promote a holistic view of crime and decompartmentalizes interventions (Crawford 1998). In its World report on violence and health, WHO recognized the role played by partnerships in preventing violence. They can improve the effectiveness and organization of interventions and increase available resources (Krug et al. 2002). Moreover, they are a basic principle of the Safe Communities movement (Turner et al. 2007) and crime prevention (Paquin 2005; Rosenbaum 2002).

It is not easy to form true, effective partnerships. Therefore, it is important to share a common language likely to interest all of the parties that can contribute to improving safety. It is also important to use a structured approach.

### ***Structured approach***

On account of its intersectoral nature and holistic view of safety, the setting-oriented approach can be somewhat confusing to apply unless certain guidelines are available. How does one decide, for example, what steps should be taken first and what issues should be considered action priorities? A structured approach to planning interventions has been proposed to support the entire process, right up to the implementation of actions consistent with the needs and problems identified in a setting (Figure 1). This approach involves a logical series of steps that must be taken to determine what prevention activities should be carried out in a particular setting. It makes it possible to streamline decision making, reach agreement among partners more easily and move toward more effective solutions adapted to the setting concerned (Loos et al. 2001; Hawkins et al. 2002; Pineault and Daveluy 1990). Since the setting-oriented approach to safety promotion proposes a logical process, it enables partners to plan the contribution they will make during each of the steps involved (Loos et al. 2001).

Figure 1 The structured approach used in the setting-oriented approach



In practical terms, this structured approach involves four phases:

### 1. Mobilization

In this phase, interested partners are mobilized to make them aware of the importance of safety as a determinant of quality of life in a setting, and bring them to work together to complete the next phases in the structured approach. The goal may be to create a new structure in the community (working group or committee) that focuses specifically on the issue of safety or to make use of a pre-existing structure, entrusting it, for example, with the mandate of improving public safety.

### 2. Safety diagnosis

This next phase consists in making a diagnosis of the setting's safety through a rigorous analysis of information on its socio-economic determinants, available resources and the safety problems that affect its population (crime, incivility, feeling of insecurity, fear of crime, etc.). A transversal analysis of the data must be done to produce a comprehensive portrait that highlights interactions among the different factors and to rank the setting's problems by order of importance. The resulting portrait of the situation is then validated by the population concerned.

### 3. Action

The third phase focuses on action, and it must be planned based on the results of the safety diagnosis. For this purpose, priority problems are examined in depth to gain a better grasp of their causes, interactions and similarities and to prepare an action plan. This plan will propose, to the community concerned, a coherent set of solutions that are centred on effective interventions and take questions of feasibility into account. Lastly, the plan must be implemented bearing in mind the characteristics of the setting targeted.

## 4. Evaluation

This structured approach is continually assessed during each of its phases. Although the type of assessment may vary somewhat depending on the phase, a process-based assessment is required during the first three to determine whether the strategic conditions and techniques used are suited to the objectives set. During the first phase, for example, the assessment explores what type of obstacles might interfere with mobilizing the various actors and why such obstacles may arise. Generally speaking, however, the assessment looks at what activities have been carried out in relation to those originally planned. In particular, it examines whether the results observed correspond to those anticipated, what difficulties were encountered and if deadlines and cost targets have been met, with a view to determining if correctives should be taken. It also determines whether the action plan prepared is consistent with the safety diagnosis.

Once the measures in the action plan have been implemented, their impact also has to be assessed. This involves establishing whether the actions have been successful and had an affect on public safety. Specifically, it means looking at whether goals have been achieved, if real safety and the feeling of safety have been enhanced, and what other impacts can be observed. In any event, this part of the assessment process provides lessons and additional information for future users of the approach.

### ***Public participation***

As suggested in the *Ottawa Charter for Health Promotion*,<sup>7</sup> public participation in health promotion is based on the recognition that citizens must contribute to setting priorities for issues that concern them directly, play a role in decision making and be part of the strategies designed to address these issues (World Health Organization et al. 1986). Like the Safe Communities movement, the setting-oriented approach sees citizens as full-fledged players in matters that affect their safety and thus acknowledges the important contribution they can make to improving safety (Maurice et al. 1998). Even though public participation is sought in every phase of the structured approach applied under the setting-oriented approach, it is especially necessary for making safety diagnoses and validating the priorities defined. And although public participation poses major challenges, it also offers numerous advantages (Loos et al. 2001). Specifically, it ensures that safety diagnoses are in keeping with citizens' concerns, which stem from a combination of factors: the setting's demographic structure, victimization experience in the setting, private interests, influence of the media, and so on. Taking these concerns into account is very challenging, as rigorous analysis is required to identify those that reflect common interests and to propose solutions acceptable to the community as a whole. Lastly, enlisting the public's direct involvement in the process helps them to develop a sense that they are part of it, and this in turn

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<sup>7</sup> The *Ottawa Charter for Health Promotion* was adopted in November 1986 at the first International Conference on Health Promotion. It is a foundation document that has guided public health action for over two decades. The Charter provides a definition of health promotion and identifies five types of action for promoting public health: building healthy public policy, creating supportive environments, strengthening community action, developing personal skills and reorienting health services.

anchors it more firmly in the community and ensures its sustainability (Nilsen 2006; Hawkins et al. 2002).

In short, the setting-oriented approach is very useful for helping decision makers identify priority safety issues in specific settings. In particular, it makes it possible to:

- mobilize communities around the positive issue of safety;
- better understand the interaction of various related phenomena (e.g. the link between fear of crime, acquiring a firearm and the injury hazard posed by the weapon for household members and the people around them, etc.);
- integrate the different efforts made in a community to enhance safety (e.g. youth recreational activities and vandalism prevention, etc.);
- put forward global solutions that address an entire set of safety problems in a given setting (e.g. improving lighting and signage in a park in order to reduce the risk of falls and assaults, increase users' feeling of safety, etc.).

## **Application of the setting-oriented approach in safety promotion in Québec**

The theoretical framework and the setting-oriented approach described above have generated numerous documents and projects. The next section of this article describes the different tools that have been developed and discusses three local safety enhancement initiatives.

### ***Tools developed to support local initiatives***

The development of a conceptual framework for action to promote safety has enabled Québec's public health sector to contribute its expertise to a field traditionally occupied by other sectors of society concerned with the safety of local communities. It has therefore fostered links with these sectors, as shown by the tools described in Table 1. These tools include a guide for municipal actors, two knowledge transfer projects (resource centre and training program), a survey methodology and a safety diagnosis tool kit. All of these tools are made available at the resource centre as soon as they are completed.

Table 1 Main tools developed to support safety promotion at the local level

Tool	Collaborators
<i>Safety and Safety Promotion: Conceptual and Operational Aspects</i> (1998)	Québec WHO Collaborating Centre, public health sector and Ministère de la Santé et des Services sociaux du Québec WHO Collaborating Centre on Community Safety Promotion, Karolinska Institute, Sweden World Health Organization
<i>Safety in Life Settings. A Guide for Québec Municipalities</i> (1999)	Quebec Network of Healthy Cities and Towns
<i>Charting a Course to Safe Living – Formation pour l'amélioration de la sécurité et la prévention de la criminalité à l'intention des collectivités locales</i> (2006)	Quebec Network of Healthy Cities and Towns
<i>Survey Questionnaire on Public Safety and Victimization in Life Settings</i> (2007)	Quebec Network of Healthy Cities and Towns Ministère de la Sécurité publique
<i>Safety Diagnosis Tool Kit for Local Communities</i> (under development)	Ministère de la Sécurité publique
Québec Safety Promotion and Crime Prevention Resource Centre (2004)	Ministère de la Sécurité publique Quebec Network of Healthy Cities and Towns

Following the publication of the conceptual framework discussed earlier, a guide entitled *Safety in Life Settings* (Levaque 2001) was prepared for municipalities. This was the first reference tool on the setting-oriented approach in safety promotion and its aim was to make the approach operational. Subsequently, more in-depth reflection was needed on the subject, especially to provide additional support to communities ready to take training in order to implement the structured approach.<sup>8</sup> The training consists of four modules presenting the different features of the setting-oriented approach.

At the same time that the guide for municipalities was being put out, the Ministère de la Sécurité publique (MSP) du Québec launched its Departmental Crime Prevention Policy. *Making our Communities Safer for Everyone* (2001). In accordance with its guiding principles, the policy described crime prevention as a necessity, underscored the need to adopt diversified strategies and proposed an integrated approach. Links between the public health sector and the department found expression notably in the importance attached to a global, structured approach to crime prevention. Since 2004, the department has devoted efforts to developing a territory-oriented approach similar to the setting-oriented approach put forward in the documents discussed earlier. One of the policy's thrusts is the development of local crime prevention strategies under the responsibility of regional county

<sup>8</sup> Levaque, R., Le Hénaff, L. and Maurice, P. (2006). *Charting a Course to Safe Living - Formation pour l'amélioration de la sécurité et la prévention de la criminalité à l'intention des collectivités locales*.

municipalities (RCMs) or municipalities. The policy also stresses the need to forge partnerships and prescribes a structured approach to planning preventive measures.

After the policy was launched, two pilot projects coordinated by the Quebec Network of Healthy Cities and Towns were implemented to test the proposed approach. Five others were also implemented during an MSP initiative aimed at applying the policy's local crime prevention strategies in a few Québec communities.

With a view to providing support and guidance to the communities involved, and in keeping with the Departmental Crime Prevention Policy, the INSPQ was mandated to develop three tools to help implement the structured approach to planning prevention activities:

- **Survey Questionnaire on Public Safety and Victimization in Life Settings.** This questionnaire was developed to make up for the lack of tools for assessing all of the issues covered by the safety promotion framework. The topics it addresses (victimization, social cohesion, the feeling of safety, assessment of services, etc.) target safety issues likely to be dealt with at the local level, e.g. in RCMs, municipalities or boroughs. To ensure the questionnaire meets a range of needs and territorial realities, it has been produced in three versions: a telephone version and two self-administered versions, one of which is adapted to the context of low-cost housing and the other to that of neighbourhoods. All three versions have been validated and used in real-life situations.
- **Safety Diagnosis Tool Kit for Local Communities.** This tool kit suggests topics to explore and steps to take in making a safety diagnosis for a given setting. It presents the guides and tools needed to gather data during each step and proposes ways to more readily analyze and understand the information and translate it into a diagnosis reflecting the situation in the setting concerned.
- **Québec Safety Promotion and Crime Prevention Resource Centre (CRSPC).**<sup>9</sup> This Web site, launched in 2004, provides support for the development of local safety enhancement and crime prevention strategies. It brings together a number of documents and tools (best practices compendiums, policy papers, and training, diagnostic, intervention and evaluation tools, etc.), chosen for their potential to support communities that wish to promote safety and prevent crime.

### **Examples of local initiatives**

As the guides and tools described above were being produced, they were validated with certain local communities. Three projects conducted during the validation process are presented here to show how the setting-oriented approach was applied in different contexts and conditions. In each case, we specify the location of the project, the type of setting it was implemented in and its duration. We also describe the origin of each project, the structures created to carry it out, the results obtained and the conclusions drawn.

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<sup>9</sup> [http://www.crpspc.qc.ca/default\\_an.asp?fichier=accueil\\_an.htm](http://www.crpspc.qc.ca/default_an.asp?fichier=accueil_an.htm).

## ***A metro station in Montréal***

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Location	Metropolitan area
Year	1999-2000
Body in charge of the project	A community organization that received funding to sponsor the project
Origin of the project	Under the leadership of the municipality, a safety committee was created and a grant awarded to a local organization to conduct a pilot project aimed at testing and evaluating the approach proposed in the document <i>Safety in Life Settings. A Guide for Québec Municipalities</i> . The theme of the project was "Young people and public places."
Type of setting	The pilot project was confined to an intermodal terminal and the metro station partly because young people congregated there.
Structure and leadership	Following a commitment from the city and the police department, various sectors interested in the problem targeted by the project or in the issue of safety took part in this initiative. Local residents and actors from public transit, public health and community organizations got together and formed a committee.
Implementation	The committee met once a month for about a year, during which it made a safety diagnosis, proposed solutions and drew up an action plan. Although the main safety issue that seemed to affect the setting at the beginning of the project was the large number of young people and criminal gang members who congregated there, the committee's work (especially the diagnosis) identified other, just as serious safety issues. The diagnosis enabled the committee to move beyond a limited view of the problem in the metro station to a much broader view that took into account several aspects of safety. In addition to the gathering of young people, the diagnosis highlighted the feeling of insecurity, violence and the risk of collisions. The committee therefore sought solutions to all of these problems and proposed an action plan. After taking stock of activities in the setting, the committee defined a series of passive measures (physical layout) and active ones (patrols, regulations, surveillance, resident participation, etc.), each of which targeted more than one problem. Many of the solutions advocated had already been incorporated into plans for laying out a new terminal. Since the committee had only recommending authority, it submitted its action plan to the city. The assessment of this project focused on how the approach proposed in <i>Safety in Life Settings. A Guide for Québec Municipalities</i> was implemented.
Conclusions	<ul style="list-style-type: none"><li>▪ The conceptual framework included in the guide enabled the committee to consider safety in the setting as a whole rather than to simply focus on the most obvious problem. Therefore, the solutions recommended covered a much broader range of issues than simply the problem of young people congregating in the setting.</li><li>▪ The project demonstrated that it is possible to apply a setting-oriented approach and enlist the participation of such diverse partners as a transit agency and local residents. However, since the committee was only able to make recommendations, it could not implement the measures it proposed.</li></ul>

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## ***A regional county municipality (RCM) in Québec***

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Location	Regional county municipality (RCM), comprising 20 municipalities
Years	2004-2007
Body in charge of the project	The regional county municipality (RCM)
Origin of the project	The project in this RCM was one of five pilot projects conducted to implement, in a few Québec communities, local crime prevention strategies as advocated in the crime prevention policy of the Ministère de la Sécurité publique (MSP). <sup>10</sup> On the initiative of the MSP (a proposal made to the municipalities and the RCM), a memorandum of understanding was signed by the RCM and the MSP. According to the project schedule, stakeholders were to be mobilized and a committee set up during the first year, while a local safety diagnosis, action priorities and an action plan were to be drawn up during the second year. The third and last year was to be devoted to taking action and assessing the approach.
Type of setting	The territory of this RCM is rural and semi-urban, and the population of each of its 20 municipalities does not exceed 10 000. The project was carried out at the level of the RCM.
Structure and leadership	A local coordinator was hired and a crime prevention committee formed, bringing together stakeholders from the municipal, economic, associative, community, social health, public safety and education sectors. The warden of the RCM acted as project leader.
Implementation	Even though this was one of the first pilot projects to complete its safety diagnosis, it took it 18 months to do so, or longer than originally anticipated. The work was carried out using some of the tools from the safety diagnosis tool kit (under development), and through discussion groups with three population sub-groups in three different parts of the RCM. Four problems were selected as action priorities on the basis of the diagnosis: intimidation of the population related to marijuana growing operations, domestic violence, violence and intimidation among young people, and older adults' feeling of insecurity towards young people. It was decided that a committee would be set up for each priority and be mandated to explore the problem in greater depth and prepare a preliminary action plan. This project is currently being assessed, along with the other pilot projects.
Conclusions	<ul style="list-style-type: none"><li>▪ This pilot project was characterized from the outset by the successful mobilization and active involvement of the political and administrative authorities of the RCM.</li><li>▪ Making safety diagnoses proved to be a complex process requiring methodological support. The safety diagnosis tool kit was developed for this purpose.</li><li>▪ One of the repercussions of this project is that crime and safety issues are now taken into account in the RCM's files.</li></ul>

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<sup>10</sup> This project illustrates the territory-oriented approach, which is a geographical version of the setting-oriented approach used in safety promotion. The territory-oriented approach is applied by local governments, responsible for a given area.

## ***Low-cost housing***

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Location	Medium-sized municipality in Québec
Years	2004-2006
Body in charge of the project	A community organization responsible for establishing or re-establishing harmonious relations among citizens through educational activities and user-friendly conflict-resolution mechanisms
Origin of the project	After several years of ad hoc interventions with tenants of low-cost housing owned by the city, the municipal housing bureau asked a local organization to develop a global, concerted approach. This led to the implementation of this project aimed at improving safety and the feeling of safety in the city's low-cost housing units.
Type of setting	30 sectors (1 429 housing units) under the jurisdiction of the city's municipal housing bureau
Structure and leadership	A project coordinator and an outreach worker, in partnership with the municipal housing bureau
Implementation	In addition to mobilizing the residents of the 30 low-cost housing sectors and local stakeholders, the first year of the project involved identifying safety problems experienced by the residents and finding solutions. For this purpose, the community organization in charge of the project gathered data through key informant interviews, discussion groups and a survey questionnaire addressed to all residents over 18 years of age. To obtain the questionnaire and methodological support for collecting the data, the organization enlisted the cooperation of the INSPQ <sup>11</sup> and the MSP <sup>12</sup> . It also enlisted the cooperation of the Université du Québec for analyzing the data. The organization recruited 82 volunteers spread over the sectors as a whole and provided them with training to facilitate data collection among the low-cost housing residents. It was thus able to achieve a response rate of 71.4%. Following a summary analysis of the results, five sectors were selected for preparing an action plan. Unfortunately, the methodological support had to be stopped due to lack of resources, and the survey data were used therefore to only a limited extent. The project is now awaiting funding to implement the action plan.
Conclusions	<ul style="list-style-type: none"><li>▪ The partnership forged between the community organization, public agencies and the university made it possible to avoid the methodological problems that usually arise in collecting and analyzing the type of data used in this project.</li><li>▪ The survey questionnaire proved effective for mobilizing the residents of the low-cost housing units administered by the municipal housing bureau. They were involved right from the start and played a prominent role in fostering a high response rate in a context where the questionnaire was self-administered and the residents of the housing units were generally very distrustful of authority figures. However, the</li></ul>

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<sup>11</sup> Institut national de santé publique du Québec (INSPQ) / Québec National Institute of Public Health.

<sup>12</sup> Ministère de la Sécurité publique du Québec / Québec Department of Public Safety.

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questionnaire proved fairly hard to use without proper technical and methodological expertise.

- Methodological support must be offered not only while the database is being collected, entered, validated and transmitted, but also while the results are being analyzed and interpreted.
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## Discussion

The theoretical underpinnings of the global approaches used in safety promotion are derived not only from the field of public health, specifically health promotion, but also from the principles linked to crime prevention. However, although scientific evidence of the effectiveness of such approaches is increasingly put forward in a number of fields, it is usually accompanied by caveats. And even when conclusive results are achieved, it is impossible to determine which aspects of the approaches contributed to their effectiveness (Nilsen 2006; Turner et al. 2007; Guldbrandsson and Bremberg 2004). For example, an evaluation of results obtained with the approach followed by the Safe Communities movement showed that it is promising for preventing accidents of all kinds. Indeed, an assessment survey by the Cochrane group concluded there was proof the approach reduced the risk of injury among the population as a whole; however, the authors also stated that they could not establish which aspects of the approach were tied to the positive results (Turner et al. 2007). It must be said, however, that few assessments have looked specifically at the process for implementing the Safe Communities approach. A case in point, Towner and Dowswell (2002) examined ten injury prevention studies on children and adolescents and found that only two of them provided information on the process per se.

It should also be noted that the very nature of global, integrated approaches adapted to the needs of local communities makes it more complicated to demonstrate their effectiveness (Towner and Dowswell 2002). It is difficult to assess programs that use multimodal interventions and target several issues, as well as a range of clientele. Since the setting-oriented approach is adapted to the specific characteristics of a place, interventions are tailored to the situation in the setting concerned and are thus hard to duplicate (Green et al. 2000).

Despite the scarcity of scientific proof and the problems associated with evaluating complex prevention programs, experts in the fields of injury prevention as well as health and safety promotion agree on some of the principles that characterize the setting-oriented approach. A consultation of systematic study reviews has made it possible to identify certain features common to programs with positive outcomes. First, best results are obtained when actions focus on a range of spheres with different clientele and apply a combination of strategies, especially when these actions are spread over a fairly long period (Towner and Dowswell 2002; Klassen et al. 2000; Nation et al. 2003). It also seems more promising to mobilize local organizations and foster intersectoral cooperation around the general issue of injury prevention or safety than to create ad hoc partnerships for dealing with specific problems (Towner and Dowswell 2002). Successful programs are also characterized by the fact that they enlist partners' active participation in developing strategies (Klassen et al. 2000; Wright and Cheng 1998), and make use of local data so as to select interventions that take into account the profile of the

community or setting concerned (Klassen et al. 2000; Loos et al. 2001; Towner and Dowswell 2002). Lastly, public participation is recommended to ensure that people's concerns are interpreted properly and responses are adapted to their communities (Loos et al. 2001; Hawkins et al. 2002).

From an operational standpoint, the various projects launched in Québec allow us to draw lessons about and refine our perception of the use of the setting-oriented approach in safety promotion. First of all, as shown by the metro, RCM and low-cost housing projects, this approach can be very advantageous in very different settings.

The metro project highlighted the benefits of adopting a holistic view of safety. While the most visible signs of safety problems initially seemed to be associated with young people, an assessment of the situation through a safety diagnosis showed that a range of safety issues were involved. It situated the problem of young people in the broader context of safety and thus made it easier to propose integrated solutions tailored to the situation (Sergeie and Fortier 2000). In the low-cost housing project, the setting-oriented approach met the need of the community organization in charge of this initiative to better target its interventions through more global, integrated action. Moreover, in all three projects, it made it possible to define action priorities encompassing more than just one aspect of safety.

It must also be recognized that a holistic view of safety can generate a large amount of information that is sometimes difficult for communities to compile and organize. It is therefore essential to be systematic and adopt a structured approach. Although such an approach is more complicated and time-consuming, it is more likely to lead to a coherent set of preventive measures.

Even though the setting-oriented approach is very appropriate, it should also be noted that, based on the experience garnered from the different projects, it is very challenging for communities to apply. The amount of time it took the RCM to do a safety diagnosis shows just how important it is to provide communities with various types of support. Customized training, monitoring and appropriate tools are needed to guide the process and make it systematic, as illustrated by the benefits derived by the body in charge of the low-cost housing project when it sought methodological support from various public bodies. Thanks to this support, the project proponents were free to devote themselves to activities that better reflected their mission, such as recruiting and training volunteers and mobilizing the residents of the low-cost housing units.

The metro and low-cost housing projects show that it is easier to conduct a safety diagnosis and even mobilize actors in small, well-defined settings. Drawing up an action plan for an area the size of an RCM requires more work and inter-party negotiations because of the complexity of mobilizing parties, building partnerships and doing a diagnosis. Therefore, it is essential that the energy and resources devoted to the process are proportional to the size of the setting and the complexity of the situation, both in regard to the setting's safety issues and the different structures and interests found there. It is also very important to mobilize the community and form a working group made up of actors likely to influence the implementation of the measures proposed. The metro project clearly demonstrates that the various actors in a setting have to consult and cooperate with one other. Although the intermodal

terminal studied by the project was much smaller than a city, actors from more than one sector shared responsibility for the setting. To ensure the success of the safety improvement process, it is crucial to involve actors with the authority to implement measures, hence the need to enlist the participation of decision makers. For instance, in the RCM project it was necessary for municipal or RCM representatives to play a role due to their decision-making power in safety matters.

## Conclusion

The approach to safety promotion advocated in Québec makes it possible to take a global, integrated view of a wide range of problems, such as crime, the feeling of safety, road safety, domestic violence and taxing, all of which are major public concerns. It not only leads to interventions that take the dynamic relationships among different phenomena into account, but also generates savings as it allows global, coherent solutions to be proposed for a series of problems. Lastly, it makes it possible to better adapt actions to the realities of the settings concerned and to enlist the participation of local leaders, organizations and the population by assigning them a prominent role in the process.

A large number of projects based on this approach have been implemented in Québec with varying degrees of success. While they have demonstrated clearly the many advantages of the approach, they have also shown that it involves a planning process that is long and complex for communities to apply. Therefore, certain conditions have to be present.

First of all, adequate methodological support must be available. Results depend largely on disciplined application of all the steps in the structured approach, and it is essential, therefore, for communities to be able to count on methodology experts who can coach them throughout the process. Support can also be provided through practical tools (e.g. data collection, analytical and consensus-building tools) that guide project proponents as they carry out the different activities.

Stable financial and human resources are also important. Given the complexity of the structured approach and the time it takes to complete it, funding must be sufficient to cover a period of a few years. This will ensure long-term logistical support and be conducive to having a stable project team. Such stability will in turn be a guarantee of success since the project team has to be well-acquainted with the community, the organizations that work there, local dynamics, and so on. It will also guarantee the long-term presence of a coordinator responsible for applying the approach, which is an essential condition since this person ensures continuity throughout the process and is often the collective memory of the group that has been mobilized around a safety project.

Lastly, the setting-oriented approach to safety promotion requires substantial resource investment by local organizations during both the planning stage and the implementation of the ensuing action plan. It is crucial therefore that decision makers from the main sectors involved are part of the working group.

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