

Formative Evaluation:
Year One Implementation
New Zealand Injury Prevention Strategy

This document can be viewed on the New Zealand Injury Prevention Strategy website www.nzips.govt.nz

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1.0 Executive Summary

In 2003, the New Zealand Injury Prevention Strategy (the Strategy) and the New Zealand Injury Prevention Strategy 2004/05 Implementation Plan (Implementation Plan) were released. Both the Strategy and the Implementation Plan provide a framework for injury prevention policy development and service delivery activities of government agencies, local government, non-government organisations, communities and individuals.

The Accident Compensation Corporation (ACC) developed the Strategy document with extensive input from injury prevention experts, stakeholders, government officials, as well as a wide range of organisations and individuals with an interest or involvement in injury prevention. Development was guided by extensive consultation. The ACC was also responsible for co-ordinating the development of the Implementation Plan in collaboration with key government agencies, the Stakeholder Reference Group (SRG), and other relevant organisations and community groups.

A process for evaluating the effectiveness of the Strategy was incorporated into the Strategy document and the evaluation framework. A detailed framework was developed by the Secretariat in consultation with the Government Inter-Agency Steering Group (GISG), together with advice from the Expert Advisory Panel (EAP) and the SRG and a draft was released in March 2004.

It was prescribed in this evaluation framework to conduct a formative evaluation one year after implementation. This report presents the findings from this evaluation of the first year of implementation. The primary focus of the evaluation was to: articulate realistic outcomes for evaluating the Strategy; outline how implementation of the Strategy had occurred; and present stakeholders' perceptions of the Strategy's impact and usefulness.

This evaluation was carried out by the Safe Communities Foundation New Zealand (SCFNZ) with input from the Strategy Secretariat and other agencies. The evaluation was a qualitative study involving key stakeholders from government and non-government organisations. Stakeholders were selected because they had either been involved in the Strategy's development, had high level influence on its implementation, or were representatives of key organisations expected to respond to it. Telephone interviews were conducted with approximately half of the 40 participants and the rest were individual face-to-face interviews. Additionally, a Strategy framework logic exercise was carried out by the senior member of the evaluation team to develop an overall hierarchy of outcomes/impacts for the Strategy.

Strategy achievements

The Strategy was widely commended as an excellent framework and, together with the Implementation Plan, was applauded as demonstration of governments' commitment to the provision of a strategic direction for injury prevention activities in New Zealand. Strong leadership of the Strategy was considered to have occurred from the outset with the establishment of a well developed infrastructure to advise on Strategy development and implementation. This included high level government committees, a Stakeholder

Reference Group and an Expert Advisory Panel. ACC, as the lead agency, was commended for having established the Secretariat to co-ordinate implementation.

There was a high level of awareness of the Strategy at both a government and non-government agency level and a generally held belief that as a result of the Strategy there was now broader ownership of injury prevention across sectors, and a collective focus for what was important for injury prevention activities in New Zealand. Communication of the Strategy had been far reaching amongst the injury prevention workforce and of particular note was the role of the Strategy website and newsletter in the communication of the Strategy.

The Strategy was used primarily as a reference tool in conjunction with other strategies and documents. In the first year of implementation, the Strategy document was used by a few groups to guide activity, particularly in the development of their strategic, annual and business plans.

The Strategy had set the groundwork for ongoing collaboration and co-ordination. The Strategy framework had been used to inform, develop, and improve collaboration and co-ordination between government and non-government agencies, community organisations, businesses, families/whanau, iwi and individuals to achieve a positive safety culture and create safe environments for all New Zealanders. Of particular note was the collaboration activity that had occurred within injury prevention coalitions to make submissions on the Falls and Drowning Strategies.

The successful launch of the Strategy and the first Implementation Plan for 2004/05 had provided an impetus amongst the injury prevention workforce to encourage best-practice by increasing capacity and capability and delivering evidence-based injury prevention programmes.

While it was widely agreed by the majority of participants that it was too soon to assess the impact of the Strategy, participants were able to identify a range of activities that had been achieved in the first year of Strategy implementation. Recognising the limited time frame, new initiatives undertaken in direct response to the Strategy were identified. Several interventions were cited as examples of achievement. Of particular note was the launching of new strategies and action plan for four priority areas: falls, drowning, workplace and assault.

It was considered important to have in place a range of outcome, impact and process indicators that were both valid and reliable that not only measured a reduction in injuries but also measured increases in safety knowledge and behaviours, uptake of an evidence-based approach, and improvements in collaboration and co-ordination. It was also considered important by participants to ensure that valid and reliable process measures were adopted. Without this type of information, participants were concerned that any reductions in injury statistics would not be able to be directly attributed to the Strategy.

Barriers impacting on Strategy achievement

A majority of participants commended the Strategy framework in its generality and inclusiveness however, these characteristics were also found to limit the extent to which the Strategy could be applied in a practical way by some participants.

While the Minister for ACC had shown strong support and leadership for the Strategy, concerns were voiced at the lack of support and leadership role by other government Ministers and ministries. This absence of a government model for collaborative practice was cited as a barrier to achieving wider collaboration.

Both ACC and the Secretariat were considered vulnerable to political unease and a pan-government agreement was thought important to the continued implementation of the Strategy.

Four barriers to the use of the Strategy were identified. These were: resourcing and capacity issues; commitment to the Strategy: nature of models that communities work in; and a large number of other strategies. It was generally agreed that there was a need to increase the level of awareness and use of the Strategy and Implementation Plan at government, local government and the community level. Concern was also expressed by some for the need for more information on how to progress injury prevention programmes from an evidential basis.

The nature of funding for implementing the Strategy across various risk areas was also identified as a barrier. There was a strong indication from participants that more funding and resourcing was needed to increase capacity and capability in order to maintain the strong infrastructure already in place for the continued implementation of the Strategy.

Future considerations for the Strategy

A series of issues for consideration related to the continued implementation of this Strategy over the next three years were identified as part of this evaluation. These have been provided to assist all agencies including government, non-government and community agencies involved in the implementation of the Strategy to consider the areas identified by this evaluation which may require change or improvement.

- *Increased prioritisation of the Strategy at the Government level*

A key issue identified by participants was the need to secure wide political understanding and support around the burden of injury and injury prevention approaches and for the Strategy framework to be made a priority for government agencies. It was considered important that the proposed formation of a Ministerial group who had responsibility for portfolios that impacted on injury prevention and community safety would meet regularly and provide high level leadership to achieving a reduction of injuries in New Zealand. Participants considered this model of commitment could have a positive flow-on effect on government departments and agencies through to community groups working in the injury prevention field.

- *Increased practical application of the Strategy at community level*

It was suggested by participants, particularly those working at the 'coal face' of injury prevention in the community that there was a need for direction and practical application of the Strategy to enable community groups to align their already existing and future injury prevention activities to the Strategy. It was suggested that tailored information be developed to further inform the injury prevention workforce. This could necessitate further investigation to identify where the need is and the type of information required.

- *Extend communication*

The communication and dissemination of the Strategy and Implementation Plan needs to be extended to increase the momentum and effectiveness of the Strategy. This raised awareness of the Strategy, should primarily target those working in the injury prevention field. The type of dissemination techniques used should ideally be tailored to the audience receiving it. This could include facilitated workshops at a regional or local level.

- *Enhanced resourcing and leadership*

There was a strong indication from participants that more funding and resourcing was needed to increase capacity and capability in order to maintain the strong infrastructure already in place for the continued implementation of the Strategy. If the Government is serious about reducing the injury burden in New Zealand there needs to be more resources available to ensure that evidence-based interventions are sustainable. Participants noted that a major restraint to injury prevention and safety promotion initiatives was inadequate levels of resourcing. It was also noted that accountability systems should ideally include means for encouraging effective implementation, for example they could include measures specified within agencies' Business and Strategic Plans. Of particular note was the need to enhance the strong leadership role played by the Secretariat and Stakeholder Reference Group in the continued advancement of the implementation of the Strategy by ensuring the continued viability of these group.

- *Comprehensive evaluation measures*

Concern was expressed by participants that there currently was not sufficient valid and reliable indicators to measure Strategy outcomes, impacts and processes. While it was acknowledged that progress had been made to develop 'valid injury outcome indicators', further developments were necessary to establish targets and measures to aid the robustness of the evaluation of the Strategy.

2.0 Introduction

Purpose of the evaluation

This is a formative evaluation of the New Zealand Injury Prevention Strategy (NZIPS) and the New Zealand Injury Prevention Strategy 2004/05 Implementation Plan, Rautaki Arai Whara o Aotearoa involving key stakeholders from government and non-government organisations. Stakeholders were selected because they had either been involved in the Strategy's development, had high-level influence on its implementation, or were representatives of key organisations expected to be responsive to the Strategy.

Formative evaluation is the collection and feedback of information relevant to ongoing planning and operation (Turner, Dehar, Casswell & McDonald 1992). As such, the information collected under the guise of formative evaluation requires elements of descriptive (What happens in the delivery of the Strategy?); process (What are the strengths and weaknesses of day-to-day operations? How can these processes be improved?) and utilisation-focused evaluations (What information is needed and wanted by decision-makers, information users, and stakeholders that will actually be used for Strategy improvement and to make decisions about the future directions for implementation of the Strategy?) Formative evaluation also questions issues such as: What's working? What's not working so well? What are the perceptions of stakeholders? As identified in the literature (Scriven 1991), in order for a formative evaluation to be successful a close relationship needed to be established between the evaluation team and members of the Secretariat. This ensured that the evaluation was soundly based and that emerging information was incorporated into the ongoing implementation of the Strategy.

The primary focus of the current evaluation was to: articulate realistic outcomes for evaluating the Strategy; outline how implementation of the first year of the Strategy had occurred; and present stakeholders' perceptions of the Strategy's impact and usefulness. This evaluation will also ensure that the Strategy is responsive to emerging information related to appropriateness and feasibility of proposed Strategy activities. This evaluation will provide the Minister for ACC, agencies and the injury prevention sector with information on:

- The success of the Year One Implementation Plan for the Strategy;
- The achievements of the injury prevention sector in terms of the Strategy's overall vision, goals and objectives; and
- The aspects of the Strategy that would be a useful focus for future considerations.

Background

The Strategy was released by the Minister for ACC in June 2003. An adjunct to the Strategy, the 2004/05 Implementation Plan was launched in October 2003. This plan outlined activities that government agencies would undertake in the period from July 2004 to June 2005, in partnership with non-government organisations and community groups, to make the Strategy a reality.

The Strategy is an expression of the Government's commitment to working with organisations and groups in the wider community to improve the country's injury prevention performance. It provides a framework for injury prevention policy development and service delivery activities of government agencies, local government, non-government organisations, communities and individuals. The Strategy sets out the Government's vision for a New Zealand where people can live free of injury while continuing to lead active and challenging lives. The Strategy will also assist New Zealand to better focus its injury prevention efforts and resources by providing a clear direction to the range of agencies, organisations, and communities which have a direct involvement or a contributory role to play, in injury prevention activity.

Development of the Strategy and the Implementation Plan was lead by the ACC in consultation with many individuals and organisations throughout New Zealand. Three advisory groups closely informed the development and implementation of the Strategy. They included: the Stakeholder Reference Group (SRG) which comprises individuals representing a wide range of injury prevention sectors (e.g. violence prevention, child injury prevention, road safety, community, research, workplace health and safety); the Government Inter-Agency Steering Group (GISG) comprising representatives of government agencies with injury prevention responsibilities and interests; and an Expert Advisory Panel (EAP) comprising individuals with expertise in injury prevention research or strategy development. These stakeholders, who were involved in the development of the Strategy, continue to have a role in its implementation.

Formative evaluation of the Strategy is led by Safe Communities Foundation New Zealand (SCFNZ) with input from the Strategy secretariat.

Report structure

The previous section (executive summary) and this section (introduction) outlines the rationale for a formative evaluation approach, defines terms and presents an overview of the report. Section three describes the methods used to complete this formative evaluation of the first year of implementation of the Strategy.

Sections four, five and six present the formative evaluation findings. An overview of the development and the implementation of the Strategy is presented in section four. This was informed primarily through a comprehensive review of the documentation of the Strategy's development for the period up to July 2005.

Analysis of findings from key informants is presented in section five. This section focuses on participants' perceptions of key themes for measuring the success of the Strategy. A brief discussion on the ultimate outcome and impact measures – a reduction in injury deaths and serious injuries and improvements in safer environments and the development of a positive safety culture is also included here. The discussion primarily focuses on participants' views of the need for valid and reliable outcome, impact and process indicators. The indicators identified were:

- To establish a nationally co-ordinated approach to injury prevention.
- To improve understanding of injury prevention issues amongst all sectors of the community.

- To encourage a collaborative and co-ordinated approach to injury prevention activities across all agencies.
- To ensure best-practice is applied to injury prevention activities.
- To give impetus (including resourcing) for new development of and/or extension/modification of injury prevention interventions.

Section six presents an overall hierarchy of evaluation outcomes for the Strategy based on information provided by key informants together with the development of framework logic by the evaluation team. This section begins by presenting a theory for how the Strategy was intended to impact on injury prevention activities. It then outlines a hierarchy of outcomes and identifies five key evaluation measures that participants considered essential for achieving the Strategy's objectives, goals, and ultimate vision of 'A safe New Zealand, becoming injury free'.

External consultation on this report

The first draft report was sent to the Strategy Secretariat and other key stakeholders, including many of those who participated in the interviews, for their comment and input. A final draft was provided to the Strategy Secretariat for feedback and comment. SCFNZ recommends that the Secretariat ensures that this report is made available to the Minister for ACC and members of the SRG, GISG and other key stakeholders

How to read this report

Definition of the Strategy

The term **Strategy**, as referred to in this report, includes:

- The Strategy documents New Zealand Injury Prevention Strategy (Rautaki Arai Whara o Aotearoa) and New Zealand Injury Prevention Strategy 2004/05 Implementation Plan (Rautaki Arai Whara o Aotearoa).
- The infrastructure that supports the Strategy. This infrastructure includes the Stakeholder Reference Group (appointed by the Minister for ACC), Government Inter-Agency Steering Committee, the Expert Advisory Panel, and the co-ordination of the Strategy through the ACC with the Strategy secretariat.

This broad definition reflects the way interviewees described the Strategy and its impact. While the interview schedule (see Appendix one) led interviewees to focus at some length on the Strategy documents, participants responded to the broad questions on the Strategy's impact by using this wider notion of the Strategy. Where there is a distinction in the way certain questions were responded to, this is clearly stated within the report.

Judgements on injury prevention interventions/programmes

It is outside the scope of this evaluation to provide evaluative information on injury prevention programmes. The purpose of this evaluation is to focus on the Strategy and how it has supported action, rather than on the effectiveness and appropriateness of specific interventions.

Participant perspectives

It is important to note that stakeholders within this study do not necessarily represent the full diverse range of organisations and groups working in the injury prevention field. Rather, they are a selection of individuals who collectively possess a broad perspective on the injury prevention field and the role the Strategy has played in that.

Participant perspectives and understandings form the basis of this report. These perspectives will depict multiple experiences and views.

3.0 Methods

The primary focus of the evaluation is to: articulate realistic outcomes for evaluating the Strategy; outline how implementation of the Strategy had occurred; and present stakeholders' perceptions of the Strategy's impact and usefulness. As previously stated the aim of this formative evaluation is to be utilisation-focused. It therefore aims to provide the ACC with information to ensure that the Strategy is responsive to emerging information related to the appropriateness and feasibility of proposed Strategy activities. Formative evaluation of the first year of the implementation of the Strategy also identifies whether the Strategy is serving the target population as planned. Essentially, this formative evaluation documents the reach and activities involved in the 2004/05 implementation of the Strategy; for example, what is being done, how, when, and perceptions of the Strategy among key stakeholders. This evaluation also examines the immediate effects of the first year of implementation of the Strategy and describes organisational and individual perceptions of the Strategy, and identifies any short-term changes in environments directly affected by the Strategy.

Both the development of the interview schedule (Appendix one) and the initial identification of participants was a collaborative effort between SCFNZ staff and the Strategy Secretariat and were subject to a piloting process. Firstly, the Strategy Secretariat named individuals who they believed should be included in the evaluation interview schedule sample. Secondly, representatives were selected from the Stakeholder Reference Group, Government Inter-Agency Steering Group and Expert Advisory Panel. Thirdly, representatives were selected from other key national and community organisations actively involved in, or aligned with, the injury prevention sector. Fourthly, participant snowballing was used by asking each interviewee who they would recommend the evaluators talk to. Interviewees were followed up and these interviews organised.

The evaluation is a qualitative study. Forty people representing the Strategy's key stakeholders were interviewed for this evaluation. All of the interviewees were contacted by phone and invited to participate in the evaluation. They were then followed up with an email confirming their interview and a copy of the interview schedule was provided. Telephone interviews were conducted when requested, other participants had face to face interviews. With permission of the interviewees, all interviews were recorded and later transcribed. The interviews for this report were undertaken from July to August 2005.

The interview data has been subjected to qualitative analysis based on emergent themes. The interview data were selected for presentation in this report because they illustrated broad thematic patterns observed across many interview transcripts or because they were an example of a unique perspective offered by participants. Data were captured either on tape or written by the interviewee. Quotes are presented in italics. Interview quotes have been retained as close to their original meaning as possible, however extracts have been presented in a format which excludes speech omissions and repetitions, as their inclusion detracts from the readability of the spoken word. Where written notes have been taken from respondents, quotes have been paraphrased.

A review of the documentation relating to the Strategy's development and implementation was conducted. While some of this material was in meeting note format the list of formal documents reviewed is supplied in the references.

Additionally, a Strategy framework logic exercise was carried out by the senior member (Dr Coggan) of the evaluation team to develop an overall hierarchy of outcomes/impacts for the Strategy (this information is presented in section six).

4.0 Strategy Development

This section summarises the key steps taken to develop and implement the Strategy up to the period 30 June 2005.

4.1 Strategy development overview

On 12 November 2001, Cabinet approved the development of an Injury Prevention Strategy for New Zealand that would establish an overall framework for action on injury prevention in New Zealand. This process was to be led by ACC which was consistent with injury prevention being a primary function of ACC, as established by the Injury Prevention, Rehabilitation and Compensation Bill, and was also a reflection of the Corporation's significant influence on injury prevention in New Zealand.

"The Government wishes to provide leadership in injury prevention by developing a New Zealand Injury Prevention Strategy - a strategic injury prevention framework. This framework will help to focus effort and resources by providing a clear direction, and avoiding unnecessary duplication and effort across agencies."
(CAB (01) 35/2)

As at 2001, ACC was one of a number of Government agencies with injury prevention responsibilities. The other Government agencies that also had an injury prevention role included the: Ministry of Health (MoH); Ministry of Justice; Ministry of Transport (MoT); Land Transport Safety Authority - now known as Land Transport New Zealand (LTNZ); Department of Child, Youth and Family Services (CYFS); and Department of Labour (DOL). In addition, various other non-government agencies including community groups, health service providers, Maori and Pacific providers, employers, unions, educational and research institutions, and Territorial Local Authorities (TLAs) played an important role in injury prevention in New Zealand.

Prior to November 2001, initial work had been undertaken by the Labour Market Policy Group of the DoL related to the development of a national injury framework. The development of the Strategy by ACC built upon this work, particularly the survey of the injury prevention activities of government agencies completed in 2000 by the DoL (ACC, 2001). ACC also utilised work undertaken by the Injury Data Review, which had also been led by the DoL (Cryer, Jarvie, Edwards & Langley, 2000). The DoL had also undertaken some initial work related to the cost of injury and had published a document called 'Aftermath', yet appeared to have very little direct involvement in the initial development of the Strategy.

Documents reviewed indicated that while there was growing commitment to injury prevention at a community and organisational level within New Zealand society, there was a risk that any resulting efforts could be misdirected towards insignificant issues and/or with strategies and interventions that were unlikely to be effective. By ensuring that a strategic injury prevention framework was in place, the Government would not only provide an important leadership role but would also help focus injury prevention efforts and resources by providing a clear direction for the sector and thus avoid

duplication. Another significant priority of Government was to ensure that injury prevention problems and interventions were researched and that the best available evidence would be made widely available to community groups and organisations.

Maori and injury prevention

The Treaty of Waitangi is New Zealand's founding document and the Government is committed to fulfilling its obligations as a Treaty partner. Central to the Treaty relationship and implementation of Treaty principles was a common understanding that Maori would have an important role in the development and implementation of injury prevention strategies for Maori. Furthermore, the Crown and Maori would relate to each other in good faith with mutual respect, co-operation and trust. The Strategy acknowledged the unique relationship between Maori as tangata whenua and the Crown under the Treaty of Waitangi. This was incorporated into the principles of the Strategy and through the inclusion of a range of specific actions that would support and promote injury prevention among whanau, hapu and iwi. Representation was also included on the Stakeholder Reference Group and the Government Inter-Agency Steering Group.

Rationale for the development of a strategy

In New Zealand, injury (unintentional and intentional) is the leading cause of death for ages 1 to 34 years, and the second leading cause of hospitalisation. Injuries currently result in approximately 1,600 deaths and 42,000 hospitalisations per year (New Zealand Health Information Service (NZHIS) 2003; Hooper, Coggan, Adams, 2003; Coggan, Langley, Dawe et al. 2000;). Injuries also account for more potential years of life lost than cancer and heart disease combined. Injury statistics also demonstrate that Maori have a higher rate of injury than the rest of the population. For example, injury has been identified as a leading cause of hospital admission for Maori aged 5-44 years (Broughton & Langley, 2000). In childhood, injury accounts for approximately 60% of all deaths and by adolescence and young adulthood, injury (including suicides) accounts for approximately 80% of deaths (Coggan, et al. 2000). Additionally, during 2003/04, over 1.6 million injury claims were accepted by the ACC (ACC, 2003-2004).

Injury is also an important cause of disability and costs New Zealand taxpayers, employers, insurers and individuals billions of dollars each year. Current evidence indicates that the social and economic costs of injury are high, approximately \$6-7 billion per year, yet many injuries and their consequences are preventable (Dyson, 2003). The impact of injury on a person, their family, their friends and the community as a whole can be devastating. Many injuries result in lifelong changes for all those involved. It was recognised by those responsible for compilation of the Strategy that the cost of injuries were far greater than treatment and rehabilitation costs alone, and that the cost of a life, of lost potential and opportunities foregone were immeasurable.

A reduction in the injury burden was the rationale for the development of the Strategy. Although injury rates in New Zealand had declined over the past decade, it was recognised that further reductions were needed. It was also recognised that there were a number of deficiencies in the current injury prevention efforts. These included:

- *Fragmentation of effort.* Given the wide range of agencies and organisations involved in injury prevention, there was potential for inconsistent messages and

unnecessary duplication of effort. Injury prevention activity needed to be integrated through co-ordination and collaboration between government agencies and other organisations.

- *Gaps in injury prevention activity.* Some important injury issues had attracted limited attention relative to their impact, e.g. falls prevention & drowning prevention. Coverage in some areas was patchy, e.g. New Zealand had a Youth Suicide Prevention Strategy, but lacked a cross-sectoral Suicide Prevention Strategy covering all age-groups.
- *Workforce capability issues.* The injury prevention workforce was diverse, often isolated and had limited access to training opportunities.
- *Quality of, access to, and dissemination of injury information.* There was a need for better, more accessible and improved dissemination of injury data and information to support injury prevention activity.
- *Lack of sustainable funding.* It was acknowledged existing funding for injury prevention activities was somewhat ad hoc.

The Strategy was developed to address these, and other issues through an approach that focused on actions to improve the infrastructure that supported injury prevention activity in New Zealand, as well as the development of national strategies to address injury priority areas (Dyson, 2003).

Committees and working groups

The Government Inter-Agency Steering Group and two advisory groups (Expert Advisory Panel and Stakeholder Reference Group) along with the Secretariat were established to support the development of the Strategy. The members of these groups closely informed the development and implementation of the Strategy.

Establishment of committees and working groups

Initially an ACC Project Team was established to oversee the development of a national injury prevention strategy. To date a Government Inter-Agency Steering Group and two advisory groups (Expert Advisory Panel and Stakeholder Reference Group) have closely informed the development and implementation of the Strategy through the provision of specific expertise and perspectives on injury prevention from a policy and operational point of view. While individual stakeholders involved in developing the Strategy have changed, representation from sector groups and government agencies continue to have a role in implementing the Strategy.

ACC NZIPS Project Team

The initial task of the Project Team led by ACC was to establish a timetable for the development and implementation of the Strategy. This team also provided input into the identification of who should be represented on the Expert Advisory Panel and the Government Inter-Agency Steering Group, and the Stakeholder Reference Group.

Expert Advisory Panel

The Expert Advisory Panel was established from the outset to provide specialised advice on the setting of objectives and targets. Members of this group provided expert, objective advice and perspectives in the Strategy's development and implementation. Representation on this panel comprised 10 individuals with expertise in injury prevention research or strategy development and was chaired by ACC.

Government Inter-Agency Steering Group

The Government Inter-Agency Steering Group (GISG) was established in 2002 to approve the overall direction of the Strategy, the targets and the key activities identified. GISG comprised senior officials from key Government agencies with injury prevention policy responsibilities whose involvement was critical to the successful development, and the ongoing implementation of, the Strategy. The membership of this group, at its inception in 2002, was as follows:

- Accident Compensation Corporation
- Department of Corrections
- Department of Labour
- Land Transport Safety Authority (now known as Land Transport New Zealand)
- Maritime Safety Authority of New Zealand (now known as Maritime New Zealand)
- Ministry of Education
- Ministry of Consumer Affairs
- Ministry of Health
- Ministry of Justice
- Ministry of Pacific Island Affairs
- Ministry of Social Development
- Ministry of Transport
- Ministry of Women's Affairs
- Ministry of Youth Development
- New Zealand Police
- Te Puni Kokiri
- Sport and Recreation New Zealand

The current membership of the GISG, as at June 2005, has been extended to also include the following:

- Civil Aviation Authority
- New Zealand Fire Service
- Alcohol Advisory Council of New Zealand
- Statistics New Zealand
- Office of Ethnic Affairs

Stakeholder Reference Group

The Stakeholder Reference Group (SRG) was appointed by the Minister for ACC, to provide comment on the choices of objectives and targets and, in particular, advice on the implementation of the Strategy. It was also the role of the SRG to ensure that the Strategy received the support and endorsement at the community level and that it had a practical application throughout New Zealand. Its membership comprised individuals

representing a range of groups within an involvement in injury prevention practice. The sectors represented on the Stakeholder Reference Group, at its inception in 2002, were as follows:

- Injury Prevention Research & Community Safety (Chair)
- Training and Education
- Older Persons
- Road Safety
- Injury Prevention Practitioners
- Pacific People
- Violence Prevention
- Injury Prevention for/by Maori
- Child Safety
- Child Abuse Prevention
- Workplace Injury Prevention
- Suicide Prevention
- Sports Injury Prevention
- Water Safety
- Agriculture
- Injury Prevention Research Funding
- Local Government
- Community

It was originally anticipated that the SRG would exist for a short period of time while the Strategy was being developed. However it was decided by the Minister for ACC to retain this group through both the development of the Implementation Plan and to help facilitate the reach of activities for future implementation plans. While individuals within sectors may have changed, the current membership as at June 2005 is still representative of the above sectors.

Strategy Secretariat

The Strategy Secretariat was established in the second half of 2003. The Secretariat is responsible for leading and co-ordinating injury prevention work under the Strategy and the Implementation Plan and for providing services for the Strategy's three advisory groups, producing the Strategy's accountability reports and collecting and disseminating information, including managing the Strategy's website. During the period covered by this report the goal of the Secretariat was to ensure that the injury prevention community took a more collaborative and co-ordinated approach to injury prevention, to discuss and debate ideas and actions and to use these ideas to achieve the Strategy's vision of "A safe New Zealand, becoming injury free".

Goals, Objectives, Principles

The Strategy was based on eleven underlying principles that the injury prevention sector identified as fundamental. Review of documentation indicates that following considerable debate at SRG meetings and at public consultation meetings a broad set of statements which aimed to guide and inform injury prevention policies and activity across the sector into the future were agreed to. These principles were also intended to

guide the injury prevention activities of regional and local government, community groups, iwi, businesses, families/whanau and individuals.

Lead role for government: central government will support injury prevention through legislation, policy, standards and resources.

Relationship with Maori: the special relationship between Māori and the Crown under Te Tiriti o Waitangi (the Treaty of Waitangi) will be recognised in the undertaking of injury prevention activity.

Collective action: injury prevention activity requires the active participation of regional and local government, community groups, iwi, businesses, families/whānau and individuals working in partnership with central government.

Personal skills and responsibility: injury prevention activity will encourage the development of personal skills and foster responsibility for personal safety and the safety of others.

Environments: injury prevention activity will encourage the creation of physical and social environments that reduce the risk of injury.

Equity: injury prevention activity will aim to reduce inequalities in injury outcomes within and between groups.

Cultural appropriateness: injury prevention activity will recognise and respond to the differing needs of: Māori; Pacific peoples; other ethnic groups; and new migrants.

Evidence-based decision-making: injury prevention activity will be based on evidence and good information, wherever possible.

Effectiveness: injury prevention activity will focus on identifying and implementing interventions that are effective and make the best use of resources (both human and financial).

Integration: injury prevention activity will be co-ordinated so that interventions will be mutually reinforcing and complementary, and avoid unnecessary duplication.

Anticipate and respond to change: injury prevention activity will anticipate and respond to changes in injury patterns, exposure to risks, population trends, and emerging knowledge about proven or promising interventions.

Document review highlighted that considerable debate occurred related to the development of the Strategy's vision of 'a safe New Zealand, becoming injury free' and its' two goals: 'achieve a positive safety culture' and 'create safe environments' before they were adopted. The development process for the Strategy also had identified 10 objectives, each of which had a set of actions. It was anticipated that these objectives would lead to achieving the Strategy's goals and vision. The ten objectives that were developed for the Strategy were to:

1. Raise awareness and commitment to injury prevention;

2. Strengthen injury prevention capacity and capability;
3. Design and develop safe environments, systems and products;
4. Maintain and enhance the legislative and policy framework supporting injury prevention;
5. Integrate injury prevention activity through collaboration and co-ordination;
6. Advance injury prevention knowledge and information;
7. Develop and implement effective injury prevention interventions;
8. Ensure appropriate resource levels for injury prevention;
9. Develop, implement and monitor national injury prevention strategies for priority areas; and
10. Foster leadership in injury prevention (Dyson, 2003).

Additionally, six areas were identified by the Expert Advisory Panel based on an analysis of injury data, as national injury prevention priority areas for the Strategy. These areas were: motor vehicle traffic crashes; suicide and deliberate self harm; falls; workplace injuries (including occupational diseases); assault; and drowning and near drowning. These six areas account for 80% of injury deaths and serious injuries in New Zealand (Dyson, 2003).

Strategy documentation, release and dissemination

Development of the Strategy involved widespread consultation and research across government, non-government organisations, community groups and individuals involved with injury prevention. The first draft of the Strategy was redrafted following feedback from the then Minister for Accident Insurance (Hon Lianne Dalziel). It was later endorsed by the other advisory groups. The revised draft Strategy document, accepted by the current Minister for ACC the Honourable Ruth Dyson, was then distributed to individuals and organisations with an interest or involvement in injury prevention in October 2002. A comprehensive public consultation, which involved a series of public workshops, including hui and fono, throughout New Zealand was undertaken to seek feedback. These were managed and facilitated by an external agency. There were a total of 95 written submissions on the draft Strategy. The agency also reviewed the consultation documents and provided comprehensive feedback to the project team with respect to re-drafting certain aspects of the Strategy. Feedback from the consultation process informed the revision of the Strategy.

In June 2003 the Strategy was released under the leadership of the Accident Compensation Corporation. As recognition of the importance of ongoing stakeholder involvement in the Strategy implementation process, ACC was responsible for co-ordinating the development of an Implementation Plan for the Strategy in collaboration with key government agencies, the Stakeholder Reference Group, and other relevant organisations and community groups. It was envisaged that the first implementation plan would take effect from 1 July 2004 and that ACC would work with government agencies to apply the Strategy across government portfolio areas. The purpose of the

Implementation Plan was to identify work items to be undertaken by these agencies in support of the objectives and actions in the Strategy.

The Strategy 2004/05 Implementation Plan was released by the Minister for ACC at the Injury Prevention Network of Aoteroa New Zealand (IPNANZ) Conference in October 2003. The Plan, for the period 1 July 2004 to 30 June 2005, listed key activities that needed to be undertaken in the first year, by the various agencies – government, non-government and community, to make the Strategy a reality. Approximately 785 hard copies of the Implementation Plan were distributed and 1,937 downloaded or viewed from the Strategy web-site between 20 October 2003 and 31 January 2004. There has been a steady level of demand since, from injury prevention providers who have become aware of the Strategy and Implementation Plan.

4.2 Overview of documentation 1st year of Strategy implementation

The following overview of nationally co-ordinated implementation in the first year is sourced from the work undertaken by the Stakeholder Reference Group and the Strategy Secretariat. Information was also provided by former and current ACC staff and the chair of the SRG as these individuals were able to provide historical knowledge related to the development and implementation of the Strategy. Participants' views on implementation are included in section five.

The Strategy document provides some detail on how implementation of the Strategy should occur. The introduction to the Strategy states that:

The Strategy provides a strategic framework for injury prevention activity. The framework is a guide for action by a range of government agencies, local government, non-government organisations, communities and individuals (Dyson, 2003).

Steps for reducing injuries are signalled in the Strategy document and the Implementation Plan by:

- The principles, goals and objectives for injury prevention, presented through the two frameworks the Strategy and the Implementation Plan;
- Examples of activities which would support achievement of these objectives;
- Examples of activity currently under way to respond to these objectives; and
- Examples of government action (planned and under way) which support the goals of the Strategy.

The Strategy was intended to provide a framework for the policy development and service delivery activities of government agencies and non-government organisations with an involvement in injury prevention. It was envisaged that central government agencies would apply the Strategy across government portfolio areas. It was also anticipated that the Strategy would serve as a resource for local government, non-government agencies, businesses, community groups, family/whanau and individuals.

Documentation produced by the Strategy Secretariat outlined processes and actions for implementation of the Strategy in the first year. The Implementation Plan identified a large number of expected results (129 in total), some required completion by the end of

2004, others were either ongoing or required action by June 2005 and beyond. Key priority areas were therefore established to enable progress to be commenced from July 2004. An action plan consisting of 44 projects that required action to commence before December 2004 was developed. These projects were identified in an action plan under the key activities which underpinned each objective of the Strategy. In addition to the establishment of committees and working groups, the following categories encompassed the key areas prioritised within the action plan:

1. Raise awareness and commitment to injury prevention;
2. Establish an evaluation framework;
3. Work with lead agencies responsible for National Injury Prevention priority areas;
4. Monitoring and accountability reporting; and
5. Specific projects that would ensure successful implementation of the Strategy.

The selected examples of actions related to each of the above five categories are provided below.

1: *Raise awareness and commitment to injury prevention*

Two actions the Secretariat undertook to achieve raising awareness and commitment to injury prevention included the development of the Strategy website and a Strategy Newsletter.

Development of Strategy Website

An initial website for the Strategy was developed in 2003 and redeveloped and launched in March 2004. The Strategy website has seen a steady increase in visitor numbers over time. Much of the increased volume can be associated with public consultations around the draft drowning and fall prevention strategies. Visits to the news and resource section have also increased significantly (refer to Table 2, p58).

Strategy Newsletter

Issue one of the New Zealand Injury Prevention Strategy Newsletter was launched in May 2004. The intention of the newsletter was to increase awareness of the Strategy and promote increased collaboration amongst agencies, community groups and individuals involved in injury prevention activity. The newsletter was aimed at all injury prevention providers, particularly those in non-government organisations. A further three issues were released for the 12 month period of this report.

2: *Establishment of an evaluation framework*

An evaluation framework for the Strategy was established in March 2004. This was developed for the Strategy by the Strategy Secretariat (representative of the lead agency) in consultation with the Government Inter-Agency Steering Group, together with advice from the Expert Advisory Panel and Stakeholder Reference Group.

Valid Injury Outcome Indicators

The Strategy Secretariat commissioned the Injury Prevention Research Unit at Otago University to develop outcome indicators for all injuries, including the six national injury prevention areas. This provides for the ability to determine if New Zealand's injury performance is improving overall and in the six priority areas. A report 'New Zealand Injury Prevention Strategy Developing Valid Injury Outcome Indicators' was presented at a public forum attended by members of the SRG and GISG and other key stakeholders in July 2004 (Cryer, Langley & Stephenson, 2004) with the final report being presented to the Secretariat in October 2004. An injury indicator is a summary measure that denotes or reflects, directly or indirectly, variations and trends in injuries, or injury-related or injury control-related phenomena.

3: *Working with lead agencies to develop and implement strategies for the six national injury prevention priority areas*

Statistics indicated that motor vehicle traffic crashes; suicide and deliberate self harm; falls; workplace injuries (including occupational diseases); assault; and drowning and near drowning accounted for at least 80% of injury deaths and serious injuries in New Zealand. These six areas were identified as national injury prevention priority areas.

Specific government agencies were to lead the co-ordination of national strategies and support action plans for those identified priority areas as part of the development of the Implementation Plan for the Strategy. The following agencies are co-ordinating national strategies for the six injury prevention priority areas that were identified in the Strategy:

- Motor vehicle traffic crashes – Land Transport New Zealand;
- Suicide and deliberate self-harm – Ministry of Health and Ministry of Youth Affairs
- Workplace injuries (including occupational diseases) - Department of Labour;
- Falls – Accident Compensation Corporation;
- Assault – Ministry of Justice and Ministry of Social Development; and
- Drowning and near drowning - Accident Compensation Corporation.

These strategies, as outlined below, are at different stages of development or implementation.

Motor vehicle traffic crashes -The Road Safety Strategy to 2010

The Road Safety Strategy to 2010 was released in October 2003 and provides a direction for road safety in New Zealand and describes the results the government wants to achieve by 2010. The implementation of the Road Safety to 2010 Strategy is being overseen by the Minister of Transport and monitored by the National Road Safety Committee. The Road Safety Strategy was previously led by the Land Transport Safety Authority (LTSA) now called Land Transport New Zealand. However following the restructure, the policy functions of the LTSA moved to the Ministry of Transport, who are now the lead agency for the Road Safety Strategy.

Suicide and deliberate self-harm: Draft New Zealand Suicide Prevention Strategy: A Life Worth Living

In April 2005 Cabinet approved the draft New Zealand Suicide Prevention Strategy that has been released for public consultation. This built on the New Zealand Youth Suicide Prevention Strategy that was released in 1998. The New Zealand Suicide Prevention Strategy is overseen by the Ministry of Health.

Workplace injuries (including occupational diseases) - Workplace Health and Safety Strategy for New Zealand to 2015

The Workplace Health and Safety Strategy was developed to provide a national vision and strategic direction for workplace health and safety over the next ten years. This Strategy was led by the Department of Labour. The draft Strategy was released in August 2004 and has undergone a public consultation phase and the final Strategy was released in June 2005.

Falls - Preventing Injury from Falls: The National Strategy 2005 -2015.

In December 2004 the Government approved the release of the draft 'Preventing Injury from Falls: The National Strategy 2005 – 2015. Public consultation on this document has been undertaken. The draft Strategy reflects the Government's aims to establish an overall vision and strategic framework for falls prevention activities of government agencies, non-government organisations, communities and individuals. This Strategy was signed off by Cabinet in June 2005 and was released in August 2005.

Assault -Safer Communities Action Plan to Reduce Community Violence and Sexual Violence (June 2004)

This Action Plan has identified a range of initiatives to combat community violence and sexual violence. This Action Plan (Ministry of Justice) and the Te Rito – New Zealand Family Violence Prevention Strategy (Ministry of Social Development) that was launched in March 2002 are two areas of strategic work being undertaken to prevent violence in New Zealand. Te Rito outlined the Government's key goals and objectives, guiding principles and a five-year implementation plan to work towards achieving the vision of "families/whanau living free from violence". The Action Plan was developed to address the "other violence including sexual violence" priority area of the Crime Reduction Strategy. Four areas have been identified as a priority of government action: attitudes to violence; alcohol related violence; violence in public places; and sexual violence.

Drowning and near drowning - Drowning Prevention Strategy: Towards a Water Safe New Zealand 2005-2015.

The main focus of the, 'Drowning Prevention Strategy: Towards a Water Safe New Zealand 2005-2015', was on reducing death and injury due to drowning. The draft Strategy reflected the Government's aim to establish an overall vision and strategic framework for drowning prevention activities of government agencies, non-government organisations, communities and individuals. The draft Drowning Strategy was released by Government in December 2004 and a public consultation on this document has been

undertaken. The Strategy was signed of by Cabinet in June 2005 and was released in August 2005.

4: *Monitoring and accountability reporting*

Development of Strategy Implementation Plan for 2005/2008

The Strategy Secretariat, together with the Stakeholder Reference Group and the Government Inter-Agency Steering Group, developed a new Implementation Plan. This Implementation Plan, which takes effect from July 2005, outlined a programme of activities and actions for the 2005/08 period that will help achieve the Strategy vision, goals and objectives. Progressing on from the first year of implementing the Strategy, key areas were identified that will require sustained action if the Strategy's goals and visions are to be realised. This new Implementation Plan focuses on seven key areas for action with examples of measures that will be used to track progress.

- Raise awareness of the burden and preventability of injury to achieve commitment to injury prevention activities, and affirm the role of the Strategy as a framework in achieving this awareness.
- Improve the skills across the injury prevention, community safety and injury prevention research workforce, through the advancement of training and career development pathways.
- Support the development of safe environments, systems and products including the dissemination of information on the same.
- Strengthen and support effective injury prevention activity at the community level.
- Maintain reductions in injury fatality rates and lower the rate of serious injuries.
- Support and monitor the development and delivery of the implementation actions of the strategies for the six national injury prevention priority areas, as well as the development of the measurement against relevant indicators.
- Reduce the risk of alcohol-related injury and encourage inter-agency collaboration on alcohol-related injury prevention projects.

5: *Specific projects that would ensure successful implementation of the Strategy*

Three selected examples are provided in this section. Additional information related to activities is covered in section 5.6 Table 2 p58.

Strategy Stocktake

A stocktake of the government and non-government agencies involved in injury prevention that have contributed to the Strategy goals was conducted in June 2004 one year after the launch of the Strategy and immediately prior to the start of the first implementation phase (Coggan, Fill & Williden, 2004). The aim of this stocktake was to provide the ACC with baseline information in relation to the Strategy objectives. This stocktake included an assessment of the extent to which the Strategy was applied as a framework for injury prevention initiatives and the level of resources and funding that were dedicated to these activities. This assessment was based on the information

provided from government and non-government agencies' knowledge of injury prevention activities.

From this stocktake the following priority work areas were identified:

- The Strategy framework would need to be made a priority for both government and non-government organisations to raise awareness of injury prevention and to inform the development of safer products, systems, and environments;
- More injury prevention training would need to be provided for those working with Maori and other ethnic groups;
- More initiatives would need to be developed to address intentional injuries;
- Further research was needed to determine why many injury prevention initiatives are not evaluated by non-government organisations;
- More funding needed to be provided for infrastructure and the six priority areas for the Strategy; and
- Funding should be provided for Safe Community initiatives to enable them to continue and expand their injury prevention and safety promotion initiatives.

Injury prevention collaboration and co-ordination

In September 2004 a workshop, organised by the Secretariat, was held in Wellington with key stakeholders in the injury prevention sector. Representation was from community organisations, central and local government, District Health Boards, and injury prevention researchers. The overall purpose of the workshop was to determine how best to integrate injury prevention especially at the community level through collaboration and co-ordination. The workshop was designed to identify challenges that impact on collaboration and co-ordination of injury prevention activities and a model for effective collaboration and co-ordination of injury prevention activity that could be adopted by local communities. The workshop was an opportunity to bring the injury prevention sector together to identify new opportunities for collaboration and to strengthen existing ones.

In addition a report commissioned by the Secretariat identifying examples demonstrating improvements in collaboration and co-ordination of injury prevention activities was completed (Coggan & McKay, 2005).

Development of a Competency Framework

A further move to improve workforce capacity and capability involved the development of a competency based qualification for injury prevention practitioners. This qualification will be one way of ensuring that the workforce is able to effectively address the burden of injury in New Zealand. The development of the programme developed out of the Strategy's call for the establishment of a formal injury prevention qualification to build workforce capacity and capability.

Representatives from IPNANZ, LTSA, ACC, the MoH and the Strategy Secretariat came together in 2004 and formed a steering group to manage the process of scoping and developing a qualification for injury prevention practitioners. This process, was endorsed within the Strategy Implementation Plan for 2004/05. The direction of the project was managed by the Inter-agency Steering Group of which IPNANZ was also a member. The steering group aimed to deliver to the workforce a formal training package that would be accessible, flexible and an effective method of achieving competency within the injury prevention fieldwork. An expert group of experienced practitioners currently working in the field have undertaken the task of drawing up a draft set of injury prevention competencies for further and wider consultation. These will form the basic building blocks of a future injury prevention qualification.

5.0 Analysis Key Informant Interviews

Section four outlined the key Strategy development processes and activities that had been undertaken to co-ordinate injury prevention activities in New Zealand. In this section, analysis of findings, relates to participants' perceptions of the extent to which the Strategy has achieved its implementation goals in the first 12 months is outlined.

5.1 Establishing a nationally co-ordinated approach to injury prevention

The first theme to emerge from participants related to how the Strategy had contributed to the establishment of a nationally co-ordinated approach to injury prevention. This section describes participants' perceptions of the key components of how the Strategy had established a nationally co-ordinated approach to injury prevention. Participants' views are expressed on the effectiveness of these components to date and on key related issues.

Strategy framework and implementation plan

Section four provided contextual detail related to the Strategy and implementation, sourced from available documentation. A thematic analysis of key informants' views on the content of the Strategy document and the Implementation Plan are described below.

Strategy framework

The Strategy framework was positively viewed by participants. All participants identified the Strategy as an important and necessary document that demonstrated a "*clear statement of commitment from government, recognising that injury is a significant issue for this country both in terms of economic costs and social costs*". Participants noted that injury prevention was not often seen as a high priority by government so the development of the Strategy had ensured that various government agencies and non-government organisations would now prioritise injury prevention activities. An overarching strategy was also considered important as it would enable the focus to become one of a co-ordinated, collaborative approach to injury prevention as opposed to being disparate.

"An overall national strategy was necessary to get a bit of co-ordination and a bit of cohesiveness. I think New Zealand is a reasonably small place and the injuries that occur are across the board so now people have an opportunity to work in a consistent manner and adapt their individual projects and programmes to their regions, therefore the national co-ordination through the Secretariat is a great idea".

The goals and objectives of the Strategy were widely seen by the majority of participants to provide a strategic direction for injury prevention in New Zealand. A key to the success of the Strategy identified by participants was to have in place objectives that would determine where the areas of need were and where the injury prevention

efforts would go. The goals and objectives of the Strategy were widely seen by the majority of participants to have provided a strategic direction for injury prevention in New Zealand. It was noted that the identification of priority areas and cross sector and cross departmental strategies had given authority and credibility to the Strategy.

Overall participants considered that an effective consultation process, that had engaged all sectors of the injury prevention community, had been undertaken on the Strategy.

"I think that the consultation phase around developing the Strategy was very good. They had 17 public consultation meetings and they had over 100 written submissions so that indicates a fair amount of buy in from a variety of people throughout the sector".

It was also acknowledged that in the endeavour to reduce injuries, this consultation process had led to the creation of strong community relationships that could have the potential to develop into networking opportunities at all levels of the injury prevention sector.

Implementation Plan

The Strategy Implementation Plan 2004/05 was released in October 2003, by the Minister for ACC. This Plan outlined the key activities that government agencies were to undertake, in partnership with non-government organisations and community groups, to make the Strategy a reality. This programme of activities that related directly to the Strategy's actions was aimed at the achievement of the Strategy's objectives. The Strategy set the framework for the Implementation Plan. Throughout the evaluation the Strategy and the Implementation Plan were often commented on by participants as if they were a generic document - comments about these two documents were often referred to collectively.

All participants supported the development of an Implementation Plan. They considered that an Implementation Plan would be essential for improving the injury prevention efforts of government, non-government agencies, community groups and ACC injury prevention consultants interacting with other agencies at the community level. It was noted favourably by participants that key members of the Stakeholder Reference Group had played a major role in the development and writing of the Implementation Plan. A major limitation of the Implementation Plan identified by participants was not in the content of the document but in how successfully the Plan was communicated to all sectors involved in injury prevention. Many respondents considered that, while the Strategy had been communicated and promoted effectively, they could not reiterate this for the Implementation Plan.

"At the time when the Strategy was being put into place there was quite a lot of communication out there but I don't think the Implementation Plan has been as effectively communicated".

It was generally noted however, that while understanding of the Implementation Plan was somewhat limited in the early stages, there had been steady improvement as the year had progressed. It was considered that this improvement related to the re-

development of the Strategy website and establishment of a Strategy newsletter by the Secretariat.

"Having a Strategy newsletter is great for keeping us informed of relevant new developments... the revised website is so much easier to understand and more user friendly".

Leadership of the Strategy

Participants perceived that ACC was ultimately responsible for the leadership role of the Strategy. However, those participants who had been involved in the early development of the Strategy, identified the then Minister of ACC, Lianne Dalziel, as the primary driver and leader of the Strategy. This role was subsequently taken up by the current Minister for ACC Ruth Dyson and therefore it was generally considered by these participants that ultimately *"it was the government that was the primary driver"* of the Strategy.

"If we hadn't had ministerial commitment I am not sure how far it would have gotten. She (Hon Ruth Dyson) has been a really strong driver in its development, in the nature of the work that has been going on as a result of it. She has been very clear about the sorts of activities she's wanted to see. We know what she thinks about it. We know what she thinks about where community organisations are. We know what she thinks about the interface between community organisations and the lead agency. She's got a very very active interest in it and she's driving it".

It was considered important for the ongoing implementation of the Strategy to foster strong leadership. Effective leadership would enable all sectors to sustain and develop injury prevention activities. The lead agency therefore was seen as needing to dedicate resources and funds to the co-ordination of the Strategy in order to influence implementation and to support long term actions needed to prevent the *"Strategy from sitting on a shelf"*.

"It does need a co-ordinator, a Secretariat some sort of body. That role needs to be resourced and funded on an ongoing basis. There is often a tendency to put it into someone's day to day work".

Participants agreed that to date ACC had provided a major leadership role in the development and implementation of the Strategy. The majority of participants acknowledged that the leadership shown by ACC was a key factor in reinforcing the success of the Strategy. As the lead agency, it was noted that ACC was able to provide an injury prevention workforce that had the expertise to drive the Strategy and actively direct change in the community.

"ACC is a driver and their workforce is very good at getting out in the community and liaising with people and talking about the Strategy".

Participants indicated that ACC had the resourcing to enable the continued facilitation of the implementation of the Strategy and considered that it was important that it retained its role as the lead agency. *"To be successful at the government level, it needs the*

leverage ACC can provide". However there were concerns expressed as to what could occur if there was a change of leadership within ACC or a change of government, as ACC could be vulnerable to the political climate of the day.

"The CEO is retiring and unless that commitment to injury prevention is carried through by the next person and the senior management of ACC injury prevention division, support for the Strategy may dwindle.....ACC needs to demonstrate a strong commitment to it (Strategy). I think the focus should be on prevention but I wonder whether that will happen, will that be the focus or will it shift back to reducing numbers in rehabilitation."

"Getting ACC to own it (Strategy) no matter what happens so if there is a change of government then ACC might be able to retain the concepts and still be led by ACC in some way".

Some participants were of the opinion that a change of government could lead to the end of support and future implementation of the Strategy. *"If ACC gets privatised then you can kiss it goodbye."* Others noted that had there been a pan-government commitment to the Strategy from the early stages this could possibly avoid a change in direction from ACC if a change in government occurred.

"Pan-government agreements – a cross party agreement to leave it alone. Political stability and making sure that it is resourced otherwise it will be difficult for ACC to maintain it. I do see that it is important that ACC remain committed to it, because if they have a change of direction because of a possible policy change at government then all this good work could just fall over".

While the majority of participants accepted and applauded the positive leadership role of ACC in the implementation of the Strategy a small number were also concerned at the lack of leadership role taken by other government ministries. It was generally perceived by the majority of participants that the only Minister fully supportive of the Strategy was the Minister for ACC and that was seen as a potential barrier to the ultimate success of the Strategy and its implementation.

"The Minister of ACC is the only Minister that was whole heartedly pushing the Strategy. I know it is her Strategy but we actually meet with the Ministry of Health who really didn't want to know".

The leadership role of ACC was not always seen as a positive one. A small number of participants expressed concern that the commercial model that ACC operated under did not fit with that of those working at the community level.

"ACC doesn't always have a very good name in the community because of the commercial business model they operate under".

Advisory groups

It was also considered that the advisory groups that had been established to work on the development and the implementation of the Strategy provided a strong leadership role.

The Expert Advisory Panel was the first group to be established and consisted of people who were considered to be experts in the field in terms of injury prevention. *"We weren't looking for policy makers or people who knew how OSH worked or ACC worked, but people who technically knew lots about injury prevention".*

This leadership role was supported by the GISG. This group involved representation from twenty different government departments and their involvement was seen as *"an important forum for getting the government agencies around the table"*. It was also considered imperative to retain this high level of commitment to the Strategy as *"unless there was buy in from this group it was thought that nothing would happen"*. Participants acknowledged that the continuing involvement of the GISG enabled a consistent approach to those government policies that impacted on injury prevention and the development of a safety culture in New Zealand. There had been some concern in the early stages that this group would be difficult to get motivated. However with strong leadership from the Minister for ACC, they met every two weeks with good attendance and active participation.

There was also disquiet raised by half the participants about how the involvement at this level of the GISG had a direct relationship to the commitment to injury prevention by some government ministries. Concern was voiced that if there was no commitment to the Strategy from other government Ministers and chief executives from those government ministries, for example the Ministries of Health and Education, activities directly related to the objectives and goals of the Strategy could be limited.

The SRG had provided inter-sectoral leadership and prioritisation of work under the Strategy. The group consisted of approximately *"22 people and they represented everyone from community service groups, to child safety, to workplace safety covering large employers, small employers and union representatives. We tried to bring together a representative group of people who could help guide the Strategy"*. A number of participants considered that it was the Stakeholder Reference Group that had taken the major role in the development of the Strategy and Implementation Plan, and especially acknowledged the strong leadership role provided by the Chair of this group.

"There have been strong champions like the chair of the SRG who have been critical to the development of the Strategy and the Implementation Plan".

Co-ordination role

In 2003, funds were allocated by ACC for Strategy management. This was used to establish and resource the Secretariat with a Manager, Senior Business Analyst, and Business Analyst (3FTE) who formed the central contact point for the Strategy, and a team administrator (0.5 FTE) position.

Participants indicated that having a secretariat was important because they had provided a critical central role which included:

- Co-ordinating injury prevention activity under the Implementation Plan;
- Facilitating collaboration of both government and non government agencies;
- Providing Secretariat services for the three advisory groups;
- Disseminating information to participants particularly through the website. *"I think the website is the main source of communication for the Implementation Plan"*; and
- Co-ordinating leadership at the government level.

"What we need from the secretariat is national leadership and we need them to provide us at community level with a strategic overview. It also demonstrates by their existence that the government is committed to injury prevention."

Some participants noted that the Strategy had achieved and maintained a high profile due to the co-ordinated and responsive efforts of the Secretariat. However, to enable effective leadership of the Strategy to continue it would necessitate ongoing funding and support of the Secretariat by the lead agency ACC. Without dedicated resourcing participants noted that the Secretariat would be unable to continue to influence implementation and support long term action and planning of the Strategy. *"ACC and the secretariat need to continue to support the Strategy"*.

Concern was expressed by a few participants, on the neutrality of the Secretariat because of its placement within ACC. While they recognised the Secretariat as being primarily responsible for the implementation of the Strategy, they considered the overall effectiveness of the Secretariat would be best demonstrated if the Secretariat became independent of ACC.

"I think it needs to be independent of ACC. I think to be able to measure or evaluate the injury prevention sector they (Secretariat) should be neutral and I don't see them as neutral. At the moment they are sitting within ACC, and ACC has quite enormous power in New Zealand over the sector. I think they might carry more weight if it's (Secretariat) seen as independent."

However, other participants were clear that the role of the Secretariat was uncompromised by being located within ACC and it was considered that all activities emerging from the Secretariat were seen as being unbiased.

"A really important thing about that the Secretariat is that it is not seen to be ACC, it is seen to be an impartial national body. Within our coalition it is seen as a separate body. I know when talking with my coalition partners they definitely see it as separate from ACC and that the Secretariat is there for everyone and to support all of us".

Generally, participants acknowledged that the Secretariat *"was doing a wonderful job with the number of people who are involved"*. However, some commented that the implementation of the Strategy was *"bigger than four or five people"* and that *"if you were going to make an impact, there's got to be a sustained group that are going to have the authority to push it at all levels"*.

It was also noted that while it was vital for the Secretariat to continue to have a strong leadership and co-ordination role in the promotion of the Strategy it was important not to lose sight that *"it is the document that you want to ensure that people will use"*.

"The Secretariat has to be quite careful on what it does or doesn't do. At the moment it has got quite a good reputation out there and is doing quite good work. If they bite off more than they can chew and loose that reputation then they have a problem because a lot of selling the Strategy is down to the Secretariat doing a lot of promotional work and being out there and being available. If they loose that then they have a problem because there are so many other strategies and the Strategy will just get sucked up into the quagmire".

Implementation of the Strategy

Section four provided contextual detail related to the Strategy implementation, sourced from available documentation. This section goes beyond the documentation to explore participants' views on the effectiveness of the communication of the Strategy and the Implementation Plan.

Communication

In early 2003 a public consultation process was undertaken on the draft Strategy. Participants considered this process had been both successful and comprehensive and had created a greater awareness and buy-in from a wide range of people.

"During the development of the Strategy we went right round the country and visited about 24 places doing workshops. We went as far as Kawakawa down to Invercargill and we also had two fono groups and three or four hui. Part of that consultation was also to create awareness and get buy-in from a whole range of people. For example in Christchurch basically everyone who had anything to do with injury prevention was invited and we ran a workshop to get from them the information we needed to develop the Strategy further".

This positive response (approximately 100 submissions) indicated a strong motivation from people with a keen interest in injury prevention to have had input into what was considered a *"high-level document."* An initial mail-out was the principal communication method for both the Strategy and the Implementation Plan. An initial run of five thousand copies was published and distributed to people who attended public consultation meetings, those who sat on an advisory group, Members of Parliament, government agencies and to those who had requested the Strategy. Other communication methods used had been the Strategy website, the newsletter produced by the Secretariat, and presentations about and distribution of the Strategy at conferences and workshops where the Secretariat or chair of the SRG had had a presence.

"They have been constantly raising the Strategy with us and in general terms we would be a group that is seen outside the injury prevention field. We have

certainly had good information about the Strategy. We have been provided with copies of the Strategy and been to different activities where it has been launched.

Generally participants agreed that the Strategy had been communicated and promoted well throughout the injury prevention field. However, there was some disquiet from a few participants on how effective the communication had been in raising awareness amongst those other than the injury prevention workforce.

"I think it was quite varied. As the Strategy was going through its final development and when it was launched there was a high level of awareness and interest particularly amongst the injury prevention community particularly members of IPNANZ and those who attended the hui and fono. I think the injury prevention community out there were looking forward to the Strategy, they had an interest in it, they thought it was going to help provide a platform to move forward. There was some interest among the agencies particularly the lead agencies. Other than that I don't think there was very widespread understanding or interest. Interest for the Strategy has been more from the community injury prevention practitioners and providers than from the agencies".

A small number of participants indicated that they would have found it useful to have received assistance in how to incorporate and use the Strategy in their planning for injury prevention initiatives in their communities. *"The document came out and there didn't seem to be a lot of information or support in how best to use it or implement it into my own practice".*

Participants also noted that while there had been a substantive effort put into communication of the Strategy they did not consider that the Implementation Plan had been communicated as effectively. Information on the activities related to the Implementation Plan was communicated to communities via the SRG, the GISG and the Strategy website and newsletters. Participants generally agreed that the continued effectiveness of implementation was reliant on the buy-in from a large variety of community providers both local and government, health practitioners, health promotion practitioners and the partners that have developed in Maori and Pacific and other ethnic communities. Initially, the general understanding of the Implementation Plan was seen as limited, but was considered to have improved over the year. In the main this was attributed to the Strategy website and newsletter.

"It is essential that ongoing debate occurs on the relevance of the Implementation Plan at both government and non-government levels. To date communication has mainly been via the website and newsletter. From when we first started, the website was getting up to 2,000 hits and now we average about 11,000 hits. This shows that some people are still downloading copies of the Implementation Plan".

It was noted by a few participants that the links and partnerships forged within the injury prevention workforce had been vital for the continued effectiveness of the Strategy implementation. Others suggested that there had been capacity issues of the injury prevention workforce due to the large number of other strategy documents that

needed their attention and therefore the Implementation Plan had taken more marketing.

"It is vital that those kind of links and partnerships continue and that there is the support for people to work at the coal-face with communities and if that is damaged in any way or there is a move away from forming those partnerships and enabling those communities to carry out injury prevention activities for themselves then that could lose effectiveness of the Strategy".

The success of the Strategy was dependent on a collaborative effort and use from a wide range of sectors including central government agencies, local government, non-government organisations, community groups, iwi, industry and individuals with an interest in reducing the injury burden. Participants gave a varied response as to whom they considered to have been the intended audience of the Strategy. Generally it was perceived that the audience was that of the injury prevention stakeholder community, however there were those who considered the Strategy to be within reach of everyone.

"It's a varied audience. It's a mixture of government agencies with injury prevention responsibilities or interests, the injury prevention practitioner, community and the organisations that they work in".

A few participants noted that the Strategy was perceived as a "high level government document" and not particularly user friendly for those unused to such documents.

"I would have liked some advice on how I would incorporate and use the Strategy in my planning and no-one really knew about that".

A concern expressed by some participants related to the number of strategies that organisations were currently inundated with. *"It is very difficult to keep the momentum going as there are a lot of strategies floating around".* Therefore ongoing well planned communication of the Strategy was of particular importance if its effectiveness would continue to be realised and thus reduce the chances of the documents ending up on a shelf.

Summary national co-ordination

The Strategy and the Implementation Plan were applauded as an excellent example of a government committed to the provision of a strategic direction for injury prevention activities in New Zealand. Strong leadership of the Strategy occurred from the outset with the establishment of a well developed infrastructure to advise on Strategy development and implementation. This included high level government committees and an expert advisory panel. The SRG was identified as having a major lead role in the development and implementation of the Strategy. ACC, as the lead agency, was commended for having established the Secretariat to co-ordinate implementation. However both ACC and the Secretariat were considered vulnerable to political unease and it was suggested that a pan-government agreement could alleviate this concern.

Communication of the Strategy had been far reaching amongst the injury prevention workforce however some doubt was cast as to whether this communication had reached

beyond this group. It was noted that the Strategy website and newsletter had played an important role in the communication of the Strategy. However it was considered the Implementation Plan had not initially been communicated as effectively as the Strategy.

5.2 Improvements in understanding and awareness of injury prevention

The second theme to emerge related to the need for the Strategy to improve understanding and awareness of injury prevention. The following section describes the way participants attributed increased understanding of injury prevention that had occurred through awareness and use of the Strategy. A section on barriers to uptake of the Strategy is also included.

Awareness of the Strategy

The selection of participants for this formative evaluation, as outlined in the methodology, was based on people who were considered key stakeholders in the injury prevention field. It was therefore anticipated that the participants were aware of the Strategy and knew its contents well. All participants in the evaluation knew of, and had mostly read, the Strategy and the Implementation Plan. Generally, participants had referred more to the Strategy than the Implementation Plan.

Participants from some government agencies noted a high level of awareness and a strong commitment to progressing the Strategy at the strategic level amongst senior management. *"There is a high level of awareness of the Strategy within the department at senior management levels."* Within the lead agency, it had been observed that programme managers, particularly those involved in the health and safety programme area at head office, had a greater awareness of the Strategy and that *"a few"* had become actively involved in promoting the document to other staff. It was noted that steps had been taken within these departments to align injury prevention spending to the Strategy. The drive for this had been twofold. One, there had been a growing realisation at the management level that the Strategy was not just *"a piece of paper"* but that there were actions attached to each objective that would be of benefit to everyone when and if implemented; and secondly, the Minister for ACC had made it clear in her letter of expectation that is sent to the chair of the ACC Board that it was anticipated that the role of ACC was not only to lead the Strategy, but that *"its own work must fit the framework"*.

The vast majority of participants considered that improvements in the uptake of the Strategy would in turn have an impact on understanding of injury prevention issues amongst all sectors of the community (government and non-government). It was also considered by many participants that until significant numbers of people and organisations were aware of both the injury burden and how to prevent injuries then it was unlikely that the Strategy's vision of 'A safe New Zealand, becoming injury free' would be realised.

"If the Strategy only sits on a shelf gathering dust then all our efforts would have been in vain ... how many people know that injury is the leading cause of death"

for our children and young people ... do we the so-called injury prevention professionals actually know how to prevent injuries?"

Some participants considered that a number of ACC injury prevention consultants who were responsible for delivering injury prevention programmes were still either unaware of the Strategy or did not have a very strong understanding of what it was about. However, others noted that these barriers had begun to break down and that this process would continue to occur as the practitioners had begun a process for engaging the community in using the Strategy as a framework for injury prevention programmes.

Type of Strategy use

The Strategy document was primarily used by participants as a reference tool and was often seen as one of a number of reports and other strategies that were referred to. *"It is one of a couple of broader prevention strategies which we refer to"*. For many, the Strategy was used as a source of information to guide the development of policy and programmes which included the alignment of strategic and business plans for both government and non-government agencies. *"We have started using the Strategy as a framework for community injury programmes"*. A number of community organisations had also used the Strategy as a *"tool for collaboration"* with other agencies both government and non-government.

"The Strategy has helped injury prevention practitioners and organisations to align their work and activities that they have been involved in. We have used the objectives and actions and have aligned our strategic plan both for our organisation and our campaigns".

Some participants had used the Strategy to justify the need for funding for their injury prevention activities. For other participants, the Strategy had not only shaped where funding would come from, but for those actively working in the injury prevention field at the coal-face, the Strategy had enabled them to *"prioritise where we are putting our energy especially with our limited resources"*. It had also provided an ideal framework and mechanism for funders of injury prevention activities.

The Strategy was also used as a vehicle to publicly promote injury prevention. Activities that reinforced this use of the Strategy, included events such as conferences and workshops. *"We have just done our information planning days around the country. We ran an advocacy workshop and have promoted the Strategy as a tool they can refer to"*. However, several participants also commented that a positive outcome from the Strategy could result in an increased provision of relevant and up-to-date injury prevention information being available to as wide an audience as possible.

All of these uses of the Strategy were considered to have positive impacts on both the work it informed and the awareness it raised. Participants considered the Strategy to be a high level document that had provided a context for injury prevention activities in New Zealand. It was also noted that the Strategy was seen as the wider strategy that linked in with the other strategies such as 'Falls' and 'Workplace Health and Safety'. The majority of participants considered the Strategy was easy to use.

"In terms of opening it up and looking through the pages yes its easy to use and the objectives are easy and the action plans are easy and the priority areas are easy but its more that we know its there and we know core principles and the objectives and we use it on a day to day basis".

In summary, table one, outlines how participants described the broad categories of Strategy use:

Table 1: Strategy document usage

Categories of Use	Description of Use
A source of information to guide the development of policy and programmes	<ul style="list-style-type: none"> • Aligned strategic plans, annual plans and business plans to the framework. • Framework for community injury programmes. • Focuses direction of injury efforts. • To inform the development of other strategies.
To support funding applications and submissions	<ul style="list-style-type: none"> • Align spending for injury prevention initiatives. • Determines where funding is allocated. • Aids prioritisation of limited resources.
To develop training resources	<ul style="list-style-type: none"> • Development of an injury prevention qualification. • Injury prevention training.
To promote the issue of injury prevention	<ul style="list-style-type: none"> • Promotion of injury prevention as an issue. • Promotion of Strategy as a tool for use to the wider community. • Presentations on the Strategy. • Promotes collaboration between government and non-government agencies.
To guide quality assurance	<ul style="list-style-type: none"> • Quality check that existing and planned activities are not contrary to the Strategy.

Barriers to Strategy use

Participants identified four main barriers to using the Strategy within their work/organisation: resourcing and capacity issues; commitment to the Strategy; nature of models that communities work in; and a large number of other strategies.

A number of participants identified resources and capacity issues as being a barrier to the implementation of the Strategy within their organisations and in the injury prevention work they were committed to. It was considered that there was *"just capacity issues of time and resources to meet, to discuss and to draw on"*. *"I think there are barriers and they are principally around competing priorities and work capacity"*. Participants also noted the importance of the need to not only train the injury prevention workforce to a level where they understood the *"science of injury prevention but also to ensure that they had sufficient resources to implement programmes or projects"* that would impact on the reduction of injuries in the community. Some participants acknowledged that as well as a limited skill base there was also often a lack of passion to draw a community together. *"If there is a coalition*

out there that doesn't have a leader, doesn't have any driver in their community for injury prevention then nothing much happens".

Furthermore, several participants also considered that, within the Strategy lead agency, there was an ongoing debate between management and the injury prevention consultants about the primary role of the consultants.

"Is it to deliver services that we have, directly to the community and act as a community injury prevention consultant or is it to just manage contracts for community providers or is it to play a role in promoting the Strategy, in building capacity, capability and pulling the Strategy together at the local level. In other words, building community capacity and capability".

Other participants identified that an injury prevention workforce that had both capacity and capability was needed to *"focus the Strategy on getting injury prevention initiatives to the people who are most at risk. Not from the point of view from individual risk factors but from the point of view of socio-economic risk factors and in order to do this we are going to need to resource infrastructure more than we are now"*.

Participants identified a number of levels where commitment to the Strategy was seen as a barrier to its use. *"Within most organisations it will be a priority setting as to whether it fits within their organisational structure"*. In some cases the commitment to the Strategy shown by lead agencies represented in the GISG was not necessarily followed through at the local level. Some participants noted that their government departments were often committed to pursuing their own goals and outcomes and therefore were more focused on a Strategy that related directly to the work they were involved in.

Some community organisations stated that a barrier to their use of the Strategy in their work was due to their contractual funding arrangements being with another government agency that they saw as not being aligned to the Strategy and therefore there was *"no expectation that they would align their work to the Strategy"*. These participants also noted that the Minister for ACC was the only Minister that was *"whole heartedly pushing the Strategy"* and therefore a barrier to use of the Strategy was a lack of commitment and buy-in from other Ministers and their Ministries. This limited commitment was also identified at the local government level in some areas.

"In terms of Council I guess the key thing for the City Council, is they don't see themselves as an injury prevention stakeholder and until we can kind of effect that kind of mind shift it is going to be very difficult getting them moving. There is a compliance attitude. We do what needs to be done. We are not breaking the law. We are doing what the law says we have to do and I guess trying to move beyond that and say look you are a key injury prevention stakeholder and what can we do to move from compliance to best practise. I think that is the barrier for a lot of government organisations".

Another area which was identified by participants as a barrier was in relation to the nature of the models that communities were worked in. Whether they worked in a community development or community organisational model the Strategy was

essentially seen as a top down document because it had come from government. Communities were committed to working in their communities with their injury drivers, their injury issues and their capabilities and bringing these together was often quite challenging.

"The barrier for us is that we operate with very much a community focus in which we go to communities, we talk with them and they identify their issues. We share information with them about what we see the issues being but they tend to identify their issues and they tend to specify what needs to happen whereas the Strategy is very top down and that can be a barrier".

Participants also identified the number of competing strategies that community and government organisations had been exposed to as a significant barrier to their responsiveness to the Strategy. Participants noted that often their work was quite specific and as a result they had been more inclined to have focused on the strategy that directly related to their own goals and outcomes and only used the Strategy as a reference tool when necessary. *"Our work is quite specific and I guess the barrier is that we are so tied to our own strategy".*

Increasing the practicality of the Strategy and the Implementation Plan

A core issue raised by some participants was the practicality of the Strategy becoming a working document.

"When the Strategy was being developed it was realised that there was a need to have an implementation plan to set out some key activities and move forward the Strategy".

All participants were highly supportive of the Strategy and believed that there was considerable knowledge of the documents within their injury prevention sector. However it was recognised that more needed to be done to ensure people became, not only more aware of the Strategy, but also that the Implementation Plan became integral to all activities carried out by the injury prevention workforce.

"Like all National strategies, everyone knows about them but they think how do they affect us. So you do have to take it to that level? Otherwise it just stays on peoples shelves and that is why I actively engage and try to get involved in it (Strategy) to workout how we can actually use it and implement the it to our advantage".

The Strategy was generally considered to be a document to be utilised by all sectors involved in injury prevention, from government agencies through to community groups and eventually to the whole population. However there were a number of participants who acknowledged that there was a need to assist users, particularly injury prevention consultants, other practitioners and community groups involved in providing injury prevention programmes, to ensure the strategy action points had been put into practise.

"I would have liked some advice on how I would incorporate and use the Strategy in my planning and no-one really acknowledged that. In fact the document came out and there didn't seem to be a lot of information".

"At the moment we don't know what to do with it because it is very high level and we don't actually see what our role is in it".

It was suggested further by many participants that there needed to be more concrete attempts at gaining participation and ownership of the Strategy at all levels of the community.

"There is a gap there in getting the community to own it and then being able to work with it in their communities because there is no-one doing anything regionally or at local levels. There has been nothing to drive it at our level".

"Most areas need to be working on a region wide approach which will give a better cover than say just [name of community] doing something. A nationwide approach often doesn't get to the grass roots but a region-wide approach is closer to home".

An approach to achieving community involvement, considered by participants, would be to have encouraged greater collaboration and co-ordination at the regional level. An idea put forward to achieve this end was the notion of *"workshops where there is some kind of regional activity planned around aligning the local initiatives to the Strategy"*. This was further endorsed with the proposal of working with community groups at the 'coal face' to enable them to develop community plans that would be aligned to the Strategy objectives.

"The community operational plan is a proposal which came out of a meeting about how we bridge that gap and the suggestion was that we scope the framework going out to communities to actually prepare a business plan on what the injury prevention indicators are and what they are doing in the injury prevention area and how that specifically aligns to the objectives. Their business plan could then be directly aligned to the Strategy's objectives and give them a very tangible idea of what they are doing and how it contributes to a particular objective".

Summary understanding injury prevention

There was a very high level of awareness of the Strategy at both a government and non-government agency level among the majority of participants. The Strategy, seen primarily as a reference tool in conjunction with other strategies and documents, had been broadly used amongst participants in the development of their strategic, annual and business plans. Four barriers to the use of the Strategy were identified. These were: capacity and capability issues; commitment to the Strategy; nature of models that communities work in; and the number of other related strategies. It was generally agreed that there was a need to increase the level of awareness and use of the Strategy and Implementation Plan at government, local government and the community level.

5.3 Adoption of a co-ordinated and collaborative injury prevention approach

The third theme focuses on collaboration and co-ordination. This section explores participants' views on how the Strategy supported improvements in co-ordination and collaboration of injury prevention activities.

Collaborative approaches to injury prevention activities

Participants had indicated that one of the primary reasons for the need for a national injury prevention strategy was the lack of co-ordination and collaboration of injury prevention activities. It was generally believed that those working in the injury prevention sector had been operating in silos.

"There was a lack of co-ordination of activities and a lack of focus and it needed some framework to bring it all together."

Clear and tangible benefits were identified by the majority of participants as necessary for effective collaboration and co-ordination of injury prevention activities. This they believed would enable a more integrated injury prevention service in New Zealand and thus avoid duplication in service provision. It was also considered important to create improved cohesion of injury prevention efforts not only between agencies but between communities and agencies. Therefore a key element for improvement in collaboration, was the drawing together of all the dimensions of injury prevention within the injury prevention sector.

"The Strategy needs to provide a common vision and a common set of objectives that people could work towards that addressed the most significant drivers of injury in New Zealand that enabled agencies to co-ordinate and collaborate on their work but what we actually need is a mechanism for getting them to talk regularly to each other at a regional and national level".

Many examples of how the Strategy had aided collaboration and co-ordination were identified by participants. Generally participants believed that the Strategy had increased the number of agencies at the Government level that met to focus on injury prevention. The Government Inter-Agency Steering Group was an example of government agencies working together. *"There has been an increased level of activity between agencies particularly between the Government Inter-Agency Steering Group members"*. It was believed that this group had provided an important role in exemplifying a collaborative model of working in a cohesive way.

There was also an indication that the Strategy had been a mechanism for increased networking between the different groups involved in injury prevention and a strong belief that the public consultation process had been a catalyst for bringing *"the injury prevention sector, including the public sector, private sector, academics and NGOs*

together for a common goal". Participants were mindful that this increased collaboration was a considerable change from the period prior to the development and implementation of the Strategy.

"There is a lot better collaboration between various parts of government and non-government and I think that in itself is a major achievement".

It was noted that for people involved in the injury prevention field, the Strategy had become a point of reference to encourage co-operation and collaboration from which to improve our injury prevention effort.

"The national Strategy really helps move everyone in the same direction and everyone now has clear views and shared goals that they are working towards".

This heightened level of activity amongst different agencies and injury prevention providers was seen to have been centred around the exchanging of information on issues related to injury prevention activities. Many participants believed that this sharing of information would reduce the need for the injury prevention workforce to work in isolation and could lead to an increased call for a collective alignment with the Strategy's goals and objectives. Established organisations such as the Injury Prevention Network of Aotearoa New Zealand (IPNANZ) and emergent groups, for example the Safe Communities Foundation New Zealand (SCFNZ), were believed to have played an important role in collaboration and co-ordination at both the government and non-government level.

"There has been a heightened level of activity re information. A lot more people now actually exchanging information. We have the SCFNZ actively working with communities. You have IPNANZ who have been working with several agencies on a training competency framework. The IPNANZ conference also provides a good networking opportunity".

A number of participants were particularly impressed with the growth of collaborative activity that they perceived had been influenced by the establishment of the SCFNZ in late 2004.

"SCFNZ had provided a necessary link between government agencies and community groups working within injury prevention and safety promotion".

By working collaboratively with communities, industry and government agencies, SCFNZ was considered by participants to have provided resources, training and networking opportunities to support the further development and implementation of effective safety promotion and injury prevention initiatives at local, regional and national levels.

"They (SCFNZ) have taken a lead role in supporting the further development of community-based injury prevention activities".

A number of participants working in injury prevention were part of established injury prevention coalitions whose members were representative of the community, NGOs, local government and government agencies. Participants noted that a large number of

meetings that had occurred had been held not only to inform others about the Strategy but had also been viewed as opportunities to share information and resources on what had happened in the community regarding injury prevention issues and activities. These networking opportunities were cited by participants as evidence for encouraged collaboration.

"At local level I have probably seen that the coalition has certainly strengthened their arm to liaise with various other areas of leadership including local government".

Many participants described how using the Strategy as a model had broadened their organisations' collaborative efforts. In the words of one participant:

"We use the Strategy approach to engage with local bodies. We initially just engaged with those that were involved in compliance activities and then we engaged with those further up the line with the legislative people, we then collectively engaged with people who sold the products and then we formed a group where we would meet and discuss and then we disseminated information to all those groups that were applicable to the safety of children along the lines of preventing for example drownings or falls".

An area, identified by many participants where there was potential for increased collaboration, was with businesses and industry. Of particular note had been the increased opportunity for involvement in areas such as safety and design in the construction building and roading industries.

"There are opportunities for more collaboration particularly in areas such as safety by design or design where there is new construction happening or where new roading and houses/ commercial dwellings are being built. There are contractors and construction people in the private sector who we could involve more to influence safety and who we could engage with more actively in being part of leading the change".

"If we just focus on the road contractors and on the building industry we could make huge gains in the development of a positive safety culture and the adoption of safer environments".

Barriers to collaboration

There were however concerns expressed by participants about where collaboration had not occurred. These concerns and the barriers that have prevented collaboration are presented below.

Some participants noted that a barrier to achieving wider collaboration was the lack of a model for collaborative practice at the ministerial level. It was recognised that there was a need for Ministers, with portfolios that impacted on injury prevention and community safety, to meet regularly. Such a model could ensure that collaboration and co-ordination was maximised across government agencies and between agencies and communities. Some participants indicated that such a group was in the process of being

formed. It was anticipated that the group identified by the Minister of ACC would consist of approximately 13 Ministers with a high level of accountability on what various government departments could produce in the way of injury prevention efforts. It was also expected that the establishment of this ministerial group would create awareness amongst high level parliamentarians and Cabinet Ministers on related injury issues.

It was noted by a few participants that the level of collaboration that was occurring amongst government agencies at the national level, especially through representation on the Government Inter-Agency Group, had not necessarily occurred at the local level.

"Looking at implementation there is a possibility of some of the lead agencies not necessarily appearing to have a commitment at the local level".

"In some of the other areas where it is not ACC as lead agency there seems to be a lack of commitment or a lack of focus from those lead agencies and that makes it harder for communities to really get active".

One of the drawbacks to collaboration occurring was considered to be a lack of funding. Participants from some community organisations expressed their disquiet with the stringent requirements of the funding agencies. However, some participants believed that resourcing could increase if there was not only a *"willingness to work together"* but also *"a degree of willingness to work for a common goal and a common approach and to accept common objectives and for organisations to step outside some of the internal drivers"*. It was suggested that organisations with their own areas of interest *"needed to let go"* and collaborate with other agencies and together prioritise where a reduction of injuries would be of most benefit.

"People who have got there own areas of interest, such as the elderly or children, need to let go of that a wee bit. Instead of arguing that children should be a priority - what I'll do is I will go to these agencies and say children are a big problem where motor vehicle crashes are concerned - and if they do that I think agencies will get right behind them but if you start arguing about that you won't get the resources".

Summary co-ordination and collaboration

The Strategy had set the groundwork for collaboration. The Strategy framework had been used to inform, develop, and improve collaboration and co-ordination between government and non-government agencies, community organisations, businesses, families/whanau, iwi and individuals to achieve a positive safety culture and create safe environments for all New Zealanders. Of particular note was the collaboration activity that had occurred within injury prevention coalitions to make submissions on the Falls and Drowning Strategies.

Two barriers were identified: a lack of collaboration at the Ministerial level; and the need for funding to encourage enhanced co-ordination at community level.

5.4 Utilisation of best practise approach to injury prevention activities

The fourth theme highlighted the need for a 'best practice' or evidence-based approach. This section outlines participants' perceptions of the extent to which the Strategy had encouraged the utilisation of a best practice approach to injury prevention activities. Best-practice within this report is defined as practice (activity) which is based on evidence of what works effectively and efficiently to reduce injuries.

One of the underlying principals identified by many participants as fundamental to the Strategy was that injury prevention activity should be based on evidence and good information, wherever possible. Prior to the introduction of the Strategy and Implementation Plan, many participants believed that the injury prevention workforce were often working in isolation and that there was a plethora of activities and programmes being delivered by both government and non-government agencies to reduce injuries in the community that were not necessarily evidence-based. The existence of a national injury prevention Strategy and Implementation Plan was considered by participants to be a start to providing an evidence-based direction, which along with a centralised co-ordination team in the form of the Secretariat, would encourage a best-practice response.

"It gives people an opportunity to work in a consistent manner and adapt their individual projects and programmes in their regions to a national framework – well that's the theory – is it actually happening? Who knows!"

The Strategy document was not intended merely as a practitioner guide, but rather as a document to support best-practice in the injury prevention field.

"What is urgently needed is the wide dissemination of information on interventions that are going to make a real difference. For too long people have been basing their programmes on what they think may work rather than on a review of the relevant literature however, the problem with the word evidence is whose evidence counts the most- theorists or practitioners?"

Several participants commented that having their work aligned to the Strategy was in itself an example of best-practice, as it had encouraged them to think critically about how their work reflected Strategy direction.

"It gives people a base for how they are going to do their work and why they are doing that work in the first place. Sort of guides and provides a benchmark of events in which people measure their work".

The high level of expertise provided by the Expert Advisory Panel, Stakeholder Reference Group and Government Inter-Agency Steering Group from the Strategy's earliest inception was considered to be an example of a process that had supported best-practice.

"Very important because they bring together in one place a lot of streams of work that have been happening around New Zealand and possibly internationally to a certain degree".

Several participants noted that an important adjunct to the Strategy and an important model for best-practice had been the development of an evaluation framework. The purpose of this framework will be to monitor and demonstrate that its injury prevention efforts are achieving target injury reductions and are cost effective. The monitoring framework will provide for each prevention programme, specific measures of intervention coverage and effectiveness. The monitoring information will also allow timelier tracking of programmes and/or modification to ensure their success.

"It's up to ACC and the other lead agencies to ensure that they can adequately describe both what is happening and then be able to explain why change is occurring".

It was recommended by some participants that even more consideration could have been given within the documents to *"research and prevention issues"*.

"There needs to be a focus on evidentially based best practise initiatives and on evaluation of programmes. It's very easy for people to slip into well meaning activity that doesn't actually amount to much at the end of the day".

Another important consideration noted by some participants was the need to build capacity and capability within the injury prevention workforce particularly for those working outside large government agencies. *"I think we need a trained workforce that understands what injury prevention is all about"*. It was acknowledged that it was essential to have *"capability and training of practitioners in the field to undertake injury prevention and to understand the science of injury prevention"*.

An important development identified by some participants, that reflected this need for increased capacity and capability, was the joint project involving ACC, the Secretariat, LTNZ, MoH and IPNANZ, the Injury Prevention Competencies Framework. The first stage of this work involved the development of four new unit standards that would support a new training programme for injury prevention providers, the Foundation Certificate in Injury Prevention – Te Aho Tapu.

"I think the fact that we are developing this qualification is showing a definite goal and activity in the strengthening of injury prevention capacity and capability".

While improving injury prevention knowledge was considered important, several participants also referred to the principles of the Strategy. The Strategy acknowledged the unique relationship between Maori as tangata whenua and the Crown under the Treaty of Waitangi through the inclusion of a range of specific actions that would support and promote injury prevention among whanau, hapu and iwi. These actions cited in various sections of the Strategy, included: increasing the capacity and capability of Maori service providers to develop, implement and evaluate effective injury prevention interventions; supporting the training of the Maori injury prevention workforce, including practitioners and researchers; promoting the development of collaborative relationships and co-ordination mechanisms for injury prevention between Maori and other injury prevention partners; encouraging the participation of whanau

hapu and iwi in injury prevention at all levels; and ensuring more kaupapa Maori injury prevention interventions are developed and delivered by Maori.

"Maori have had some involvement but there is so much more that could be done".

Some participants involved in community injury prevention expressed concern that the Strategy and the Implementation Plan were seen as high level documents and that people they worked with had had difficulty when trying to interpret and align their work to the Strategy. A lack of clear information to community groups on how to progress injury prevention programmes from an evidential basis was also identified as an area of major concern highlighted by several participants.

"Its all very well the folks at ACC to state that their programme managers knowing how to do it (develop injury prevention programmes) but we don't have the same level of resources that ACC has ... we therefore need to have the opportunity to collaborate more with our peers in order to improve our knowledge of best practice of what works and what doesn't work ... maybe we need the opportunity to meet regionally and for the well funded national organisations to provide us with access to their resources".

Summary best practice approaches

The successful launch of the Strategy and the Implementation Plan provided an impetus amongst the injury prevention workforce to encourage best-practice by increasing capacity and capability and delivering evidence-based injury prevention programmes. Having an evaluation framework in place was considered important for ensuring that injury prevention activities undertaken were impacting on the effectiveness of the Strategy. Some participants identified a need for more information on how to progress injury prevention programmes from an evidential basis.

5.5 Interventions are developed and adequately resourced

The fifth theme identified by participants was the need for the Strategy to ensure that interventions are developed and resourced adequately. Section 5.5 presents what participants considered to be the significant interventions that had occurred as a result of the first year of implementation of the Strategy (refer also to Table 2 section 5.6).

As this formative evaluation only covers the first year of implementation, the number of interventions and significant developments are limited. However, the Strategy has certainly had a direct influence on the development of injury prevention interventions. For the period 1 July 2004 to 30 June 2005 the focus for the Strategy included: improvements in awareness; delivery of increased capability and capacity initiatives; greater Inter-Agency collaboration and development of new injury prevention programmes to address priority issues; and progressing the development of national injury prevention priority strategies.

Participants also reported that there had been an increased awareness of injury prevention as a result of the Strategy through the redesign of the website and launch of a newsletter by the Secretariat. Specific examples highlighted by participants included:

- The development and launch of new strategies and action plan for four priority areas: falls, drowning, workplace and assault.
- Development of an evaluation framework.
- Stocktake of injury prevention activity.
- Increased funding secured and allocated for injury prevention and community safety related activities.
- Development of a foundation certificate in injury prevention.
- Publication of a report on valid injury indicators.
- Development and launch of 2005/2008 Implementation Plan.

The Strategy was also seen to have contributed to an increased understanding of injury prevention issues amongst all sectors of the community.

"The framework provided by the Strategy has heightened understanding of our collective role in building the evidence-base for reducing the injury burden".

Several participants also commented on the fact that the Strategy appeared to have been responsible for a large number of focused interventions related to improvements in capacity and capability, collaboration and co-ordination of the injury prevention workforce.

"Seeing the workforce development project and seeing more communities working towards WHO accreditation. Better co-ordination at the community level is essential. We have got hugely increased commitment to fall prevention and communities are doing a lot more work around both falls and water safety as a consequence of the Strategy".

"We are also beginning to see the intentional and unintentional sectors work better together to improve community safety. For example, more people are involved in violence and assault, suicide and self harm as a consequence of those areas being raised as priorities in the Strategy. In terms of the work of agencies like ACC and community coalitions this has created the opportunity to develop more projects and I see those things as being important to the long term success of the Strategy".

"A good example of Inter-Agency collaboration is the 'Alco-Link' project. This project will also impact on Strategy objective six, advancing our injury prevention knowledge and information ... as alcohol is one of the primary risk factors for injuries in New Zealand, this project is significant".

Some participants also mentioned the development and the process of consultation that surrounded the four new national priority strategies; falls, drowning, workplace and suicide.

"Things have now been completed on three new national priority strategies that is falls, work, and drowning. The suicide strategy is also in draft form. So the next phase should see the roll out of those".

The Strategy was also seen to have had an influence on improving resource development and improving the knowledge base of how to maintain and enhance the legislative and policy framework that supports injury prevention, particularly within the government sector. The main example provided by participants related to the New Zealand safety related law project. This project provided a snapshot of the legislation currently governing New Zealanders' safety.

"It has definitely helped agencies such as the Department of Labour argue to get increased funding to deliver health and safety messages in the work place. It has probably been a platform for two or three agencies to get money for the training competencies".

However, it was generally considered by participants that, while it was too soon to show whether the Strategy had had some tangible results that could be directly attributed since its introduction, they acknowledged that the existence of a national Strategy had led to a galvanising of injury prevention activity. While in the first instance the majority of participants considered the Strategy had been successful there was however, some participants considered this success had been in spite of a lack of commitment from some Ministries to the Strategy and in some instances a reduced prominence placed on safety.

"One of the primary partners would be the Ministry of Health and I can't say that there has been an increase in commitment to injury prevention from health. Also, if I think about Road Safety while they are working on the Road Safety Strategy, there has been a whole restructure in this period of time and I think the ultimate outcome of that is that there has been a reduced emphasis on safety".

At the time of writing this evaluation New Zealand was in the throws of an election campaign. So when asked to consider what would have had an impact on the success of the Strategy the majority of participants were concerned that a change of government could impact hugely on the progress of implementation under the Strategy. Some participants were also concerned that should there be a change of Minister of the lead agency, how this would impact on the continued delivery of the Strategy. Currently the Minister for ACC was seen to be a champion and driver of the Strategy and if this position was to change there could be no guarantees that a new Minister would have the same impetus to steer the Strategy through the next three years of implementation.

"Definitely the political climate, a change of government would have a big impact on how they would continue. Even a change of Minister because I think some Ministers are limited and it requires leadership".

Resourcing, particularly increased funding for injury prevention activities was identified by some participants as a critical barrier to new development. Initially there was no budget allocated to the Strategy. ACC, as the lead agency of the Strategy, is not a core government department and the main source of ACC funding is from levies. The ACC

via the Department of Labour make budget bids to Government. It was anticipated early on that there would be efficiencies gained through the prioritising of injury prevention activities related to the Strategy and Implementation Plan and that hopefully what would eventuate would be an injection of funding into new identified injury prevention activities.

"I think the whole thing comes back to resourcing. For example you can have the best strategies but unless you start getting some traction on the road and getting out with some testimonials of success I think it is going to be a very hard barrow to push but there has to be some commitment not only from a ministerial level but hopefully even senior management right through government and others to recognise it and help fund it".

Summary interventions

While recognising the limited time frame participants generally considered there had been some tangible results within the first twelve months of implementation. Of particular note was the launching of new strategies and action plan for four priority areas: falls, drowning, workplace and assault. Concern was voiced by some participants that there had been a lack of commitment to the success of the Strategy by some government Ministries and at the time of writing the report, the impact of the change in political climate. Resourcing was also seen as essential to enable continued development of injury prevention activities under the Strategy Implementation Plan.

5.6 Indicators and impact of the Strategy

The sixth theme to emerge relates to indicators for measuring the effects of the Strategy. This section presents participants perceptions on what indicators they considered would be appropriate for assessing the impact of the Strategy. It also briefly outlines participant's views of the extent to which injury prevention activities have impacted on Strategy objectives, goals and vision in the first 12 months of operation. This section concludes participants' perceptions of the extent to which the Strategy had achieved its implementation goals in the first 12 months is outlined. This is not a comprehensive list of all activities as these are included in the Strategy Annual Report (ACC, 2006).

Indicators for measuring the Strategy

While a few participants were aware that an evaluation framework for measuring the Strategy's vision, goals and objectives had been developed, the majority were not aware of the details. Most participants were, however, aware that work had been undertaken to identify injury indicators.

"A focus on developing indicators is going to be a huge project and is going to be really really important because it has increased the discussion around the nature of our data, how useful it is, what else we need to do to develop indicators, how we are going to measure the Strategy, and that has been one of the greatest pieces of discussion that we have on an ongoing basis, how are we

also going to measure all the impact and process facets of the Strategy and then ensuring that we put this into a monitoring framework”.

Participants considered that ultimately the Strategy would be judged in terms of an overall reduction of injuries. Therefore it was important to have indicators in place that measured not only the decrease in injuries generally but specifically those related to the six priority areas of the Strategy (falls, drowning and near drowning, motor vehicle traffic crashes, suicide and deliberate self harm, workplace injuries (including occupational diseases) and assault).

“We do need to know that injuries are reducing and we need to have a valid and reliable framework for doing that or we will just get constantly picked on, for not measuring that appropriately, or for not having good quality data. We actually need to put some indicators down, for example, comparison by TLA’s, and they need to be the focus of where we are going in the long term in terms of outcome indicators”.

In 2004 the Injury Prevention Research Unit, at Otago University was commissioned by the Secretariat to identify and develop ‘valid injury outcome indicators’ for serious injuries. The majority of participants in the current study were aware of this piece of work.

“I think the identification of valid injury indicators is an important first step”.

The importance of having in place outcome measures to show that the injury rates in New Zealand were on the decline was acknowledged by several participants. It was also generally accepted that it would be difficult to ascertain that any reduction in injuries were directly linked back to the Strategy, without valid and reliable process and impact measures in place.

“One of the reasons I am keen to have these outcome measures is so that we can say that New Zealand injury rates are coming down. I am also keen to ensure that we have good process and impact measures in place. Otherwise all you can do is point to all the things that are being done in the injury prevention area that you may be able to link back to the Strategy in a very ad hoc way”.

A few participants also considered it important to also have indicators that measured “threat to disability” as well as those that measured “threat to life”.

In addition to identifying injury outcome indicators, there was also total agreement from participants that the Strategy needed to identify and measure other behavioural and environmental impacts. *“It is essential that we measure behaviours on the way to those outcomes”.* An example provided by participants was:

“We need regular monitoring of key behaviours which relate to the outcomes like LTSA does. They do regular monitoring of people who are drunk in cars, who are not wearing their seatbelts, who are speeding. They do regular surveys so they can see how those behaviours relate to the outcomes”.

Participants felt very strongly that if such information was not available, then any increase or decline in injuries would be unable to be directly related to the Strategy.

"Without good impact and process measures we will be worked in the black-box model of evaluation. If injuries go down we might say that the Strategy worked but for example if the drownings go down and you congratulate yourself but it's a black box you don't really know. But if the drownings go down and you can show that over time that fencing of pools has improved then that makes you more confident that the Strategy has worked but in the absence of that information who knows why the drownings occurred. So we urgently need compound surveys of that nature. However, I am not sure if this is the role for the Secretariat or for the lead agencies for each of the priority areas".

Therefore, it is not surprising that the vast majority of participants considered it essential that a range of impact and process indicators that were both valid and reliable needed to be developed. In particular, participants identified the need to measure changes related to the two Strategy goals: development of a positive safety culture and safer environments.

"There needs to be a range of indicators that separate out the impact and process measurements. These need to be valid and reliable to allow progress to be tracked over a five to ten year period. So what has happened to our injury rates? Have we managed to get them down? Then there needs to be some more intermediate tracking of trends and that can be more around activities, objectives and concepts like safety culture and the establishment of safer environments".

Importance was placed on the need for measures that would identify how successful the objectives of the Strategy had been achieved.

"Evidence that communities are planning projects that clearly contribute to the national Strategy ... evidence that having a knowledgeable and trained injury workforce results in an evidence-based approach to injury prevention ... evidence that having increased understanding of the interconnections across and between agencies improves collaboration and co-ordination".

Participants did, however, note that it would be a *"challenge to establish indicators and measures on safety cultures"*. As one participant stated *"I don't think we have a good grasp on what a safety culture is"*. Several other participants raised the issue of whether the Strategy should be responsible for measuring changes in a positive safety culture being achieved and safer environments being established, or if this should be the responsibility of the lead agencies for the six priority areas.

"While some of the Strategy interventions will contribute to safe environments and peoples' attitudes to the preventability of injuries, it is more within the six priority areas that people and environments will be changed in terms of safety culture and safe environments".

Several other participants provided a list of potential indicators for measuring improvements in understanding of injury prevention issues amongst all sectors of the

community, including assessing changes in knowledge, awareness and the extent to which key stakeholder networks had improved.

"Changes in behaviours and attitudes - we do need to know whether we are shifting safety culture. We also need to measure things like community readiness and we need to understand whether we are building infrastructure appropriately, whether our injury social networks are improving, whether we are using a more multi-sectoral approach, whether there are more WHO Accredited Safe Communities, whether there are more trained providers, whether they are in turn utilising their training to do different kinds of injury prevention work, particularly is there an increase in the uptake of an evidence-based approach ... and finally do we have more well resourced and developed interventions as a result of the Strategy".

Two evaluation methods supported by some participants to measure a positive safety culture were population-based and organisation focused surveys. It was considered that such surveys could explore the exposure to injury risk, social norms regarding safety, potential transferability of safety messages and attitudes to risk taking.

"The challenge is the establishment of the indicators and measures on safety cultures and we may have to consider some population based survey. We also need indicators to measure how government agencies and non government organisations - some sort of impact measures on what they are doing. We need a range of indicators ranging from data right through to measuring impact through to measuring actions".

"I would like to see some good baseline information probably through phone surveys about gauging what New Zealanders think is a safety culture and a safe environment because I don't think we know what New Zealanders consider what a safety culture really is. Then you would want to do it again to see if there was any improvement after say 12 or 24 months".

As indicated below, several participants also made reference to the Strategy Stocktake undertaken in 2004 and participants considered that this exercise needed to be repeated to be of any real value.

"We also need to look at whether government agencies are spending any more money on health and safety and whether or not there are more things being done in the injury prevention area. You can have a lot more business but make no difference at all but if we have an evaluation strategy in place with the outcome measures at the top down level for business then we can relate more through the goals and objectives".

Like the 2004 stocktake, it was suggested that the structure of any subsequent stocktake activities be developed to primarily assess activities within the 10 objectives of the Strategy. An additional secondary focus of the stocktake would be to assess activities, which focused on the six Strategy injury priority areas. It was further suggested that this stocktake could include: exploring changes in awareness of the Strategy and the way in which the Strategy has been applied as a framework for injury prevention activity; exploring changes in the injury prevention workforce; identifying

changes in the extent to which the Strategy has been a framework to facilitate and increase collaboration and co-ordination; identifying changes in the level of injury prevention initiatives occurring within the government and non-government sectors; identifying changes in the level of resources and funding that has been provided to injury prevention activities; and identifying changes in the way in which the Strategy is fostering leadership within the injury prevention sector. It is pleasing to note that the new Implementation Plan has several new key activities that will capture much of this information.

"Evidence of things happening at a central government level would be critical. Is this ministry talking to that ministry? We don't necessarily see this, but I suspect that it doesn't happen as much as it should. It can impact on local activity because if your national Housing Corporation Office has agreed this is a good thing then they would pass that back down to the local ones and if you are doing a project in [name of community] and the housing people know that they have a national mandate to be involved then we can see it flow through that way ... a sort of social network analysis for the Strategy".

With regard to the identification of outcome indicators for safer environments it was suggested that information be gathered to: explore changes in the way in which the Strategy has been applied to inform the design and development of safer products, systems and environments; the extent to which the Strategy is part of organisations' policy and legislative development process; and identify changes in the number of effective injury prevention interventions occurring.

"Maybe you could measure the way TLAs do their development and see if any of them take safe design into account because that is one of the objectives ... We should also be assessing if Accredited Safe Communities do better than other communities not only in terms of injury rates but also in relation to impact measures such as seatbelt use, helmet use, smoke detectors and other home safety devices".

"It is probably around identifying what are the key safety policies or safety practices which have been implemented across the population groups. So part of the Strategy is to identify the evidence-based programmes, the implementation and update of those programmes whether we get more funding or not for it is not necessarily a good measure but things such as an expanding or developing workforce and skill base those sorts of things can assess the impact".

Finally, of concern to some participants was the necessity to investigate longitudinally the development of a positive safety culture.

"Our business is education and outcome indicators are not going to be seen or reached for quite some time. So if you were targeting a five year old now the outcome indicators of that may not be until 20 years down the line". So if you are teaching a child to swim the impact of that might not be for 15 years."

Perceptions of impact of the 1st year of Strategy implementation

The majority of participants considered that it was too soon to provide evidence that the Strategy had had an impact on the reduction of injuries.

"I think it is a bit premature to have produced evidence of that nature ... the data for the relevant years haven't even been released yet".

As outlined in the previous section, the majority of participants however, considered that the activities undertaken as part of the first year of implementation of the Strategy were the essential "building blocks" for the development of a positive safety culture and the establishment of safer environments.

"It is absolutely evident that without the Strategy we wouldn't have the same level of focused injury prevention activities".

"As a result of the Strategy, there is now increased injury related information sharing among and between the government and non-government sectors".

"The Strategy has resulted in improvements in communication, collaboration and co-ordination across the injury prevention sector during the past 12 months".

"Other indicators of success have been the increased level of activity in the Stakeholder Reference Group and the Government Inter-Agency Steering Group especially their involvement in developing the new implementation plan".

Participants also commented positively on significant gains which the Strategy had supported to improve injury prevention activities at the community level.

"The increase in the involvement of Councils through the activities of the Safe Communities Foundation is very exciting in terms of the potential for reducing the injury burden".

"Improvements in the knowledge base of community-based injury prevention practitioners have been enhanced through the conduct of the IPNANZ workshops".

"Already I know of community-based injury prevention coalitions and organisations who are using the Strategy to inform the development of their operational plans".

All participants recognised that the vision of New Zealand becoming injury free is intrinsic to the Strategy: *"We have this vision the country is going to be injury free and that is ultimately what we are trying to achieve. The whole Strategy is pulled together on the basis of that's what we are trying to achieve".* Table 2 outlines some of the activities which have been achieved during the first year of Strategy implementation. Included in this table is some information that was highlighted by participants. This basic information was supplemented by information included in documents provided by the Secretariat.

Table 2: Strategy activities achieved 1st Year Implementation

Strategy Objectives	Significant actions achieved for the period
Raise awareness and commitment to injury prevention	<p><i>The Strategy website:</i> has seen a steady increase in visitor numbers, with 12,400 visitors to the Strategy website in March 2005. The website was updated on a six weekly cycle during the year and contains over 100 links to related injury prevention sites.</p> <p><i>Workshop:</i> The Secretariat convened a workshop in September 2004 involving a range of injury prevention partners from community and government organisations. The purpose of the meeting was to provide a plan to strengthen community based injury prevention activities.</p> <p><i>Strategy Newsletter:</i> Cross sector activities were initiated during the year which involved the issue of regular newsletters to update on practical examples of implementation of the Strategy. A small number of media statements were issued by community and government organisations.</p>
Strengthen injury prevention capacity and capability	<p><i>Injury prevention workforce competencies project:</i> A joint project involving ACC, Secretariat, LTNZ, MoH in association with IPNANZ has directed the development of a new injury prevention competencies framework. The first stage of this work involved development of four new unit standards that will support a new training programme and assessment for the Foundation Certificate in Injury Prevention.</p> <p><i>Health and safety representatives training:</i> ACC has continued and extended its support for employee health and safety representative training. ACC in conjunction with NZCTU have completed the development of a stage two course and was launched in December last year and to date 200 representatives have completed the training.</p> <p><i>Injury prevention research training:</i> The Secretariat commissioned a report to identify available research training opportunities for New Zealand injury prevention researchers.</p>
Design and develop safe environments, systems and products	<p>(Due to the necessary longer-term implementation phase limited immediate progress is evident in relation to this objective). Preliminary findings include:</p> <p><i>National Stocktake:</i> Information regarding key interventions and approaches was collected through a national stocktake involving Government and non-Government sectors conducted in December 2004. The stocktake included details of activities by local Government and community organisations. Aspects of this information provided insights to degrees of issues around development of healthy social environments. This information was distributed to lead Government agencies.</p> <p><i>Suicide prevention:</i> ACC is continuing to work on the development of a pilot to provide a brief intervention therapy to people who have attempted suicide.</p> <p><i>Alcohol-related harm:</i> ACC is working with the New Zealand Police to evaluate the effect of different types of tactical police activity in licensed premises in Wellington area on offending and victimisation.</p> <p><i>Safe Design material:</i> ACC has been working with Standards New Zealand on the development of safe design material to prevention slips, trips and falls in and around the home.</p> <p><i>Road Safety to 2010 Strategy:</i> Work continued on implementing the projects that comprise the first <i>Road Safety to 2010</i> implementation schedule. The second <i>Road Safety to 2010</i> implementation schedule has been finalised and distributed to stakeholders.</p> <p><i>Family violence:</i> Under Action Area 10 of Te Rito, Police are sponsoring national sector wide guidelines through Standards New Zealand on screening and risk assessment for family violence, child abuse and neglect.</p>
Maintain and enhance the legislative and policy	<p><i>New Zealand safety related law:</i> A review was commissioned by the Secretariat that identified key safety related law from all agencies involved in injury prevention</p>

<p>framework supporting injury prevention</p>	<p>and community safety and information from the review was compiled into a report which was published on the Strategy website.</p> <p><i>Rules Programme:</i> Work is ongoing in relation to Land Transport New Zealand's Rules programme. The Vehicle Lighting Rule, Heavy Vehicles Rule and Traffic Control Devices Rule have been signed and came into force in early 2005.</p> <p><i>Incident/accident notification:</i> DoL is working with Maritime Safety Authority and Civil Aviation Authority to prepare a discussion document which will change the definition of serious harm in the Health Safety and Employment Act 1992.</p> <p><i>Suicide prevention:</i> MYD has awarded contracts for developing resources to guide service providers working with families, whānau and others who have been bereaved by suicide or affected by a suicide attempt; and a resource to assist families, whānau and others who have been bereaved by suicide.</p>
<p>Integrate injury prevention activity through collaboration and co-ordination</p>	<p><i>Safe Communities Foundation New Zealand:</i> ACC has established a formal relationship with the SCFNZ. In the first year, the Foundation will work with four communities who are ready to undergo assessment for Safe Communities Accreditation under the WHO criteria.</p> <p><i>ACC and Local Government:</i> A collaborative relationship is being developed between ACC and local government. This relationship is focussed on reducing work and non-work injuries within the relevant community. Nine local governments have initially been identified. A number of these local governments wish to attain WHO accreditation as safe cities and ACC will help facilitate this.</p> <p><i>Kia Piki te Ora o te Taitamariki:</i> MYD has established an Action Plan with Te Puni Kokiri to strengthen the implementation of Kia Piki te Ora o te Taitamariki.</p> <p><i>Report:</i> The Secretariat commissioned work to identify examples to demonstrate improvements in collaboration and co-ordination of injury prevention activities.</p> <p><i>Collaborative partnership:</i> has been established between ACC and ALAC to identify opportunities for combined community action work to reduce alcohol related harm and injury. The programme will influence Sports' club policy or licenses.</p> <p><i>Working with workplaces and communities:</i> ACC is developing new approaches to engage workplaces with communities to prevent injury. Forty high performing companies are being targeted to act as catalysts of change within industry in promoting non-work injury messages to employees. Twenty of these companies have held family safety days, undertaken road safety initiatives and parenting education seminars this period.</p> <p><i>MOU:</i> and Operational Agreement was signed between the Police (Commercial Vehicle Investigation Unit) and the DoL (Workplace Group). <i>MOU:</i> between SPARC and ACC has been signed.</p>
<p>Advance injury prevention knowledge and information</p>	<p><i>Serious injury outcome indicator project:</i> The final report on "Developing valid injury outcome indicators" has been printed. The Secretariat presented the report to the Stakeholder Reference Group (SRG), Government Inter-Agency Steering (GISG) Group and ACC's Senior Management Group.</p> <p><i>Impairment-related injury outcome indicators:</i> The Secretariat is facilitating an Inter-Agency project to scope the possibility of developing impairment related injury outcome indicators. The scope will initially focus on ACC data as a primary source of data. The project involves agencies leading key injury data projects including Statistics NZ, MoH, ACC Injury Prevention, Secretariat, NOHSAC, Injury Prevention Research Unit (IPRU, Otago University) and DoL.</p> <p><i>Evaluation Strategies:</i> ACC has evaluation strategies in place to measure its key activity under each of the priority areas of the Strategy.</p> <p><i>Injury prevention website:</i> ACC has developed an extensive website for injury prevention. This profiles ACC's own programmes and initiatives as well as providing links to best practice.</p> <p><i>New Zealand Injury Control Bulletin:</i> ACC has funded the New Zealand Injury</p>

	<p>Control Bulletin, published by the Injury Prevention Research Centre (IPRC, University of Auckland). A further issue was published this quarter.</p> <p><i>Research strategies:</i> The Secretariat has completed work to identify existing New Zealand injury prevention research strategies and their alignment to injury prevention priorities for the period July 2003 – December 2004.</p>
Develop and implement effective injury prevention interventions	<p><i>Safer Rohe:</i> ACC is developing its Safer Rohe approach. This involves working with key iwi groups in areas with high injury rates to assist them to take action to prevent injury amongst Maori. ACC is collecting relevant data to inform the development of estimates of injury prevalence in the four Safer Rohe regions it is targeting. It is also utilising its home safety checklists to work with and engage Maori providers in injury prevention.</p> <p><i>Suicide Prevention:</i> Continued funding has been provided to a promising intervention to support people caring for someone who has made a suicide attempt (Future Health – Caring for Caregivers programme). An evaluation of already established support groups was initiated.</p> <p><i>Alcohol and other drugs:</i> A six month study has begun in Wellington to test the impact of heightened Police enforcement of laws against intoxication on licensed premises. Study includes focus on alcohol-related injury presentations to hospital A&E department.</p>
Ensure appropriate resource levels for injury prevention	<p><i>Stocktake of injury prevention activity:</i> A baseline survey across government and non-government agencies was completed by the Safe Communities Foundation NZ (SCFNZ) as part of their Formative Evaluation activities.. This document reports six recommendations and summarises the non-government and government responses to the survey under each objective area of the Strategy.</p>
Develop, implement and monitor national injury prevention strategies for priority areas	<p><i>Road Safety Strategy 2010:</i> A review of the implementation of the Road Safety Strategy was undertaken and this informed the development of the third implementation package for the Road Safety Strategy 2010.</p> <p><i>All Ages Suicide Strategy:</i> The draft New Zealand Suicide Prevention Strategy has been developed by the Ministries of Health and Youth Development, in consultation with other agencies and external stakeholders.</p> <p><i>Preventing Injury from Falls: the National Strategy 2005 -2015:</i> ACC The National Falls Prevention Strategy and which was approved by Cabinet in December 2004.</p> <p><i>Workplace Health and Safety to 2015:</i> Cabinet approved release of the Workplace Health and Safety Strategy (WHSS) and Implementation Plan in June 2005.</p> <p><i>Safer Communities: Action plan to reduce Community violence and Sexual violence:</i> Ministry of Justice established a National Taskforce to oversee the implementation of the Action Plan, which included a Leader’s Group and an Official Working Group responsible for overseeing project implementation and further programme development. During early 2005 the project managers for the “Alcohol-related violence” and “ Violence in public places” priority areas finalised their project plans”.</p> <p><i>The Drowning Prevention Strategy: Towards a Water Safe New Zealand 2005-2015:</i> ACC developed a draft of the National Drowning Prevention Strategy and this was approved by Cabinet in December 2004. The final strategy was approved by Cabinet in June 2005.</p>
Foster leadership in injury prevention.	<p><i>Workplace Health and Safety Awards:</i> Annual New Zealand Workplace Health and Safety Awards have been established by Safeguard magazine with support from the DoL.</p> <p><i>The Government Inter-Agency Steering Group:</i> Three GISG meeting were held in this period.</p> <p><i>The Stakeholder Reference Group:</i> Two meetings were held, the first on the 5 November 2004 and second on the 2 March 2005, with the SRG to discuss progress with implementation of the Strategy and to provide input to the new Implementation Plan for the 2005-08 periods.</p>

In conclusion, the following six categories that encompassed the key areas prioritised for action in the first twelve months of implementation were:

- Raise awareness and commitment to injury prevention;
- Establishment of an evaluation framework;
- Development and implementing of strategies for the six national injury prevention priority areas;
- Monitoring and accountability reporting;
- Specific projects that would ensure successful implementation of the Strategy; and
- Committees and working groups.

As will be evident from the previous sections of this report, participants generally considered that the Strategy had made significant gains across each of the above areas.

Summary of impacts

It was considered important to have in place a range of outcome, impact and process indicators that were both valid and reliable that not only measured a reduction in injuries but also measured increases in safety knowledge and behaviours, uptake of an evidence-based approach, and improvements in collaboration and co-ordination. It was also considered important by participants to ensure that valid and reliable process measures were adopted. Without this type of information, participants were concerned that any reductions in injury statistics would not be able to be directly attributed to the Strategy. Participants generally supported the idea of conducting a population based survey and undertaking another Strategy stocktake as evaluation methods. Finally, it was widely agreed by the majority of participants that it was too soon to assess the impact of the Strategy. However, participants were able to identify a range of activities that had been achieved in the first year of Strategy implementation.

6.0 Hierarchy of Evaluation Outcomes For Strategy

This section describes the framework logic exercise carried out by the evaluation team to develop an overall hierarchy of outcomes for the Strategy. Participants were asked what the Strategy was intended to achieve and how it should be implemented. It was then possible to develop objectives for measuring how well the injury prevention goals had been implemented, and provide a realistic basis for the ongoing evaluation of the Strategy to proceed. While a great deal of work had already been undertaken by the Secretariat (in conjunction with the Expert Advisory Panel) to identify valid indicators for measuring the effects of the Strategy on the incidence and severity of injuries, little to no progress had been made on the development of an overall hierarchy of evaluation outcomes for the Strategy.

6.1 Logic for identification of outcomes

The Strategy's overall injury prevention goals and objectives are listed in Table 3, while the identification of possible evaluation goals and objectives that were developed as part of this formative evaluation are outlined in Table 4.

Table 3: New Zealand Injury Prevention Strategy Goals & Objectives

Goals	Objectives
<p>1. Achieve a positive safety culture</p> <p>A positive safety culture is a shared set of beliefs, attitudes, values and ways of behaving that support the prevention of injury.</p>	<ul style="list-style-type: none"> • Raise awareness and commitment to injury prevention • Strengthen injury prevention capacity and capability • Design and develop safe environments, systems and products • Maintain and enhance the legislative and policy framework supporting injury prevention • Integrate injury prevention activity through collaboration and co-ordination • Advance injury prevention knowledge and information • Develop and implement effective injury prevention interventions • Ensure appropriate resource levels for injury prevention • Develop, implement and monitor national injury prevention strategies for priority areas • Foster leadership in injury prevention.
<p>2. Create safe environments</p> <p>Safe environments are social and physical surroundings or conditions that support the prevention of injury.</p>	

The identification of possible evaluation goals and outcomes/impacts for the Strategy was informed by stakeholder interviews and strategy documentation. In interviews, participants were asked what they believed the Strategy was trying to achieve, how they would know if the Strategy was achieving its vision, goals and objectives and what activities were required for achievement. Analysis of the above information formed the basis of the evaluation logic exercise (as outlined in Table 4, Diagram 1 & Table 5) which was undertaken by the evaluation team. Findings present the way key

stakeholders perceived how achievement of the Strategy could occur and sets realistic evaluation goals, outcomes and impacts for measuring the effects of change.

Table 4: Evaluation Goals & Outcomes/Impacts

Evaluation Goals	Evaluation Outcomes/Impacts
A safe New Zealand, becoming injury free.	Reductions in the incidence and severity of injuries. Positive Safety Culture achieved. Safer Environments established.
New and already existing injury prevention interventions are extended and developed in line with the Strategy Implementation Plans.	Increase in the number and quality of Strategy interventions (new/modified/extended) that are developed/resourced.
Best practise applied to all injury prevention activities.	Increase in the uptake of an evidence based approach applied to all injury prevention activities. Increase in capacity and capability.
Collaborative and co-ordinated approach to injury prevention activities across all agencies.	Increase in collaboration. Increase in co-ordination.
Improved understanding of injury prevention issues amongst all sectors of the community.	Increase in knowledge of injury prevention. Increase in awareness of injury prevention. Increase in engagement from key stakeholders, and interest groups within the community.
Establishment of a nationally co-ordinated approach to injury prevention.	National co-ordination of injury prevention activities adopted.

Interviewees were also asked to identify the range of activities that would be required for the evaluation goals, outcomes and impacts to be achieved. These questions were included to elicit information on desired evaluation measures for the Strategy and potential activities, and success criteria that would underpin their achievement. Diagram 1: 'Evaluation Hierarchy of Outcomes and Impacts' and Table 5: 'Evaluation Goals, Outcomes/Impacts, Success Criteria and Activities' depict this information.

Ideally, mapping programme logic would include an interactive process whereby key stakeholders work together to debate and reach agreement on key evaluation goals, outcomes and activities undertaken to achieve the ultimate outcomes of the Strategy. However, as this strategic logic aspect of this study was undertaken as part of the formative evaluation, time and resources were limited and it was not possible to create a more interactive exchange of ideas. It was also recognised that this debate should be led by the Strategy Secretariat rather than the formative evaluation team. It is hoped

that this will occur prior to finalisation of any additional evaluation measures being adopted for the Strategy.

6.2 Overall hierarchy of outcomes

Diagram 1 presents a linear chart of the evaluation hierarchy of outcomes and impacts developed through the evaluation team's logic exercise. The chart refers to the vision of 'A safe New Zealand, becoming injury free' and relates this to the ultimate outcome of reductions in the incidence and severity of injuries. It then refers to the two goals of the Strategy: achieve a positive safety culture and create safe environments. These are presented as the next tier up from the impact goals. Five levels of impact goals are identified:

- Increase in the number and quality of Strategy interventions;
- Increase in the uptake of an evidence-based approach and increase in capacity and capability;
- Increase in collaboration and co-ordination;
- Increase in knowledge, awareness and engagement; and
- National co-ordination of injury prevention activities adopted.

Under each of the outcome and impact goals an indication of some of the process measures (and/or success criteria) required to achieve the evaluation goals have been identified. The diagram is presented in a linear way, but the two tiers of outcomes/impacts and processes are dynamic and do not necessarily occur in the order depicted. Table five presents the evaluation goals, outcomes/impacts identified by key stakeholders. It also lists the tentative process measures/success criteria and activities that would underpin achievement of the evaluation outcomes/impacts. The success criteria listed are not intended to be a comprehensive list, but are an aggregate of the ideas presented by participants in the study. The activities are those which participants considered would assist in the achievement of the Strategy's evaluation goals.

Diagram 1: Evaluation Hierarchy of Outcomes and Impacts

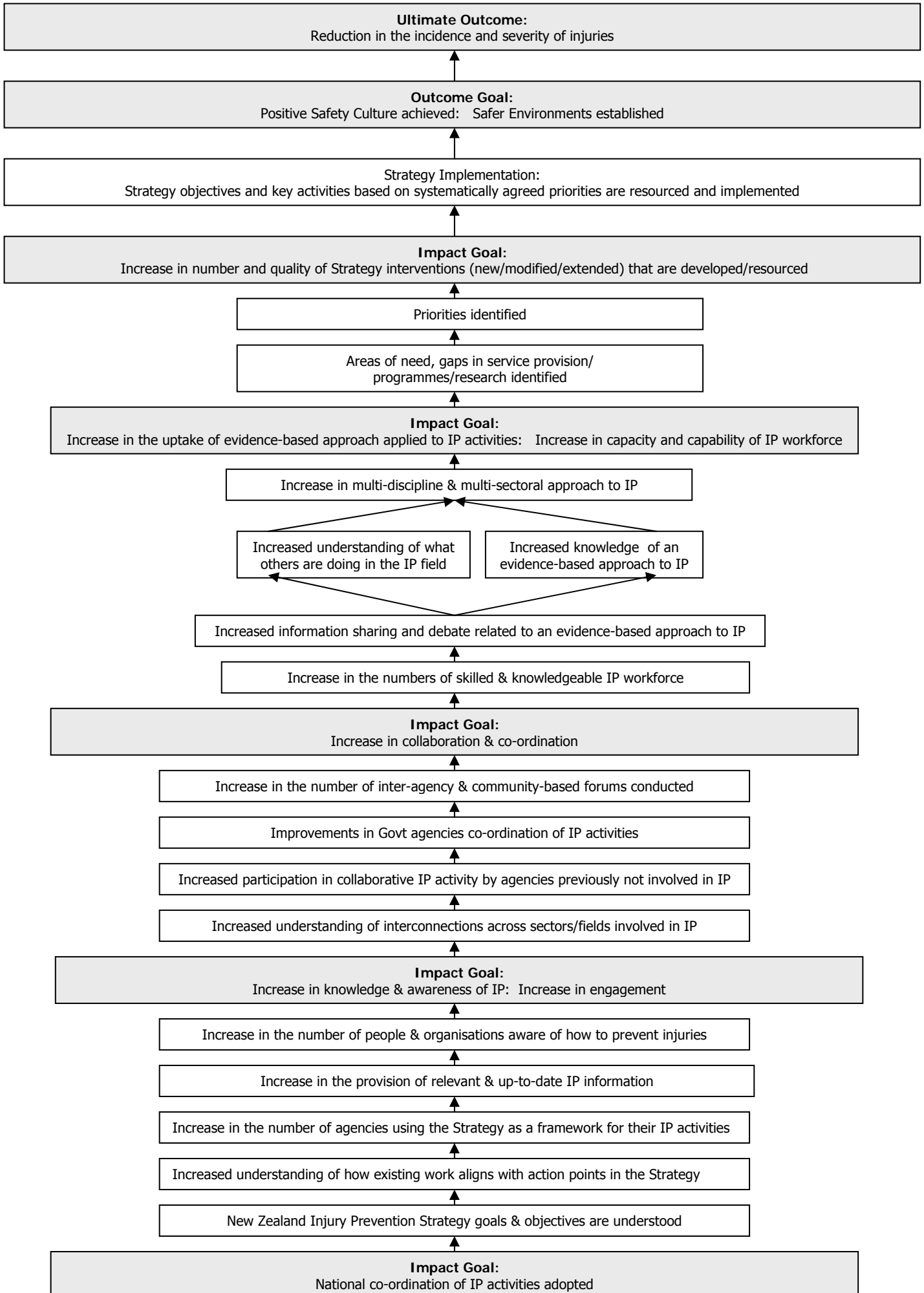


Table 5: Evaluation Goals, Outcomes/Impacts/Success Criteria & Activities

Evaluation Goals	Outcome/Impacts Measures	Success Criteria (Process Evaluation)	Activities
<p>A Safe New Zealand, becoming injury free.</p> <p>Positive Safety Culture achieved.</p> <p>Safer Environments established.</p>	<p>Reductions in the incidence & severity of injuries.</p> <p>Increase in safety knowledge & behaviours as measured by lead agencies for each of the six Strategy priority areas.</p> <p>Improvements in the safety related physical and emotional environments as measured by lead agencies for each of the six Strategy priority areas.</p>	<p>Strategy objectives and key activities based on systematically agreed priorities are resourced and implemented.</p> <p>Monitoring achievement against each of the results expected as outlined in the Strategy Implementation Plans.</p> <p>Valid and reliable indicators are forwarded to the Strategy secretariat for each of the six priority areas.</p> <p>Monitoring report produced and widely disseminated.</p>	<p>Valid and reliable indicators for measuring injury incidence and severity are developed by Strategy secretariat.</p> <p>Key activities as outlined in the Strategy Implementation Plans.</p> <p>Key activities for each of the other evaluation goals identified in this table (refer to below sections).</p> <p>Investigate options related to the conduct of a population based survey.</p> <p>Valid and reliable indicators for measuring adoption of a positive safety culture and safer environments are developed by each of the six lead agencies responsible for: Motor vehicle traffic crashes; suicide and deliberate self-harm; Falls; Assault; Workplace injuries and Drowning.</p> <p>Strategy secretariat to compile indicators into an annual monitoring report.</p>
<p>New and already existing injury prevention interventions are extended and developed in line with the Strategy Implementation Plans.</p>	<p>Increase in the number and quality of Strategy interventions (new/modified/extended) that are developed/resourced.</p>	<p>Priorities identified.</p> <p>Areas of need, gaps in service provision/programmes/research identified.</p> <p>Sustainable funding is secured.</p> <p>Comprehensive evaluation framework (outcome, impacts, process measures).</p>	<p>Long-term Implementation Plan developed for new and on-going activities.</p> <p>Gap analysis and stocktake undertaken.</p> <p>Prioritisation process developed to direct continued implementation.</p> <p>Funding is sought.</p> <p>Evaluation framework is developed.</p>
<p>Best practice applied to all injury prevention activities.</p>	<p>Increase in the uptake of an evidence based approach applied to all IP activities.</p> <p>Increase in capacity and capability.</p>	<p>Increase in multi-discipline & multi-sectorial approach to IP.</p> <p>Increased understanding of what others are doing in the IP field.</p> <p>Increased knowledge of an evidence-based approach to IP.</p> <p>Increased information sharing and debate on the need for an evidence-based approach to IP.</p> <p>Increase in the numbers of skilled and knowledgeable IP</p>	<p>Identification and development of new opportunities for IP partnerships.</p> <p>Undertake literature reviews to ensure that existing and new interventions are in line with available evidence.</p> <p>Provision of regional community forums.</p> <p>Training and resources are made available to enable practitioners/consultants/groups/organisations working in IP to have a</p>

		workforce.	strengthened skill base. Provision of an IP qualification framework.
Collaborative and co-ordinated approach to injury prevention activities across all agencies.	Increase in collaboration. Increase in co-ordination.	Increase in the number of inter-agency & community based forums conducted. Improvements in Govt. agencies co-ordination of IP activities. Increased participation in collaborative IP activity by agencies previously not involved in IP. Increased understanding of interconnections across sectors/fields involved in IP.	Establishment of strong IP partnerships at the national, regional and local level. A whole of government approach to the Strategy. Establishment/continuation of: - Ministerial Committee; -Stakeholder Reference Group; -Government Inter-Agency Steering Group; & - Strategy Secretariat. Development of regional IP coalitions. Inter-agency and regional community forums and workshops to support collaboration and co-ordination across and within the IP workforce.
Improved understanding of injury prevention issues amongst all sectors of the community.	Increase in knowledge of IP. Increase in awareness of IP. Increase in engagement from key stakeholders, and interest groups within the community.	Increase in the number of people & organisations aware of how to prevent injuries. Increase in the provision of relevant & up-to-date IP information. Increase in the number of agencies using the Strategy as a framework for their IP activities. Increased understanding of how existing work aligns with action points in the Strategy. NZ IP Strategy goals & objectives are understood.	National, regional and local IP campaigns. Positive media attention to IP successes. Appropriate & up-to-date information is available & is accessed. People working directly & indirectly with the injury sector, know how to access information & advice on IP. Support to agencies to ensure that the Strategy is used as the framework for their IP activities. Wide dissemination of the Strategy and Implementation Plan across all key IP providers. Investigate options related to the conduct of Social Network Analysis. Implementation of the Strategy at the government level.
Establishing a nationally co-ordinated approach to injury prevention.	National co-ordination of IP activities adopted.	Clear national leadership for IP. Functional govt. & non-govt working groups established. Adequately resourced & functional Strategy Secretariat.	Establishment of: Strategy Secretariat Stakeholder Reference Group Government Inter-Agency Group Ministerial Committee on IP. IP information distribution from a national point. Recognised central contact point for IP activities.

7.0 Concluding Comments and Future Considerations

Overall, participants applauded the development of an injury prevention Strategy and Implementation Plan and recognised that these frameworks had ultimately been responsible for providing the impetus for the injury prevention sector to set the parameters for how New Zealand should approach injury prevention. Not only has the Strategy *"created a framework to galvanise action"* but participants acknowledged that this momentum had contributed to *"moving everyone in the same direction with clear views and shared goals that they were working towards"*.

There was also wide support for the Accident Compensation Corporations' role as the lead agency. Further achievement was marked by the establishment of a strong infrastructure to advance the implementation of the Strategy. This physical infrastructure included the co-ordination team of the Secretariat, the Stakeholder Reference Group, the Government Inter-Agency Group and the Expert Advisory Group. All of these groups had a crucial role in providing direction for the Strategy, collaborative inter-agency working and for receiving advice from people experienced in the different aspects of injury prevention.

There was a high level of awareness of the Strategy at both a government and non-government agency level and a generally held belief, that due to the Strategy there was now broader ownership of injury prevention across sectors, and a collective focus for what was important for injury prevention activities in New Zealand. The Strategy was used primarily as a reference tool in conjunction with other strategies and documents. The Strategy document was also frequently used amongst participants in the development of their strategic, annual and business plans.

This collaboration and co-ordination particularly at the non-government level was also considered to have contributed to the raising of awareness of the injury burden within society. Ultimately participants believed this would lead to an overall cultural shift amongst New Zealanders and contribute to creating safe environments and a positive safety culture for everyone.

It was also considered that a broad consultation process and successful launch of the Strategy had provided an impetus amongst the injury prevention workforce to encourage best-practice by increasing capacity and capability. A need was identified, by some participants, for more information on how to progress their injury prevention activities in their regions/communities, from an evidential base.

Of particular note was the importance placed on having in place an extensive evaluation framework that would ensure that injury prevention activities were impacting on the effectiveness of the Strategy. Recognising the limited time frame, new initiatives undertaken in direct response to the Strategy were identified. Several interventions were cited as examples of achievement. Of particular note was the launching of new strategies and action plans for four priority areas: falls, drowning, workplace and assault. Additionally a draft all-age suicide strategy was developed.

As part of this formative evaluation report, an evaluation framework was established to measure the effectiveness of the Strategy. The framework identified a hierarchy of

evaluation outcomes for the strategy. The chart refers to the vision of 'A safe New Zealand, becoming injury free' and relates this to the ultimate outcome of reductions in the incidence and severity of injuries. Five levels of impact goals were identified:

- Increase in the number and quality of Strategy interventions;
- Increase in the uptake of an evidence-based approach and increase in capacity and capability;
- Increase in collaboration and co-ordination;
- Increase in knowledge, awareness and engagement; and
- National co-ordination of injury prevention activities adopted.

Under each of the outcome and impact goals an indication of some of the process measures (and/or success criteria) required to achieve the evaluation goals were identified.

Several barriers to the Strategy achievement were identified by participants. Although the majority of participants commended the Strategy framework in its' generality and inclusiveness, these characteristics were also found to limit the extent to which the Strategy could be applied in a practical way by some participants.

While the Minister for ACC had shown strong support and leadership for the Strategy, concerns were voiced at the lack of support and leadership role by other government Ministers and ministries. This absence of a government model for collaborative practice was cited as a barrier to achieving wider collaboration.

Both ACC and the Secretariat were considered vulnerable to political unease and a pan-government agreement was thought important to the continued implementation of the Strategy.

Four barriers to the use of the Strategy were identified. These were capacity and capability issues; commitment to the Strategy; nature of models that communities work in; and the number of related strategies. It was generally agreed that there was a need to increase the level of awareness and use of the Strategy and Implementation Plan at government, local government and the community level.

Concern was also expressed by some for the need for more information on how to progress injury prevention programmes from an evidential basis.

The nature of funding for the Strategy was identified as a barrier. There was a strong indication from participants that more funding and resourcing was needed to increase capacity and capability in order to maintain the strong infrastructure already in place for the continued implementation of the Strategy.

Future considerations

The following section presents a series of issues for consideration related to the continued implementation of this Strategy over the next three years. These have been provided to assist all agencies including government, non-government and community agencies involved in the implementation of the Strategy to consider the areas identified by this evaluation which may require change or improvement.

- *Increased prioritisation of the Strategy at the Government level.*

A key issue identified by participants was the need to secure wide political understanding and support around the burden of injury and injury prevention approaches and for the Strategy framework to be made a priority for government agencies. It was considered important that the proposed formation of a ministerial group who had responsibility for portfolios that impacted on injury prevention and community safety would meet regularly and provide commitment at the highest level to the reduction of injuries in New Zealand. Participants considered this model of commitment could have a positive flow-on effect on government departments and agencies through to community groups working in the injury prevention field.

- *Increase the practical application of the Strategy at community level.*

It was suggested by participants, particularly those working at the 'coal face' of injury prevention in the community that there was a need for direction and practical application of the Strategy to enable community groups to align their already existing and future injury prevention activities to the Strategy. It was suggested that tailored information be developed to further inform the injury prevention workforce. This could necessitate further investigation to identify where the need is and the type of information required.

- *Extend communication*

The communication and dissemination of the Strategy and Implementation Plan needs to be extended to increase the momentum and effectiveness of the Strategy. This raised awareness of the Strategy, should primarily target those working in the injury prevention field. The type of dissemination techniques used should ideally be tailored to the audience receiving it. This could include facilitated workshops at a regional or local level.

- *Enhanced resourcing and leadership*

There was a strong indication from participants that more funding and resourcing was needed to increase capacity and capability in order to maintain the strong infrastructure already in place for the continued implementation of the Strategy. If the Government is serious about reducing the injury burden in New Zealand there needs to be more resources available to ensure that evidence-based interventions are sustainable. Participants noted that a major restraint to injury prevention and safety promotion initiatives was inadequate levels of resourcing. It was also noted that accountability systems should ideally include means for encouraging effective implementation, for example they could include measures specified within agencies' Business and Strategic Plans. Finally, of particular note was the need to enhance the strong leadership role played by the Secretariat, Stakeholder Reference Group and Government Inter-Agency Steering Group in the continued advancement of the implementation of the Strategy by ensuring the continued viability of these groups.

- *Comprehensive evaluation measures*

Concern was expressed by participants that there currently was not sufficient valid and reliable indicators to measure Strategy outcomes, impacts and processes. It was acknowledged that progress had been made to develop 'valid injury outcome indicators', however, future developments were considered necessary to establish targets, and to ensure that valid and reliable process measures were adopted to aid the robustness of the evaluation of the Strategy.

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APPENDIX

**NEW ZEALAND INJURY PREVENTION STRATEGY (NZIPS)
EVALUATION**

Evaluation with Stakeholders in Key Sector Organisations
Interview Schedule

*NB. The term NZIPS refers both to the Strategy and the first year implementation plan.
Please distinguish, where appropriate.*

Name of interviewee	
Date of interview	
Organisation	
Additional Information	
Name of interviewer(s):	
Interview date:	
Interview time:	
Interview location:	

Injury focus

All-age specific (describe):

Ethnic specific (describe):

- | | | |
|--------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> road safety | <input type="checkbox"/> suicide prevention | <input type="checkbox"/> falls |
| <input type="checkbox"/> workplace | <input type="checkbox"/> assault | <input type="checkbox"/> drowning |

Other (specify):

Organisations primary role:

[Prompts] policy, funder, deliverer/implementation

Section One: NZIPS Development

1) What is your understanding of NZIPS?

[Prompt] Are you aware of the ten objectives of NZIPS? Yes No

[Prompt] If yes, what do you consider was the rationale behind these being developed?

[Prompt] Do you think these are appropriate?

[Prompts] Are you aware of the six injury priority areas that have been identified by the NZIPS?

Yes No

[Prompt] If yes, what do you consider was the rationale behind these being developed?

[Prompt] Do you think these are appropriate?

2) How important do you consider NZIPS to be for the injury prevention field?

[Prompt] Why do you think NZIPS was developed?

3) What involvement did you have in the development of the NZIPS?

4) To what extent do you consider information on NZIPS was communicated effectively within the injury prevention field?

[Prompt] 1) Strategy 2) Implementation Plan –first year

5) Who do you consider to be the intended audience for the NZIPS?

6) What do you think influenced how NZIPS developed?

[Prompts] change in Government, Ministerial directive, an event in the community

7) Overall, who do you consider to be the primary drivers related to the development of NZIPS?

[Prompt] Who do you consider to be the primary drivers related to NZIPS ongoing implementation?

Section Two: Organisations putting NZIPS into practice

8) Could you please explain what aspects of your work relate to NZIPS?

[Prompt] Developing policy/implementation

9) How has your **organisation**/how have the **organisations** you work with/used NZIPS?

[Prompt] What prompted this activity?

[Prompt] Did you find it an easy strategy to use within your work?

10) Are there any barriers or gaps to the use of NZIPS within your work/organisation?

Yes No

[Prompt] If yes, what are the barriers?

[Prompt] How can they be overcome?

11) Did you [your organisation/other organisations/organisations you work with] receive assistance with how to use NZIPS within your work environment?

Yes No

[Prompt] If yes – what was this assistance and how useful was it?

[Prompt] If no – would you have liked to have had assistance?

12) What would assist you or your organisation to further use NZIPS to achieve our injury prevention/safe community goals?

[Prompt] Both: to be more useful and to be used more

13) Do you think more could be done to respond to NZIPS within your organisation/ within the organisations you work with to ensure that NZIPS is used for your injury prevention work?

Yes No

[Prompt] If yes, how?

14) What was the level of NZIPS ‘buy-in’ from your senior management, CEO, Ministers?

15) How would you describe the level of support you have received from the NZIPS Secretariat?

[Prompt] Do you receive the NZIPS newsletter?

Yes No

[Prompt] If no, would you like to?

Yes No

[Prompt] Have you used the NZIPS website?

Yes No

[Prompt] If no, what would encourage you to use it?

16) Overall, what do you consider are the implications of NZIPS for your injury prevention initiatives?

SECTION 3: NZIPS Achievements

17) What do you think NZIPS is trying to achieve?

18) How would you know if NZIPS were achieving its goals?

*Prompts: What activities need to happen for NZIPS to achieve its goals?
(bearing in mind that some of these may already be occurring)*

[Prompt] Why will taking these steps achieve NZIPS goals?

19) What are the sorts of things that might affect whether NZIPS is/will be successful?

20) Do you currently have any evidence or examples to indicate if NZIPS has been successful?

[Prompt] Why do you attribute these achievements to NZIPS?

21) What sort of indicators do you consider would be appropriate for assessing the impact of NZIPS?

[Prompt] Development of safer environments

[Prompt] Development of safety culture

(e.g. injury statistics, legislation changes, adoption of safety devices, changes to behaviours and attitudes, increase in number of accredited Safe Communities, increases in injury prevention initiatives, funding, workforce skill level).

SECTION FOUR: Future of NZIPS

22) What would be the most effective way to achieve sustainability for NZIPS?

[Prompt] What role do you see for ACC in this process?

[Prompt] What role do you see for NZIPS Secretariat in this process?

23) Are there any improvements you would make to NZIPS or its implementation plan, that you have not already told us about?

24) Is there anything further you would like to say about the NZIPS that may assist us with the evaluation?

CLOSING

THANK YOU for your time today.

Would you mind if we contacted you again by phone to clarify anything from this interview.

Please feel free to contact me if you have any questions about this interview, or the formative evaluation report.