**24. January 2011**

# Accreditation of the city of Delmenhorst as “Safe Community” within the programme of the WHO Collaborating Centre on Community Safety Promotion

## Impressum

Accreditation of the city of Delmenhorst as “Safe Community” of the WHO Collaborating Centre on Community Safety Promotion

Editor: The registered association Infantile Health (GiK e.V.), Delmenhorst
City of Delmenhorst

Editorial staff: Dr. Johann Böhmann, Dr. Birgit Warwas-Pulina, Andreas Kampe, Stella Buick

Contact: Dr. Johann Böhmann, head physician of the paediatric clinic of Delmenhorst, Wildeshauser Str. 92, 27753 Delmenhorst

Peter Betten, coordinator of the round table “Injury prevention”, city of Delmenhorst, Service 3

Delmenhorst, January 2011

## Preface

Road traffic or household injuries, violence against women, children or dissidents cause damage to each individual and to the community, which cannot be accepted. Therefore prevention is very important in the community of Delmenhorst. The city of Delmenhorst has undertaken the task of avoiding injuries caused by accidents and violence by means of systematic precaution as far as possible.

A successful prevention is the precondition for a cross-departmental and systematical approach. The prevention must not only include the reaction to the current occurrences, but must also include a comprehensive and systematic long-term, active strategy.

With the report on hand “accreditation of the city of Delmenhorst as safe community” the community of Delmenhorst applies for the acceptance to the international network of the “Safe Communities”. The stakeholders in Delmenhorst would like to learn from the experiences of other countries and they want to provide the international community with their knowledge regarding prevention.

Patrick de La Lanne
Mayor of the city of Delmenhorst

## Content


1 Introduction ... 1
1.1 Initial position and goal ... 1
1.2 Goals of the prevention in Delmenhorst ... 1
1.3 Definition of injuries ... 2
2 The community of Delmenhorst ... 3
2.1 Site and regional structure ... 3
2.2 Population ... 4
2.3 Administrative structure ... 7
3 Data basis for the prevention ... 10
3.1 Data ascertainment and coverage ... 10
3.2 Frequency of injuries by accidents and violence ... 11
3.3 Risk groups ... 13
3.4 Place of injury ... 14
3.5 Kind of injury/items which provoke injuries ... 16
4 Prevention in the city of Delmenhorst ... 19
4.1 Goal of prevention in Delmenhorst ... 19
4.2 Form of organisation of prevention ... 19
4.3 Round table for the prevention of injuries ... 20
4.3.1 Work group Assistance in Movement Exercises ... 23
4.3.2 Work group Domestic Safety ... 25
4.3.3 Work group Structural Environment and Traffic ... 25
4.3.4 Work group Injury Monitoring ... 25
4.3.5 Work group senior citizen ... 25
4.4 Measures ... 25
4.4.1 Measures of the work group Assistance in Movement Exercises ... 26
4.4.1.1 Children's World is a World of Activity ... 26
4.4.1.2 Assistance in movement exercises in the day-care centre (MOT) ... 27
4.4.1.3 Improvement of motor skills with music ... 28
4.4.1.4 Cooperation primary school and sports club ... 28
4.4.1.5 Central model ... 28
4.4.1.6 Professional conference for assistance in movement exercises and injury prevention during the childhood ... 29
4.4.2 Measures of the work group Domestic Safety ... 30

4.4.2.1 Further training of midwives for the prevention of injuries ..... 30
4.4.2.2 Safety check lists ..... 30
4.4.2.3 Sale of safety articles ..... 30
4.4.2.4 Changing table ..... 31
4.4.2.5 First-aid courses: “First-aid to a child” ..... 31
4.4.2.6 “Huge kitchen” ..... 31
4.4.2.7 Preventive fire protection ..... 32
4.4.2.8 Contact to building societies ..... 32
4.4.2.9 Conceptual design of the permanent exhibition “Preventing children’s injuries” 32
4.4.2.10 Attention: poison ..... 34
4.4.3 Measures of the work group Structural Environment and Traffic ..... 34
4.4.3.1 Planning and safeguarding of the way to school ..... 34
4.4.3.2 Observation and supervision of the public children’s playgrounds .. 35
4.4.3.3 Projects of the road patrol ..... 36
4.4.3.4 The first safe drive ..... 36
4.4.4 Measures of the work group Injury Monitoring ..... 36
4.4.4.1 Injury Data Base (IDB) ..... 36
4.4.4.2 Development of an innovative, mobile collection system of injury data 37
4.4.5 Measures of the work group senior citizens ..... 37
4.4.5.1 Organisation of lectures on injury prevention ..... 37
4.4.5.2 Development of questionnaires with regard to the recording of injuries of senior citizens ..... 37
4.4.5.3 Prevention of injuries ..... 37
4.4.5.4 Sport programs for senior citizens ..... 38
4.5 Summary ..... 38
4.6 Violence prevention ..... 47
4.6.1 Kriminalpräventiver Rat (KRP, Committee for violence prevention) of the city of Delmenhorst ..... 47
4.6.2 Family midwives ..... 47
4.6.3 Schreiambulanz (Cry ER) ..... 48

4.6.4 Study: “Mutter-Kind-Interaktion und klinische Diagnosen im ersten Lebensjahr” (M-KID, mother-child-interaction and clinical diagnosis during the first year of life) ..... 48
4.7 Summary: KPR projects ..... 49
4.8 Summary: Projects of violence prevention ..... 52
4.9 Socio-psychiatric service in Delmenhorst ..... 52
4.9.1 Goals ..... 53
4.10 Socio-psychiatric Network ..... 54
4.10.1 Organisational structure ..... 54
4.10.2 Basic principles ..... 54
4.10.3 Goals ..... 54
4.10.4 Functions ..... 54
4.10.4.1 Suicide Prevention ..... 55
4.10.4.1.1 Work group Suicide Prevention ..... 55
5 Evaluation ..... 55
5.1 Project “Children’s’ world is a world of activity” ..... 55
5.2 Project “Assistance in movement exercises in day-care centres of Delmenhorst” ..... 57
5.3 Press review – injury prevention ..... 58
6 Supraregional cooperation ..... 60

# 1 Introduction

## *1.1 Initial position and goal*

Fatal injuries are the cause of death no. 1 for children in Germany and Europe. Regarding all age groups, injuries are the cause of death up to the mid-forties, after which cardiovascular diseases and cancer take over as major death causes.

## *1.2 Goals of the prevention in Delmenhorst*

The overriding goal in the commune of Delmenhorst is the promotion of children's and young people's health situation as well as that of their families in the region. This has been supported by a long lasting cooperation of administration, individuals and associations as well as organisations of the community health. An important link is the association Infantile Health, which was established 10 years ago, as well as the advisory board of senior citizens. Due to the dedication of the association Infantile Health the advisory board of senior citizens increasingly attends to the health problems of senior citizens, in particular to the prevention of accidents and injuries, which they particularly suffer from. Due to the close cooperation of the different stakeholders in the commune there are cooperation models of different intensity available for all settings, among others for the maternity wards as well as the midwives who take care of families and finally the nurseries and schools. In this context it is important to mention the so-called central model, which is exemplary, i.e. the supply of all nurseries with qualified experts. The consensus of all participants is the hypothesis that a reasonable prevention has to comprehend all social groups of the commune, on the one hand as early as possible and on the other hand relating to the setting as far as possible. In this connection the prevention of violence and injuries also plays a vitally exemplary role. In particular regarding the reduction of injuries and acts of violence a crucial fact for the prevention seems to be the importance of the early childhood. The Infantile Health association as an independent stakeholder has to fulfil the task of coordinating, communicating and managing and also the task of advising in the domain of science.

The report on hand shows the advantages of the prevention in Delmenhorst. For reasons of orientation firstly the basic conditions in Delmenhorst as well as the municipal administrative structure are outlined (chapter 1). Subsequently the data basis for the prevention in Delmenhorst is outlined (chapter 2). In chapter 3 the concept for the prevention of injuries in Delmenhorst is presented. The organisational

forms of prevention in Delmenhorst as well as the most important measures (chapter 4) are described. A diagram of the evaluation regarding the efficiency of the measures (chapter 5) follows. Finally the stakeholders' supraregional cooperation in Delmenhorst in the domain of the prevention is shown (chapter 6).

### *1.3 Definition of injuries*

The prevention in Delmenhorst is based on the definition of the WHO regarding injuries ("injury"):

The World Health Organisation (WHO) assumes that there is a superordinate concept of injuries and herewith outlines the intended injuries and the accidental injuries. The accidental injuries are the so-called "accidents" in the narrower sense like accidents at home and during leisure time and road traffic accidents. Intended injuries, however, are caused by violence from others (violent assault, sexual abuse) or by violence against oneself (attempted suicide, self-mutilation). Up to now there are only a few publications in Germany, which take this definition of the WHO into consideration and accordingly valuate the available data epidemiologically.

# 2 The community of Delmenhorst

## *2.1 Site and regional structure*

The city of Delmenhorst is situated in the federal state of Lower Saxony (see figure 1). Situated straight to the west of Bremen and approx. 30 km South-Eastern of Oldenburg the city belongs to the metropolitan region of Bremen/Oldenburg. Today Delmenhorst has 78,000 inhabitants (31.12.2006) and covers a surface of 62 km² approx. (14 km North-South extent, 9 km East-West extent).

Already in 1371 Delmenhorst received its town charter. In the 70s until the 90s of the 19th century Delmenhorst emerged as biggest industrial town between the river Weser and the river Ems due to the inauguration of the railway line Bremen-Oldenburg. Important business foundations in the domain of jute, cork, wool and linoleum and the production of textile followed. In 1981 the Northern German wool combining works and worsted yarn spinning works (Norddeutsche Wollkämmerei und Kammgarnspinnerei), which was founded in 1884 and which was the most important manufacturing plant of the town, declared bankruptcy. This fact was very striking for the city of Delmenhorst since it was the beginning of the change from an industrial town to a modern service center. This change of structure has continued to date. Since 1986 a new district has been built on the premises of the former wool combining works, one of the most important industrial monuments in Europe, in connection with listed building fabric and modern construction (see figure 2). In the year 2000 the urban development project “Nordwolle Delmenhorst” was presented as first exterior place of the world exposition Expo 2000.

Figure 1: The geographical site of Delmenhorst.

Figure 2: The new district “Nordwolle”, which was built on the premises of the former wool combining works (Photo: City of Delmenhorst).

Today Delmenhorst is characterized as medium-sized center by various different industries and companies, which are active in the international market, in particular the industry of foodstuff, production of linoleum, marine and underwater technology as well as the supply of the automobile industry and the production of the Airbus.

The number of employment relationships, which are subject to social insurance contribution, has been decreasing in Delmenhorst since 1993. Today 17,432 people are employed in Delmenhorst subject to social insurance contribution (1993: 21,048 were employed subject to social insurance contribution), every fourth of them is working part-time.[1]

According to the number of employees the public and private supply of services, the trade including the hotel and restaurant industry as well as the manufacturing industry are the most important commercial sectors. From 1993 to 2006 the number of employments in the manufacturing industry nearly halved from about 7,200 to 3,600. During the same period the number of employments in the public and private supply of services nearly doubled (from 2,000 in 1993 to about 3,800 employments in 2006), however it was not possible to completely compensate the loss of employments in the manufacturing industry.

Due to the change of structure with regard to the service companies and in comparison to other places of the region a relatively large number of employees in Delmenhorst are only "marginally occupied", i.e. they work a few hours and earn not more than € 400.00 net. In Delmenhorst one of two employees subject to social insurance contribution is marginally occupied (for the year 2005).

### *2.2 Population*

In the early modern age Delmenhorst only had a few hundred habitants. Only with the beginning of the industrialization in the 19th century the growth of population accelerated. After the end of the Second World War many refugees and displaced persons came into town. The population permanently increased in the 60s until the 80s. Since the 90s the population remains static. Usually more people move from the city of Delmenhorst as they move to the city of Delmenhorst. The number of deceased surpasses the number of births. In 2004 the number of inhabitants

[1] The persons employed "at the place of work" are the persons who work in Delmenhorst irrespective of the fact where they have their residence. This group also includes the persons who commute into the city of Delmenhorst every day in order to go to work.

amounted to 79,903. This was the highest level in the history of Delmenhorst. Today 78,078 inhabitants live in the city of Delmenhorst.

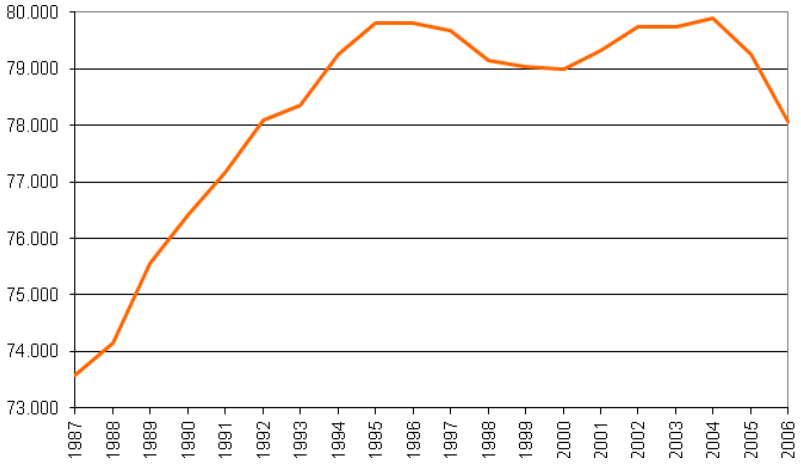


Figure 3: Development of the population figure in Delmenhorst from 1987 to 2006 (inhabitants with principal and secondary residence); source: City of Delmenhorst.

4,015 children aged up to five years live in Delmenhorst (this is 5 percent of the population) as well as 10,136 children and young people at the age of six up to 17 years (13 percent of the inhabitants of Delmenhorst). Almost every fifth inhabitant of Delmenhorst belongs to the age group of the senior citizens who are older than 65 years. In comparison the age structure of the population of Delmenhorst is almost congruent with the age structure of the federal state of Lower Saxony considering the average of the country. However, in comparison with the city of Oldenburg, which is nearby and has about 125,000 inhabitants, the population of Delmenhorst is slightly older. Referring to the population a little less children and young people live in Delmenhorst than in Oldenburg. However, there are slightly more inhabitants in Delmenhorst who are older than 50 years.

Almost 8 % of the inhabitants of Delmenhorst are migrants without German nationality. Their percentage of the population did not change during the last years. However there has been a slightly declining tendency since 1997. Almost half of the migrants come from Turkey.

People from the succeeding states of the Soviet Union (Ukraine, Russian Federation), from Poland and from Serbia / Montenegro follow far behind. The return settlers from the Eastern Europe countries living in Delmenhorst today came to the city in the 1980s until mid of the 1990s. In the years 2000 to 2005 almost 1,500 migrants acquired the German citizenship in Delmenhorst. The migrants are not

evenly distributed across the city of Delmenhorst. Every second lives in the three districts Mitte, Schafkoven/Donneresch and Düsternort.

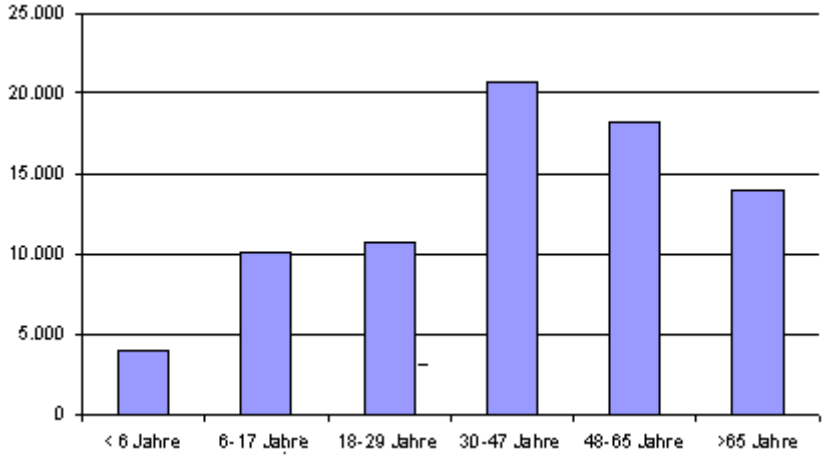


Figure 4: Age structure of the inhabitants in Delmenhorst per 31.12.2006 (absolute figures); source: City of Delmenhorst.

Families with children represent about one-fifth of all 45,000 households approx. in Delmenhorst. In total about 8,600 families with children live in the city. Almost 30 percent of them are single fathers and mothers (2,533 households). Most of the families have 1 or 2 children (87 percent of the couples with children and 93 percent of the single fathers and mothers). Almost 1,000 families have three or more children and thus belong to the families with many children in Delmenhorst (these are 11 percent of all families, see ill. 5).

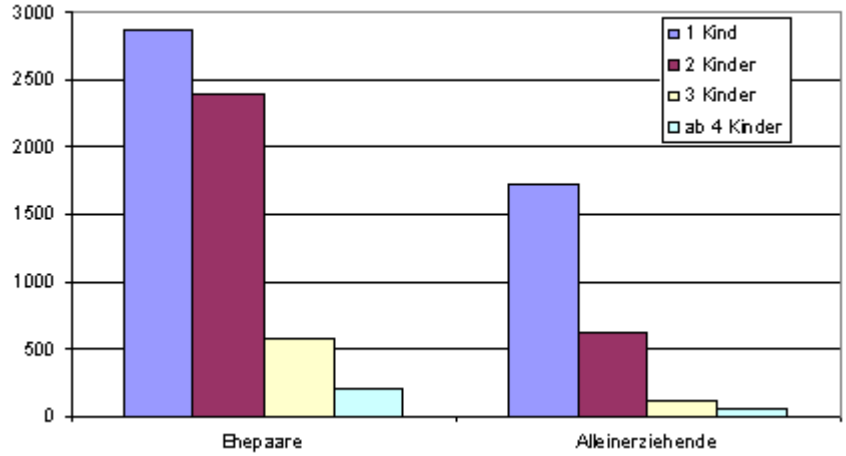


Figure 5: Families in Delmenhorst according to the number of children (1, 2, 3 or more than 4 children): couples (Ehepaare) and single parents (Alleinerziehende) in comparison (31.12.2007, absolute figures); source: City of Delmenhorst.

The unemployment rate in Delmenhorst amounted to 15 percent[2] on annual average in the year 2006. 6,500 persons are unemployed and registered at the employment center, more than every tenth unemployed person is younger than 25 years old (annual average 2006). 5,670 households, i.e. 13 per cent of all households in Delmenhorst, belong to the so-called "communities of members in a household in need of benefit" (Bedarfsgemeinschaft). The persons in these households who are fit for employment draw outside the unemployment benefits I (Arbeitslosengeld I) and those, who are not fit for employment, draw unemployment benefits II (Arbeitslosengeld II) resp. social benefits for being basically supported to make a living. The communities of members in a household in need of benefit consist of adult solitary persons (50 %) and of families with children (50 %). Especially the single parents are affected by the need for help. Nearly 60 per cent of the single parents draw unemployment benefits II (Arbeitslosengeld II) or social benefits for their living.
The city of Delmenhorst offers all types of schools. In comparison to the other urban districts in Lower Saxony, however, in Delmenhorst less pupils graduate from school with the university-entrance diploma (Abitur) whereas the number of pupils who graduate from the lower secondary modern school (Hauptschule) is higher-than-average. Each third pupil of Delmenhorst graduates from school with a secondary general school certificate (Hauptschulabschluss) whereas only each fifth throughout Lower Saxony. However, it is positive that, compared to Lower Saxony, the part of the foreign nationals who graduate with the university-entrance diploma has increased considerably during the past years (from 0.8 per cent in the school year 1997/98 to 3.7 per cent in the school year 2003/2004). However, still today every third foreign adolescent leaves the lower secondary modern school without any graduation (figures for the school year 2003/2004).

### *2.3 Administrative structure*

Delmenhorst is an urban district and governs her matters self-dependently in line with the municipal code. The local government is supervised by the city council elected, which is represented by the Lord Mayor and the First and Second Councillor. It is divided into seven departments (see figure 6). The handling of the matters regarding

[2] For comparison: Throughout Germany the average unemployment rate in the year 2006 (dependant civil employed person) amounted to 12 per cent (the Old Federal States: 10.2 per cent, newly-formed German states: 19.2 per cent). Source: Federal Employment. Office: analytics report of statistics April 2007.

prevention of accidents and violence are performed cross-departmentally. The main departments, which are dealing with prevention, are those for “Youth, family, senior persons and social matters”, “Health, consumer protection and prevention of hazards”, “Education, science, sport and culture” as well as “Planning, construction, environment protection and traffic”.

The city council in its capacity as political representation of the citizenship comprehends 44 members and is elected for a period of five years each time. The respective Lord Mayor is the 45$^{th}$ member of the city council. Delmenhorst cultivates close partnerships with the sister cities Allonnes in France, Borissoglebsk in Russia, Eberswalde in Brandenburg/Germany, Kolding in Denmark as well as Lublin in Poland.

In the course of the municipal administrative reform and the introduction of the new governance model all activities of the administration in the form of items would represent services for the citizens. The citizens can have access to the municipal budget, which is based on this, from the internet portal as well as to the model of the city.

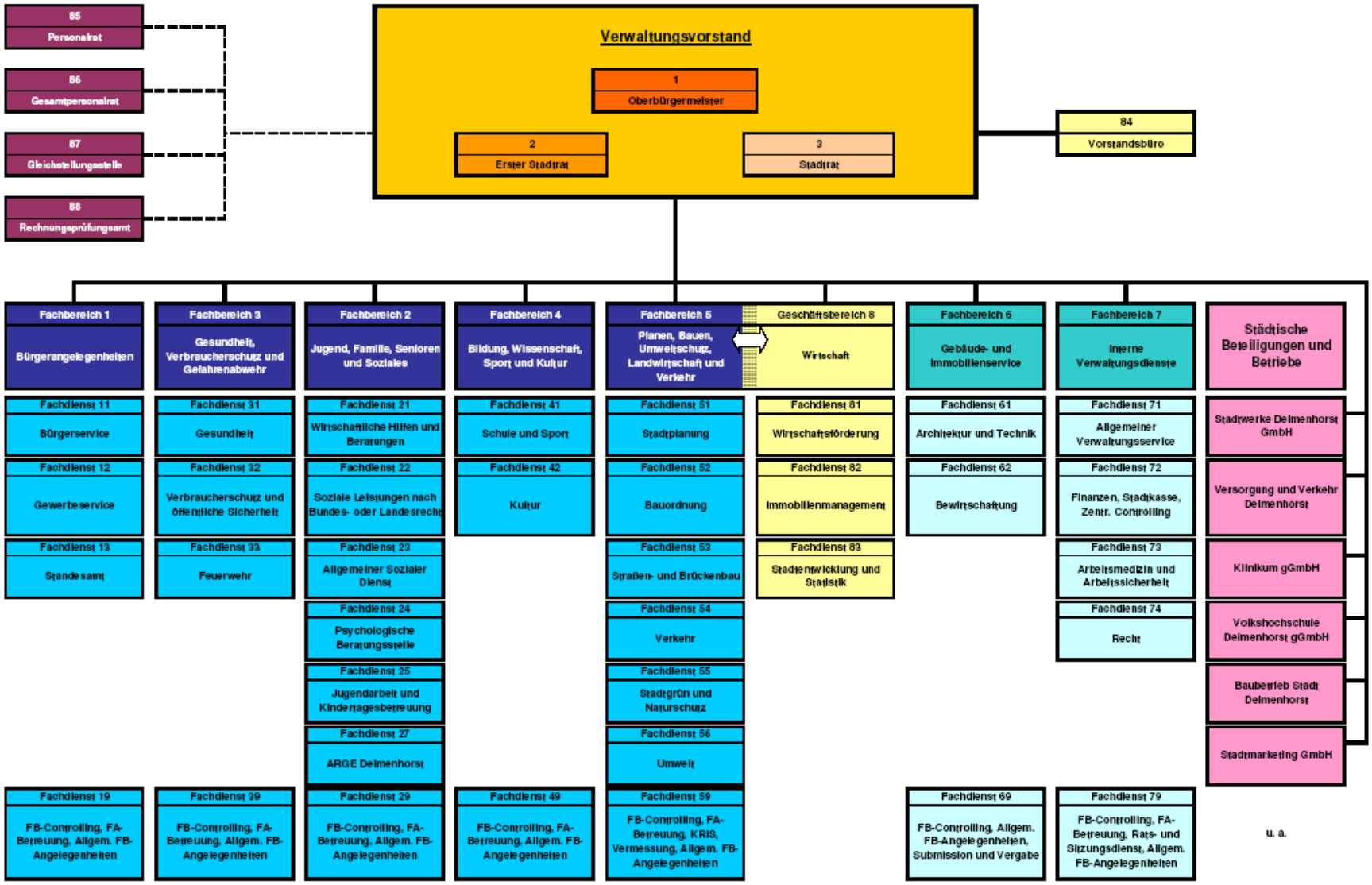


Figure 6: Organisation of the municipality's administration of the city of Delmenhorst (edited on 01.09.2008; source: City of Delmenhorst).

# 3 Data basis for the prevention

## *3.1 Data ascertainment and coverage*

Compared to the European neighbours there is no sufficient and reliable knowledge in Germany about the incidence of the injured children with regard to their activities at home and during their leisure time.

For this reason an injury monitoring for children's injuries has been developed in Delmenhorst under the scientific supervision of the regional health authorities of Brandenburg (Dr. Ellsäßer) in collaboration with the paediatric clinic of Delmenhorst (Dr. Böhmann). Due to the forum prevention of injuries in the German Green Cross a cooperation developed between Brandenburg and Delmenhorst and became a model region. Other model regions are the cities Berlin-Friedrichshain, Dortmund, Potsdam, Cottbus, Rendsburg as well as the rural district Havelland.

Since the beginning of 1998 all injured children at the age of 0 – 15 years, who have had a medical treatment, both stationary and in the emergency departments in the three municipal hospitals (Paediatric Clinic, Accident Surgery (additionally BG-Ambulanz and St. Josefstift/Surgical Clinic (additionally BG-Ambulanz, have been recorded in the city of Delmenhorst. Furthermore a revision of the transport records of the municipal fire brigade (single operator of patient transport ambulances and emergency physicians) confirmed that in the years 1998 and 1999 only 12 children had to be transported in the surrounding central hospitals (Zentralkrankenhäuser). The data of two injury casualty surgeons and the five paediatric practices were excluded since less than 300 nonserious children's injuries, such as contusions and sprains, are medically treated each year. Fractures, scalds and burns as well as brain traumas have not been recorded and babies and infants have not been medically treated. Consequently the clinical center of Delmenhorst has almost exclusively been in charge for the paediatric emergency service.

The archived medical treatment documents (D-doctor's reports, medical records, Notfallscheine) of all patients treated (about 30,000/year) were selected during the entire period by a paediatrician, who is specially trained, and stored into an Access database. A minimal data set (MDI: minimal data set of injury prevention) developed according to the recommendations of the WHO was recorded for each injured child according to the following characteristics: age, sex, nationality, "injury intention" (injury, act of violence, sexual abuse and attempted suicides); the place of injury, the

kind of accident, activity and diagnoses according to ICD-10. This recording pursues the guidelines of the WHO regarding the surveillance of injuries for countries with little resources (injury surveillance guidelines for less-ressourced environments) (WHO) and the classification scheme according to ICECI (WHO, 2001), in particular for the place of accident, kind of accident, accident activity and accident mechanism.
Additionally the items involved in an accident have also been categorised according to the recording system regarding accidents at home and during leisure time "EHLASS" (European Home and Leisure Surveillance System). This is of particular importance in case of poisonings, scalds/ burns as well as falls from or with objects. In order to apply also for these cases an international standard for the definition of the items, the items were defined in collaboration with the institute "Sicher Leben" ("Living Safely") in Austria, based on the previous EHLASS-classification and ranking list of the items involved in accidents.
The catchment area of the three hospitals includes the city of Delmenhorst and the 10 neighbouring rural communities. The revision of the number of accidents referring to the number of inhabitants of the communities revealed that the rate of injured children was below 3 % in the 10 rural communities. Thus the medical facilities of the city of Delmenhorst could possibly not attend to all the injuries, considering an expected frequency of 10 % (data from the countries Brandenburg, Denmark and the Netherlands). Only the community of Ganderkesee, which is situated in the direct neighbourhood, revealed a comparable rate of injured children referring to the city of Delmenhorst. Therefore the area for registration was restricted to the city of Delmenhorst and the community of Ganderkesee. According to the indications of the Regional Statistical Office of the Lower Saxony the population index as per 31.12.1998 is as follows: 17,580 children under 15 years, 1999: 17,607 children under 15 years, 2000: 17,496 children under 15 years. The population structure proved steady regarding the age distribution as well as the ethnic composition. The part of the children, who are not German nationals, corresponds to the average of the Lower Saxony.

### *3.2 Frequency of injuries by accidents and violence*

During the observation period from 1998 to 2001 the rate of all injured children under 15 years was between 13.3 % (1998) and 14.9 % (2001) (13.8 % on average), the boys constantly represent the major part. When differentiating according to the children's age most injuries occur at the age of 2 and 3 years regarding both sexes

(see ill. 7). A possible reason for the slight increase since 1998/99 from 12.9 % to 14.8 % in the years 2000/01 could be that emergency treatments in the outpatient clinics were called on more often. The better data recording of injured children by a precise codification in line with the introduction of the ICD-10 key as well as the preparation of the clearing on basis of the DRG could also be relevant.

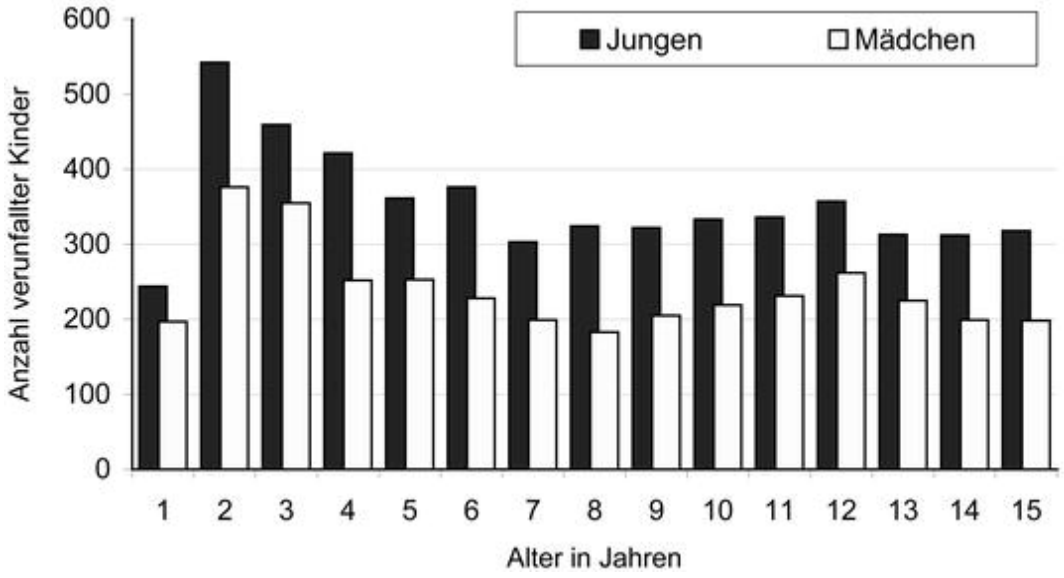


Figure 7: Number of Injuries according to the age (1 to 15 years) and sex (boys – black, girls – white), Delmenhorst 1998-2001.

Considerably different incidences become apparent among the age groups and the families of origin. Regarding the German children the group of those who are 1 to 4 years old shows the highest incidence with 17.9 % with regard to the boys resp. 14 % with regard to the girls compared to 14 % resp. 10 % of those who are 5 to 14 years old and 9 % of the babies (up to the age of the first year). The differences are even more considerable if they are additionally differentiated according to their origin. 21.8 % of the foreign children have an injury per year in consequence of which they have to be treated medically. With regard to the children at the age of 1 to 4 years the rate of 50.8 % is considerably high concerning the foreign boys (see ill. 2.2). The reason for this difference, which is important compared to the German children, is not only due to the fact that emergency outpatient clinics have been called on more often because of the foreign culture. Analogous results can be found in international studies which show that the reason for this is the fact that these children belong to ethnic minorities as well as to a lower socio-economic status (LAFLAMME, 1998; UNICEF, 2001).

During the observation period the injury rate of the children, who are not German, was 3.3 fold higher with regard to the boys under 5 years and 1.7 fold higher with regard to the boys at the age of 5 up to 15 years. Regarding the girls, who are not German, this discrepancy was not that great (2.3 fold for < 5 years and 1.1 fold for 5 to 15 years) (see ill. 8).

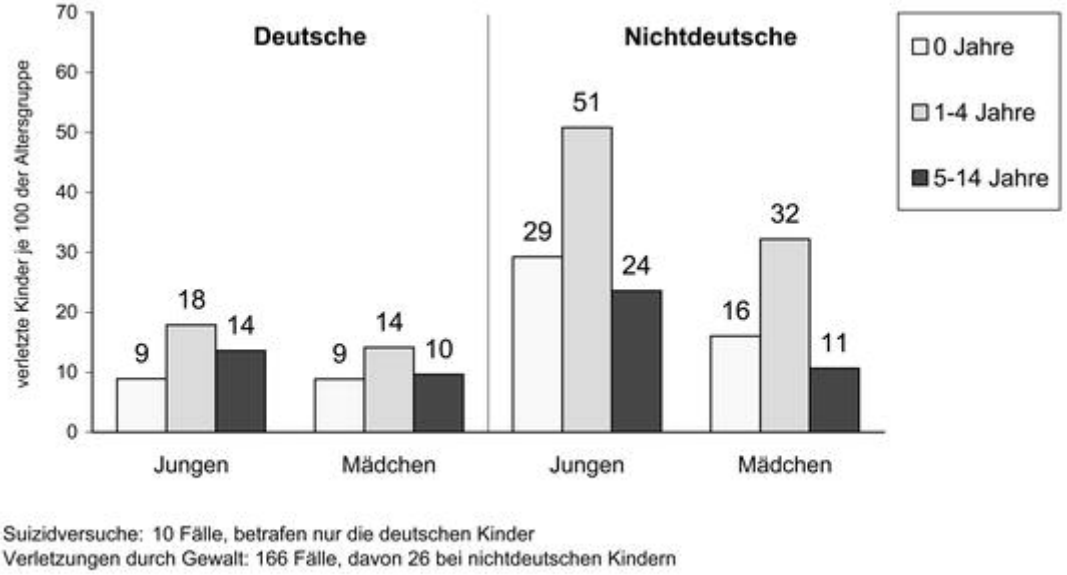


Figure 8: Injured children (n=9688) according to age groups and origin, Delmenhorst 1998-2001.

### *3.3 Risk groups*

Consequently it is definite that children at the infant age and foreign children represent the high-risk groups. Suicide attempts are rare and have only been recorded for German children. The number of injuries due to acts of violence is not very high. 7 cases were recorded in 1998, however already 68 cases in 2001 (0.6 %). These figures are referring in particular to children at the age of 5 to 15 years. On the whole, however, the cases of injuries due to acts of violence are most probably underrated. The injuries due to acts of violence children, who are not German, suffered from were 1.6 fold more frequent compared to the German children.

In Germany these cases are systematically recorded only in the criminal statistics – i.e. cases with criminal prosecution – (not referring to the diagnoses) so that one can assume that on the whole they are underrated. In 1997 0.2 % of the children under 14 years were physically injured and recorded by the police (Federal Office of Criminal Investigation, 1998). However, it is striking that in the course of the second phase 2000/01 – after the physicians had had a detailed discussion about this

subject – the cases had increased by leaps and bounds obviously due to the increasing attention. This is not only an indication for the fact that the cases need to be continuously recorded, but also for the physicians' need to have further trainings.
The part of the children, who are medically treated in hospital, is under 10 %, which is a low figure and even tends to be regressive since 1998 (from 11.6 % in 1998 to 6.5 % in 2001). Simply regarding the brain traumas (SHT) the rate of 27.2 % is considerably higher (in 2001: 55 of 202 children with brain traumas (SHT). The fact that the part of the children, who are in-patients, is rather low possibly shows that the ambulant emergency care for children has been expanded due to the increasing medical technological progress. For example only 28 of 258 fractures had to be treated in-patient in 2001. Furthermore the data collected in Delmenhorst show that when recording the infantile injuries one should not only consider the in-patient cases, but also those children, who were treated in the emergency ambulance department. Otherwise it has to be assumed that these cases, which are considerable, are underrated. Some European countries (like Norway, Great Britain, the Netherlands and Denmark) consider this fact and have expanded their surveillance to the "emergency departments". Therefore they also record the data in the emergency ambulance departments (BLOEMHOFF, 2001). Due to the fact that these countries dispose of a better data recording they can renounce to household surveys (surveys about injuries at home and during leisure time are common in Germany).

### *3.4 Place of injury*

If one differentiates the event of the injury by the place of the injury it turns out that every year there is the same emphasis in every age group. With regard to the babies and infants most injuries occur at home (114.2/1,000), followed by playgrounds at a considerable interval (10.8/1,000). At the school age the injuries at home also rank first, followed by injuries in public utilities and sport facilities and only rank fourth followed by injuries on public routes. During the observation period there was a substantial difference between the number of injuries in sport facilities outside public utilities compared to the injuries in sport facilities inside public utilities (1.5 fold) (see figure 9).

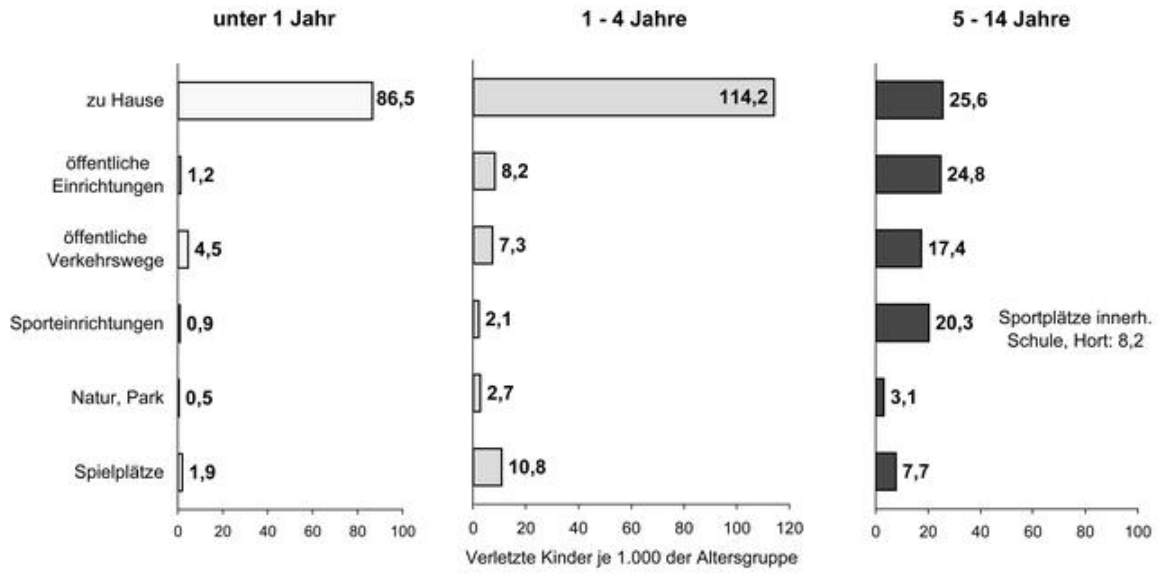


Figure 9:Significant places of injuries (at home, public institutions, public traffic routes, sport facilities, nature/parc, playgrounds), according to age groups (under 1 year, 1-4 years, 5-14 years).

Since in Germany there are different statistical collection systems and responsibilities for subdivisions – for example the compulsory injury insurance fund (Unfallkasse) is responsible for the recording of injuries and children's injury prevention in public child care facilities and educational institutions – this difference was taken into consideration with regard to the definition of the place of injury. For this reason injuries in sport facilities or in playgrounds were defined according to the site, i.e. inside or outside public nursery schools resp. schools. The injury frequency, which is considerably higher in sport facilities (615:406) and in playgrounds (486:83) outside public utilities, could on the one hand be due to different kinds of sport in the sport facilities (playing football, horseback riding) and on the other hand it could also be due to different safety standards. The results of two injury studies in playgrounds, inside and outside public utilities, in the cities of Potsdam and Rathenow in the federal state of Brandenburg refer to the worse safety standard of public utilities (ELLSÄSSER, 1999b; ELLSÄSSER & RÖNZ, 1998).

The decline in the injury rate is due to the prevention effort made by the compulsory injury insurance fund (Unfallkasse) together with corresponding security checks in public utilities. Future prevention measures during leisure activities should therefore be addressed to the non-public sector (sport clubs) and to the private domain (building societies). With regard to the place of injury public routes only rank fourth with 17.4/1000 followed by the injuries at home (25.6/1000), in public utilities (24.8/1000) and in sport facilities (20.3/1000). This does not only concern children less than 5 years, but also those who are 5 to 15 years old. It is often argued that

injuries incurred in road injuries often cause severe consequences. This fact, however, cannot be confirmed by the figures. Thus in 2001 only 7.9 % (19 of 240) of the children injured in road injuries had to be treated in a hospital, a figure which corresponds to the average value of all injuries.

### *3.5 Kind of injury/items which provoke injuries*

The most frequent kind of injury in all age groups by far are falls (babies 70.3%, infants 64.5%, school children 62.0%) (see ill. 2.3), whereby falls from a certain height (> 1.5 m) in the babyhood represent one third of all injuries caused by fall. When differentiating by the place of injury it becomes clear that children, who are older and consequently have a larger activity radius, have more injuries during their leisure time. Falls, however, are not only specific with regard to the age and the environment, but also with regard to the item. Considering the data recorded in Delmenhorst this becomes clear if the injuries caused by a fall are rated according to the items involved in an accident. 55.4% (3,160 of 5,630) of the injuries caused by a fall occurred in connection with an item. Regarding an analysis of the injuries caused by a fall with regard to the age and the items involved one can ascertain a “profile of items”, which is specific with regard to the age group (see ill. 2.4). In the babyhood falls down the stairs, out of the cot, on edges of the table resp. on tables and off the changing table are particularly frequent. Since children at the infant age have a larger activity radius playground equipment becomes more important. In the playground falls off jungle gyms, slides or swings are most frequent. At the school age, however, falls off bicycles and falls in connection with sports like roller-skating etc. as well as sport activities like football are most frequent. With regard to the students injuries involving playground equipment also rank second.

An analysis of the Federal Institute for Employment Protection and Occupational Medicine about injuries at home and during leisure time in the childhood (HENTER, 2001) shows similar results as well. A Swedish study refers to the fact that injury analyses which refer to the items (EILERT-PETERSSON & LAFLAMME, 1998) are very important for the prevention. The recording of the items in line with the injury monitoring could be an important data source in Germany for consideration and measures.

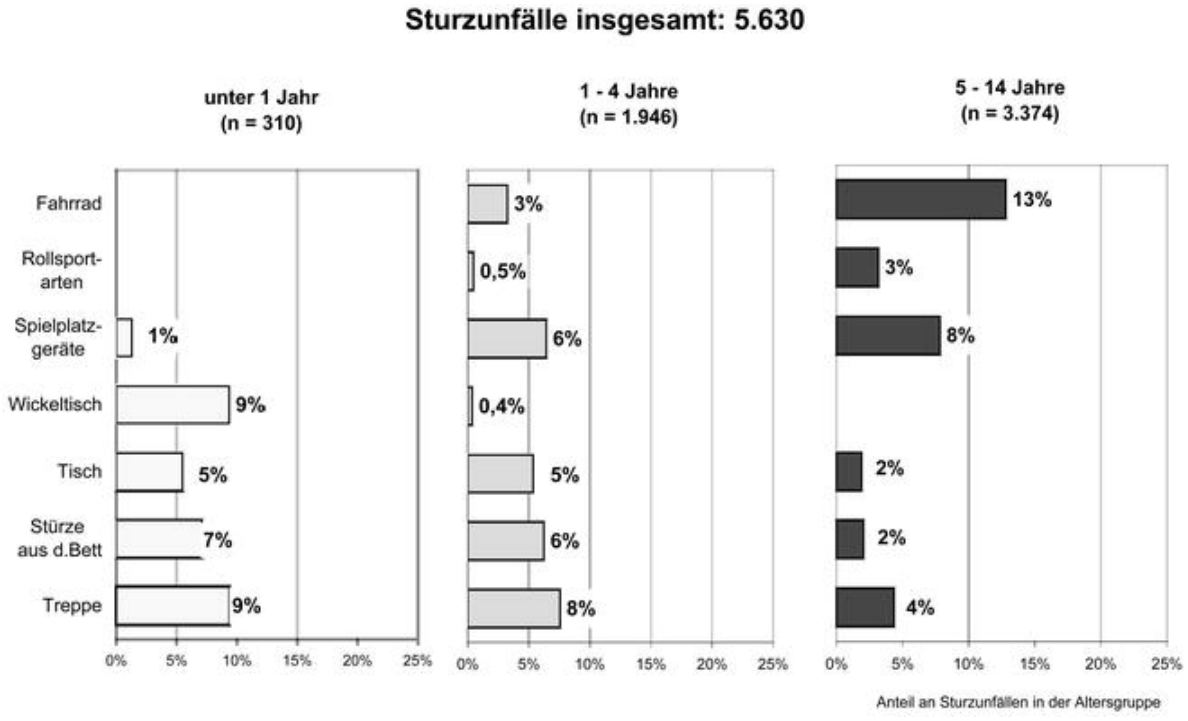


**Figure 10: Injuries due to a fall according to age groups (under 1 year, 1-4 years, 5-14 years) and the item involved (bicycle, skates, playground items, changing table, table, falls out of the bed, stairs), Delmenhorst 1998-2001. Total number of injuries due to a fall: 5360.**

Thermic injuries are typical for babies and infants (144 of 265 = 53%). They regard much more often children who are not German and here boys are significantly often affected (almost every second infant who is masculine and not German) (see table 2.1).

Solely 56% (99 of 265) of all thermic injuries occurred by hot liquids (coffee, tea, water) followed by hot objects (54) like hotplates (23), electric irons (13) and by objects of the flat equipment such as lamps, radiators etc. During the observation period 4 serious thermic injuries were noticeable, which were caused by an electric water kettle (the children tore at the loose-hanging electric cable and were soused by boiling hot water) with the consequence that the children had to stay in hospital for weeks. When estimating the thermic injuries mainly the item is decisive, but the information about this is still incomplete (ELSÄSSER, 2001a).

Table 1: Injuries caused by thermic effects with items involved, Delmenhorst and Ganderkesee, 1998-2001.

| **Items involved** | **Number (n=265)** | **Rate (%)** |
|---|---|---|
| Liquids | 99 | 56% |
| Hot coffee, tea | 47 | 27% |
| Hot fat | 2 | 1% |
| Hot water | 21 | 23% |
| Water kettle | 4 | 2% |
| Hot food | 5 | 3% |
| Kitchen equipment | 31 | 18% |
| Hotplate | 23 | 13% |
| Barbecue grill | 5 | 3% |
| Pot, toaster, hot water tank | 3 | 2% |
| Household | 23 | 13% |
| Lamp | 4 | 2% |
| Electric iron | 13 | 7% |
| Radiator | 4 | 2% |
| Wood stove | 2 | 1% |
| Nature | 9 | 5% |
| Sunburn | 8 | 5% |
| Sunstroke | 1 | 1% |
| Others | 1 | 8% |
| Hot stone step | 1 | 1% |
| Firecracker | 7 | 4% |
| Cigarettes and others | 3 | 2% |
| Lighter | 1 | 1% |
| Electric shock by keyboard | 1 | 1% |
| Plastics, deflagration | 2 | 1% |
| Without indication of item | 88 | |

# 4 Prevention in the city of Delmenhorst

## *4.1 Goal of prevention in Delmenhorst*

The overriding goal in the commune of Delmenhorst is the promotion of children's and young people's health situation as well as that of their families in the region. This has been supported by a long lasting cooperation of administration, individuals and associations as well as organisations of the community health. An important link is the Infantile Health Association (GiK e.V.) a registered association, which was established 10 years ago, as well as the advisory board of senior citizens. Due to the dedication of the Infantile Health association the advisory board of senior citizens increasingly attends to the health problems of senior citizens, in particular to the prevention of accidents and injuries, which they particularly suffer from. Due to the close cooperation of the different stakeholders in the commune there are cooperation models of different intensity available for all settings, among others for the maternity wards as well as the midwives who take care of families and finally the nurseries and schools. In this context it is important to mention the so-called central model, which is exemplary, i.e. the supply of all nurseries with qualified experts. The consensus of all participants is the hypothesis that a reasonable prevention has to comprehend all social groups of the commune, on the one hand as early as possible and on the other hand relating to the setting as far as possible. In this connection the prevention of violence and injuries also plays a vitally exemplary role. The experiences in the early childhood seem to be an important fact for the prevention, in particular regarding the reduction of injuries and acts of violence. The Infantile Health association as an independent stakeholder has to fulfil the task of coordinating, communicating and managing and also the task of advising in the domain of science.

## *4.2 Form of organisation of prevention*

From the very beginning the goal of the regional analysis of injuries was an effective and specific intervention by means of accident black spots and risk groups resp. an evaluation of the interventions by means of an injury monitoring, which is as prompt and as comprehensive as possible. Due to the experiences of other model regions the ideal form of organisation seemed to be a work group or a "round table" for the prevention of injuries.

### *4.3 Round table for the prevention of injuries*

In February 2000 the organisation of the “round table for the prevention of injuries during the childhood” was established by Dr. Böhmann, head physician of the paediatric clinic in the clinical center of Delmenhorst. In the first instance the intention was to inform all stakeholders working with children and young people in Delmenhorst about the first results of the injury data recording as well as to enable authorities and institutions to be aware of injury prevention. A networking of different institutions was considered to be reasonable and effective, this also against the background of the exchange of information, coordination and bundling of the activities as well as for the development of new projects and activities over a longer period of time.

The round table for the prevention of injuries in Delmenhorst focused on the paediatric clinic in the clinical centre of Delmenhorst and the registered association “Infantile Health” (GiK e.V.) established in 1998 where the organisation of the project lay resp. funds were provided by sponsors for the logistical support (computer system, data input, communication). Representatives of different local facilities of the technical service 31 (Health) as well as different services like service 25 (working with young people and nurseries), service 51 (urban planning), service 54 (traffic) and service 55 (public green and nature conversation) provide the basis.

Important independent stakeholders are the police (including road patrol) as well as the sports confederation of the city of Delmenhorst (Stadtsportbund?**)** and other sports clubs as governing body. Nursery schools and schools together with the nursery school for children with speech and language handicaps together with a psychomotor therapist are spheres of activity with the aim of influencing the active safety by encouraging physical activities. A corresponding programme encouraging children restricted in their movements was planned and established in order to assist in the domains of the motor activity and the perception of the body. The children shall be taught social and emotional competence as well as the joy of moving, a positive physical well-being and self-assurance.

Independent activities of the drug advice center (DROB), the “council of crime prevention” (KPR), the advice center against sexual abuse and other advice centers as well as the local authorities association being in charge of injuries are supported in terms of synergy effects. Even before a childbirth midwifes are the first contact persons for the expectant parents with regard to questions of injury prevention. Baby

nurses, paediatrists, medical secretaries as well as ambulance staff of the hospitals undertake the important task of acting as multipliers at different ages.

An adjustment of the round table for injury prevention took place in 2006, when – due to the decision of the city council of Delmenhorst dd. 26.03.2006 – an application for accreditation in the international network “Safe Community” of the WHO was decided. Since that time the implementation of the injury prevention for all sections of the population is an important element of the work regarding the structure of organisation of the round table due to the splitting in 5 work groups. These work groups are divided into the following sectors: encouraging physical activities in the nursery, domestic safety, structural environment and traffic, injury monitoring and senior citizens. The aforementioned stakeholders continue with their work and new stakeholders could be gained for the cooperation.

Since 2006 the round table for injury prevention in Delmenhorst is governed by the head of the division 3 Health, Consumer Protection and Prevention of Hazards, Mr. Peter Betten. There are about four meetings of the round table in a year, which take place in the guildhall of the city of Delmenhorst.

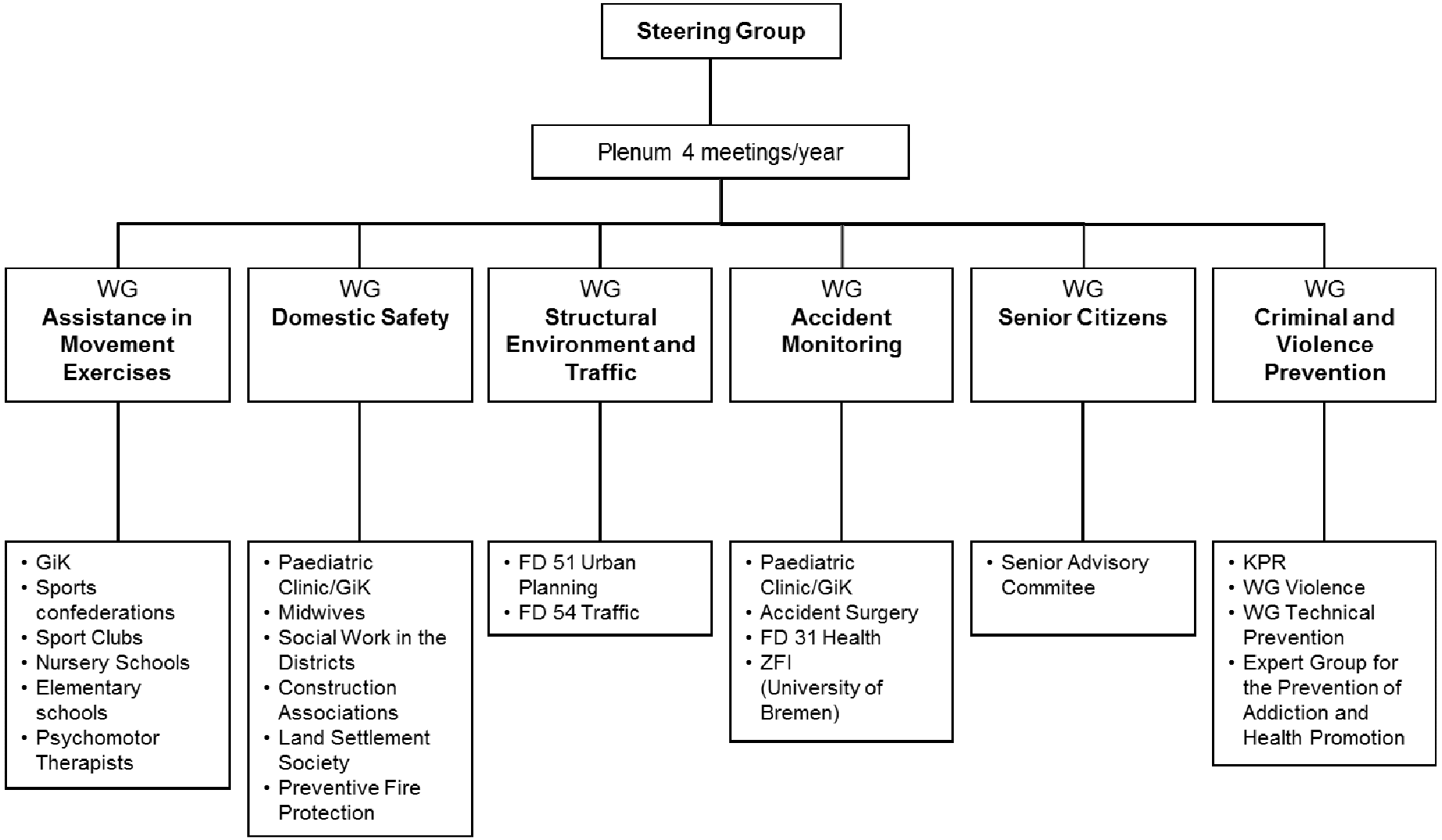


Figure 11: Organisation chart Round Table 2006:

### 4.3.1 Work group Assistance in Movement Exercises

The work group Assistance in Movement Exercises consists of stakeholders of sport clubs, the sports confederation of the city of Delmenhorst (Stadtsportbund (SSB)), nursery schools and elementary schools as well as p of the nursery school for children with speech and language handicaps in Delmenhorst. The goals and tasks are described in the following organisation chart.

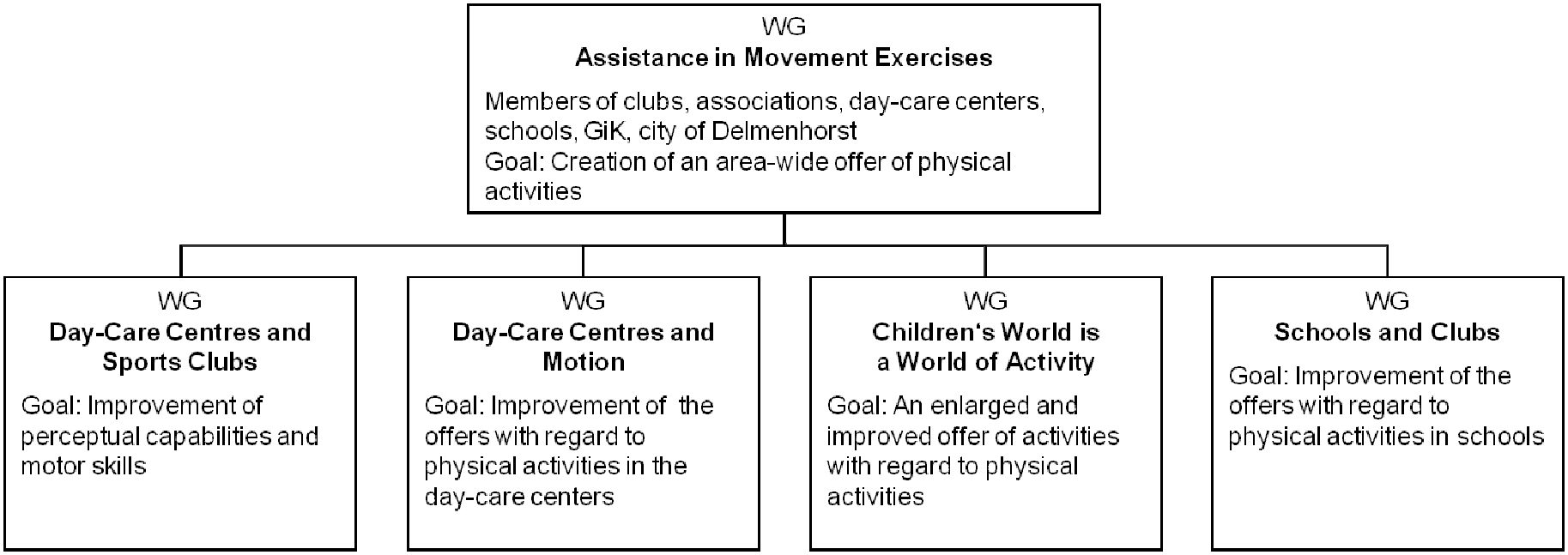


Figure 12: Organisation Chart of the work group Assistance in Movement Exercises.

### 4.3.2 Work group Domestic Safety

Different stakeholders and institutions are represented in the work group “Domestic Safety”. These are, among others, the paediatric clinic, the association Infantile Health (GiK e.V.), the fire brigade (preventive fire protection), a midwife of the clinical center of Delmenhorst, building societies and facilities working in the relevant districts as well as a citizens’ initiative and a neighbours’ center.

### 4.3.3 Work group Structural Environment and Traffic

The stakeholders of this work group mainly consist of employees of the municipality such as service 51 (urban planning), service 55 (traffic) as well as the council of crime prevention of the city of Delmenhorst (KPR) and a lawyer.

### 4.3.4 Work group Injury Monitoring

Employees of the association Infantile Health (GiK e.V.) as well as of the paediatric clinic and the accident surgery of the clinical center of Delmenhorst are members of this work group. The technology center of the University of Bremen (TZI) participates in the development of an innovative data recording for this project. The goal of this work group is the comprehensive recording of all injuries which children and adults have and which are treated out-patient and in-patient in the clinical center of Delmenhorst in order to obtain knowledge about injury mechanisms and to undertake a specific prevention of injuries with regard to all age groups.

### 4.3.5 Work group senior citizen

Main stakeholders of this work group are members of the seniors committee of the city of Delmenhorst who care for the requests of the older population.

## *4.4 Measures*

Passive safety and active safety

Projects for the passive safety of children primarily concern children at the age of 0-1 years resp. their parents already before the childbirth. When growing up these measures have to be completed successively by an encouragement of the active safety. Both positions of the safety philosophy “Assure and Practise” have to be completed and not alternatively adapted to the children’s respective maturity. Furthermore personality traits, psychomotor styles and last but not least education styles are facts which cannot be easily valued.

### 4.4.1 Measures of the work group Assistance in Movement Exercises

#### 4.4.1.1 Children's World is a World of Activity

The project should be considered as an offer for children at the age of approx. 4 years and older within the scope of injury prevention. The offer is addressed to:

- Children with psychomotor abnormalities,
- Children who cannot cope with the offers of sport clubs (yet) (for ex. due to the efforts required),
- Children who do not require any therapies, but have problems for ex. with the balance, the coordination, the planning and transformation of actions and have difficulties to deal with other children.

The non-school related activities are of utmost importance for the experience in the physical activities. The activity project "Children's World is a World of Activity" was fathered by the initiative of the psychomotor therapist of the nursery school for children with speech and language handicaps in cooperation with the sports confederation of the city of Delmenhorst. This offer was developed for children who have rather minor possibilities to be active in school sport as well as in performance-orientated organised sports and whose motivation to be active reduces when growing older.

Figure13: Project" Children's World is a World of Activity".

There is no time limit for the children who participate in this project. The participation shall comply with the individual requirements. These will be diagnosed in cooperation with the parents and other institutions. The children shall have the possibility to move, act, plan and reflect in an environment which is appropriate for children and corresponds to the requirements and the proficiency level. The intention is to arouse

and further interests. Consequently the aim is to enable the children to transfer to sport clubs as early as possible.

Groups:

- Children at the age of 3 to 12 years
- Currently 5 girls and 12 boys are participating in the project
- The group shall have 8 – 10 children

It is striking that the number of boys in the groups was much higher during the last years. The participating children hail from all classes of population, mainly from Delmenhorst and in part also from Ganderkesee.

Contact persons: Claudia Blauth, Bianca Losekam, Stella Buick

#### 4.4.1.2 Assistance in movement exercises in the day-care centre (MOT)

A pivotal fact of the increase of the active safety is the assistance in movement exercises enabling children with an increasing activity radius to cope with the challenges of their social environment. This seems to be very important since today children have less kinetic experiences according to their development appropriate to their age. Additionally there is an increase of manifold and sometimes risky offers such as early cycling and fashion sports.

First of all the attendance of the nursery school is an important and at the same time very favourable stage for several reasons:

- According to the data previously mentioned this age has the highest incidence.
- The safety standard in the nursery schools is rather high compared to the domestic environment and can hardly be increased so that the passive factors for the event of an injury are not of essential interest (anymore).
- At the same time children of this age group can easily be reached for interventions due to the relatively high supply rate (>80%).
- Modifications of the behaviour are more effective in the early years.
- Nursery teachers are very open-minded for preventive measures in their role as multipliers.

An early assistance in movement exercises is important for the child's personal development as well as for the injury prevention. Furthermore an early assistance in

movement exercises plays a role which becomes more and more important for the prevention of adiposity as well as social marginalisation. In order to offer such assistance to as many children as possible projects such as “Assistance in movement exercises in the day-care centres of Delmenhorst” are expressly opened to many participants. Over about one year two goups of children have been compared (measurement: MOT4-6). As an gratification all participating day-care centres got an “Lärmampel” (light for noise management; sponsored by Lions-Club Delmenhorst, Burggraf)

#### 4.4.1.3 Improvement of motor skills with music

Over some years nursery teachers have been educated in basic guitar playing. The training was performed by a musician and a sports trainer. Beside the practical skills the nursery teachers gain pleasure in music and improvement of motor skills. An evaluation of the project is planned. The instruments and the fees for the course have been financed by GiK e.V..

#### 4.4.1.4 Cooperation primary school and sports club

The goal of this cooperation is an enlargement and improvement of the activity offer for children who cannot find their place in conventional sports offered by schools (for ex. due to mental retardations, inability to move, adiposity, etc.)

As far as possible this offer should be involved in the school lessons in form of a work group (for ex. sport and games work group or children’s world is a world of activity) in order to avoid a marginalisation of these children. If possible this group should be homogenous and should not have more than 8-10 children. An activity unit covers a period of 45 minutes and is given during a school day. A sports club’s trainer takes care of the children. Subsidies for this project can be applied for at the sports confederation of the federal state (Landessportbund). The school applies for the subsidies through the school authority at the sports confederation of the federal state (Landessportbund), provides the gymnasium for this action and appoints children who are allowed to participate in the assistance.

Contact person: Sports club TuS Hasbergen, Heidrun Burdorf

#### 4.4.1.5 Central model

Further on the situation in Delmenhorst was very favourable due to existing activities, among others those for recognition of children with abnormalities of movement within

the scope of the so-called “Central Model” of the service 25 Working with Young People and day-care centres. Within the scope of this model every nursery school was offered the possibility of a qualified assistance for diagnostics for years, among others diagnostics of abnormalities of movement as well. The existing personal and spatial resources in the nursery school for children with speech and language handicaps resp. in a psychomotor therapy facility could mainly be used for the cooperation. Hence the very active work group Nursery School was established in the scope of the round table. This work group has regular meetings and projects of its own. A regular further training for interested nursery trainers takes place in all nursery schools under the guidance of an experienced psychomotor therapist. Offers for the assistance of movement exercises are coordinated among the facilities with different spatial and personal equipment.

#### 4.4.1.6 Professional conference for assistance in movement exercises and injury prevention during the childhood

Several conferences for assistance in movement exercises and injury prevention during the childhood took place with the participation of representatives of schools, nursery schools and sport clubs. The professional conferences were organised by the association infantile health GiK e.V. in cooperation with the round table injury prevention and the City of Delmenhorst. After introductory lectures of the three settings nursery school, school, sport clubs the participants discussed the question by which means an early assistance in movement exercises can be offered to as many children as possible. The goal of the professional conferences was to meet practitioners and interested persons and to exchange experiences. This shall further an integration with the intention to maintain or, if possible, to enlarge previous offers also in times of slender resources. It was principally desired to have a better continuing education for nursery teachers in the day-care centres and trainers in sport clubs in the field of psychomotor activity.

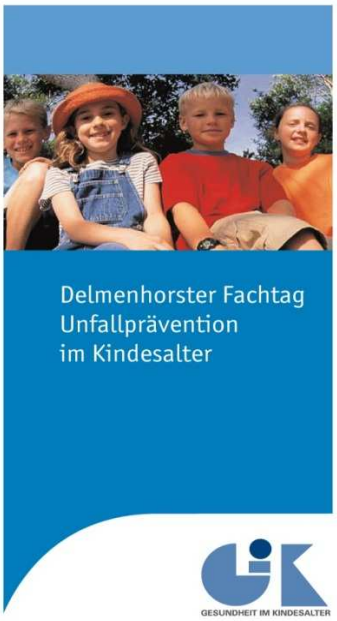


Figure 14:Invitation flyer to the “Professional conference in Delmenhorst about injury prevention during the childhood (26.05.2004)

Figure 15:Invitation flyer to the conference in Delmenhorst about injury prevention (18.08.2010)

### 4.4.2 Measures of the work group Domestic Safety

#### 4.4.2.1 Further training of midwives for the prevention of injuries

During the antenatal classes midwives point out accident black spots at home. These can be demonstrated with great success by playing a (search) game of the German Green Cross for checking the household. This game is particularly favoured by the fathers-to-be. For the first time young parents are informed and competently advised about the issue of the domestic safety. This is very important during this sensitive period when thinking of prevention. Dr. Böhmann has an important influence on the education of midwives at the Federal State level.

#### 4.4.2.2 Safety check lists

The “safety check lists” designed by the forum “injury prevention” are distributed in the maternity wards. At the same time it is important to talk to the mothers personally.

#### 4.4.2.3 Sale of safety articles

Safety articles of the company Helly are available in the maternity wards and can be bought at cost price there and in the children’s outpatient department.

#### 4.4.2.4 Changing table

Due to the epidemiological data collected in Delmenhorst the great importance of the baby changing table could be confirmed and quantified with regard to injuries in the first year of life. The next goal will be the promotion of the passive safety by propagating standards for the height of the changing pad borders and the fact that parents should pay more attention to this injury (modification of comportment).

#### 4.4.2.5 First-aid courses: "First-aid to a child"

Medical secretaries of all paediatricians and also of some general practitioners are additionally motivated during emergency seminars, which take place 2-3 times a year, to support the distribution of the safety check lists and provide information during the respective preventive medical check-ups. At the same time these seminars inform about the necessary secondary prevention in case of children's injuries, such as the courses "First-aid to a child", which take place regularly in cooperation with the German Red Cross (DRK).

#### 4.4.2.6 "Huge kitchen"

A "huge kitchen" was manufactured with the funds of donations. The modified proportions of this kitchen are impressive for adults. Thus they can see the particular accident black spot "kitchen" through the infant's eyes, such as high worktops, drawers inspiring to climb up etc. The public presentation supported by media relations work helps young parents to see the children's particular point of view at home and can refer to the importance and function of some safety devices, such as for ex. the grid securing the stove.

Figure 16: This “huge kitchen” from GiK e.V. is a model of several other samples all over Germany.

#### 4.4.2.7 Preventive fire protection

Representatives of the fire brigade collaborate and contribute to the discussion with their technical knowledge and problem awareness of the preventive fire protection. Thus they give competent information, among others for the building code as well as the quality and necessity of fire detectors.

#### 4.4.2.8 Contact to building societies

The round table injury prevention is in contact with two building societies in order to point out the necessity of permanently installed devices for the passive safety in the apartment, such as lockable runners, power socket locking devices etc. and thus to comply with the particular needs for safety of families with children who only have a low income. A first success could already be achieved: A building society installed smoke detectors in all apartments which they built.

#### 4.4.2.9 Conceptual design of the permanent exhibition “Preventing children’s injuries”

The work group “Domestic Safety”, a work group of the round table for injury prevention of the city of Delmenhorst, conceived a permanent exhibition with regard to the issue “preventing children’s injuries” in the scope of its prevention activity, which has been exposed at different places in so-called “social hot spots” in Delmenhorst. The exhibition was deliberately located in the “social hot spots” since international and national studies consistently point out that there is a verifiable

connection between children's accidents and the difficult social site. The first location of the exhibition was the redevelopment area "Wollepark" in Delmenhorst.

The redevelopment area "Wollepark" is a council estate of the seventies in the center of the city of Delmenhorst. Today the majority of the buildings are in structural bad order. The quarter Wollepark has approx. 1500 inhabitants. Compared to the remaining urban area this is an area where young people live. The part of the people under 25 years amounts to approx. 40%. The part of the people who are younger than 25 years is about 40 %. The part of the people who obtain aid money is considerably above average. In addition, the part of the migrants (resettlers and foreigners of German origin) in the region is above 50 %. The problems in the region are unemployment and in particular education deficits and problems with the German language. The coexistence of different ethnic groups is also a problem since they do not have many contacts among each other. The population of the remaining urban area also perceives the social and structural situation of the Wollepark as extremely problematic. The Wollepark is presumed to be a "social hot spot".

The neighbourhood center Wollepark is situated on the spot. This center which is district orientated organises social projects such as a community development work project and a neighbourhood management project, residents' participation and individual case support. Educational opportunities, residents' meetings, various projects and counselling take place in the premises of the neighbourhood center. It is a central drop-in center in the Wollepark.

The exhibition "Preventing childrens' accidents" could be visited during four weeks in the neighbourhood center Wollepark (period September/October 2006). On the one hand posters and invitations had been distributed in the quarter in order to promote the exhibition, on the other hand the team of the neighbourhood center had directly approached residents and encouraged them to visit the exhibition. The exhibition was deliberately located in the neighbourhood center in order to enable the residents of the quarter to have a low threshold access to the issues of the exhibition. Furthermore the local media reported in detail about the exhibition and its matters as well. Accordingly the exhibition was also noticed by the population living outside the actual quarter.

In order to additionally advise visitors of the neighbourhood center of the exhibition, a "huge kitchen" was installed, which shows how a kitchen is seen through a three-years-old child's eyes and thus points out the sources of danger in the kitchen.

The exhibition “Preventing children’s accidents!” points out three “classic” accident black spots for children in private households: scalds with hot water, falls off the changing table and burnings of habitation. It was the organisers’ intention to draft the wordings of the exhibition clearly and briefly. They give essential information about the sources of danger and immediate measures in case of emergency. According to the population structure in the “social hot spots” the wordings were translated into the Turkish and Russian language. Additionally, information material about the different main topics was displayed. As far as possible, this information material was also designed in several languages. In addition to the exhibition complementary events were offered to the residents of the Wollepark during the period of the exhibition. In addition to a public-oriented opening event an evening event took place, during which experts clearly reported on the different accident black spots, answered questions and gave hints to avoid accidents. Translators for the current languages in this district also attended the event. Furthermore a “first-aid course for children” took place in the resident youth center Sachsenstraße.

It is very important for the organisers to be sure that the exhibition will at the same time continuously be advanced. Reactions and suggestions from people visiting the exhibition are collected and incorporated into the exhibition conception.

In corporation with a building society the exhibition could be presented in another living quarter with similar social problems in Delmenhorst during the period of April / May 2007.

#### 4.4.2.10 Attention: poison

In cooperation between GiK e.V. and the City of Delmenhorst the work group Domestic Safety developed a flyer with important information about poisonous plants and household products. The flyer was handed out on different occasions. Additionally regular seminars about first aid for children in cooperation with the German Red Cross Delmenhorst were offered.

### 4.4.3 Measures of the work group Structural Environment and Traffic

#### 4.4.3.1 Planning and safeguarding of the way to school

The department 5, department 54 (traffic) of the city of Delmenhorst drew up a plan for the way to school in order to safeguard the way to school of all primary schools in

Delmenhorst. In the first part there are general facts regarding the road safety education in the parents' house without wagging a finger and road safety education at school.

- the way to school by foot
- the way to school by bicycle: mapping out – scheduling – practicing
- the way to school by car: (addressed to parents): observation of traffic rules, acting as an example.

The second part is particularly applicable for the city of Delmenhorst. Each individual school is mentioned, with photo and particulars of the governing body of the school and address. The catchment area of the school including roads is mentioned and dangerous places resp. critical places are pointed out by means of photos.
All schools have been contacted for the preparation of this plan asking them whether they can comment on dangerous places in particular. A telefax form is attached on the last pages of the plan for the way to school in case of requests for modification resp. notes. Contact person: Bernd Schmidt:

#### 4.4.3.2 Observation and supervision of the public children's playgrounds

After the babyhood the service 55 Public Green and Nature Conservation becomes more important. Its task is to support the observation and supervision of the public children's playgrounds. Experts in planning and maintenance were particularly interested in learning important facts about accidents on playgrounds (approx. 170 per year), which were discussed at the "round table" and which were considered as an important and valuable feedback. Several times other institutions such as nursery schools and schools also took up suggestions with regard to the design of playgrounds.

Figure 17: Playground in the park of Delmenhorst "Graft".

#### 4.4.3.3 Projects of the road patrol

Close cooperation of the round table with representatives of the domain traffic security, such as the police, the road patrol and the German automobile club (ADAC) show some synergetic effects, even if the focus of the accident prevention falls in the domestic domain due to the epidemiological data. However, the accident statistics reveals that with regard to the items involved in an accident the number of accidents with bicycles is extremely high at school age so that a separate domain of regional activities should also be established for this issue.

#### 4.4.3.4 The first safe drive

On the maternity ward of both hospitals in Delmenhorst parents are offered to borrow baby car seats free of charge for the “first safe drive” for one month. Thus the great importance of children’s safety in road traffic is pointed out and due to the offer of baby car seats on the wards parents are exemplarily informed about the safety. It was possible to purchase 20 baby car seats by means of donated funds in cooperation with the German automobile club (ADAC) of Delmenhorst.

Figure 18: Project “The first safe drive”.

### 4.4.4 Measures of the work group accident monitoring

#### 4.4.4.1 Injury Data Base (IDB)

The aim of the IDB (injury data base) – a project at EU level – is to implement the “Injury Surveillance” in hospitals in all EU countries. The tasks of the IDB project in

Germany comprehend: data entry of all patients of all age groups treated in hospital due to accidents and injuries (violence, physical and mental injuries).
The entry is made on the basis of questionnaires. With regard to adults above 18 years it is made continuously one day a week, with regard to children and young people all days a week. The review of the data sets is made by the regional health authorities of Brandenburg (Dr. Ellsäßer).
There is neither an entry of self-injuries, injuries by violence, injuries on the roads according to diagnoses nor of injuries in connection with items (according to a list of items) in Germany at present. These data shall also expand into the data base IDB throughout Europe as from 2007.

#### 4.4.4.2 Development of an innovative, mobile collection system of accident data

In collaboration with the TZI (Technology Center) of the University of Bremen the association Infantile Health (GiK e.V.) is currently working on the development of an innovative, mobile collection system of accident data by using a handheld computer. This digital collection shall simplify the recording of data and be integrated in the existing information system of the hospital (KIS).

### 4.4.5 Measures of the work group senior citizens

#### 4.4.5.1 Organisation of lectures on accident prevention

In cooperation with specialists the advisory board of senior citizens informed about the risks of accidents and possible consequences regarding older people. These lectures were given in public. Contact person: Hartmut Nordbruch

#### 4.4.5.2 Development of questionnaires with regard to the recording of accidents of senior citizens

It is intended to develop a questionnaire in collaboration with the surgical clinic of the clinical center of Delmenhorst in order to record the kind of accidents senior citizens have.

#### 4.4.5.3 Prevention of accidents

Since several years different activities are organized by the Workgroup Senior Citizens, e.g. training of getting in and out of a vehicle (in cooperation with Delbus, public transport operator, City of Delmenhorst) and special guided tours for example in the main station of Delmenhorst.

#### 4.4.5.4 Sport programs for senior citizens

Several sport clubs offer the possibility to senior citizens to get exercise in order not to become immovable and to avoid that older people grow lonely.

### *4.5 Summary*

| Project | **Children's World is a World of Activity** |
|---|---|
| Target group | Children at the age of approx. 4 years and older, children with psychomotor abnormalities, children who cannot cope with the offers of sport clubs, children who have problems with the balance, the coordination, the planning and transformation of actions and have difficulties to deal with other children. |
| Setting | Sports / recreation time |
| Institution / coordinator | GiK e.V. |
| In cooperation with | Eintracht Delmenhorst, Stadtsportbund, child-care centers |
| Period of time | since 19-06-2001 |
| Goal | In an environment appropriate for children referring to their needs and proficiency level children is given the possibility to move, act, plan and reflect. |

| Project | **Assistance in movement exercises in the day-care centre (MOT)** |
|---|---|
| Target group | Children at the day-care in between the age of 3 to 6 |
| Setting | Day-care centre |
| Institution / coordinator | Frau Busse (Dipl. Soz.), several day-care centre |
| In cooperation with | Psychomotr practice, R. Leßner, Lions Club, Delmenhorst-Burgraf. |
| Period of time | 2006/2007 |
| Goal | Increasing the motor-coordination in order to cope with challenges posed by the individual social environment. Evaluation with MOT 3-6. |

| Project | **Improvement of Motor Skills with Music** |
|---|---|
| Target group | Nursery teachers |
| Setting | Day-care centres |
| Institution / coordinator | GiK e.V. and “Musikhaus Spula” |
| In cooperation with | Stefan Spula. |
| Period of time | 2006 - 2010 |
| Goal | Extension studies for multiplicators in improvement of motor skills with guitar. Educators‘ pleasure in musical motor activity. |

| Project | **Central Model** |
|---|---|
| Target group | Children in day-care centres at the age of 1 to 6 |
| Setting | Day-care centres |
| Institution / coordinator | City of Delmenhorst, Service 25: Working with Young People and Day-Care Centres |
| In cooperation with | Day-care centres, psychomotor therapists |
| Period of time | Since 1998 |
| Goal | Within this model every nursery school has been offered the possibility of a qualified assistance for diagnostics for years, among others diagnostics of abnormalities of movement as well. |

| Project | **Professional conference for accident prevention during the childhood** |
|---|---|
| Target group | Multiplier, “Migrationslotsen” and others |
| Setting | Further education |
| Institution / coordinator | GiK e.V., Round Table Accident Prevention |
| In cooperation with | Building societies, City of Delmenhorst etc. |
| Period of time | Since 2004 |
| Goal | To meet practitioners and interested persons and to exchange experiences. This further provides an integration with the intention to maintain or, if possible, to enlarge previous offers also in times of slender resources. |

| | |
|---|---|
| Project | **Further education of midwives for the prevention of accidents** |
| Target group | Midwives in Lower Saxony, parents(-to-be) |
| Setting | Further education of midwives (Hebammen auf Landesebene (LAFO)) |
| Institution / coordinator | Asssociation of midwives in Lower Saxony (Landeshebammenverband Niedersachsen), GiK e.V., Foundation „Eine Chance für Kinder“, Hanover |
| In cooperation with | Professional school, midwives |
| Period of time | Since 1992 |
| Goal | Young parents are informed and competently advised about the issue of the domestic safety by midwives. |

| | |
|---|---|
| Project | **Training of familiy-midwives in Lower Saxony** |
| Target group | Prospective family-midwives |
| Setting | Further education Lower Saxony |
| Institution / coordinator | Foundation „Eine Chance für Kinder“, Hanover |
| In cooperation with | GiK e.V., Lower Saxony |
| Period of time | Since 1994 |
| Goal | Further education of midwives in prevention of accidents, and highten awareness to differentiate between accident and act of violence. |

| | |
|---|---|
| Project | **Safety Check List** |
| Target group | Parents(-to-be) |
| Setting | Maternity wards and health care center |
| Institution / coordinator | Paediatric clinic of Delmenhorst |
| In cooperation with | GiK e.V., midwives gynaecological hospital Delmenhorst |
| Period of time | Since 1998 |
| Goal | To inform the parents-to-be about possible sources of danger and accident black spots. |

| Project | **„The First Safe Drive“** |
|---|---|
| Target group | Parents |
| Setting | Children’s health care center, paediatric clinic, maternity wards Delmenhorst |
| Institution / coordinator | Hospital of Delmenhorst, paediatric clinic Delmenhorst, St. Josef Stift |
| In cooperation with | GiK e.V., ADAC |
| Period of time | Since 1998 |
| Goal | Parents are offered to borrow baby car seats free of charge for the “first safe drive” for one month. Moreover safety articles are available in the maternity wards and can be bought at cost price. |

| Project | **Changing Tables** |
|---|---|
| Target group | Young parents |
| Setting | Birth preparation, home |
| Institution / coordinator | GiK e.V. |
| In cooperation with | Midwives |
| Period of time | Since 1998 |
| Goal | The great importance of the baby changing table as a possible source of danger and the fact that parents should pay more attention to this accident is communicated. |

| Project | **First-aid courses: “First-aid to a child”** |
|---|---|
| Target group | Medical secretaries, paediatricians, parents |
| Setting | Further education |
| Institution / coordinator | German Red Cross (DRK) |
| In cooperation with | DRK, Johanniter, hospital of Delmenhorst, paediatric clinic Delmenhorst |
| Period of time | Since 2000 |
| Goal | Secondary prevention in the case of accidents in childhood, advise |

| Project | **Huge Kitchen** |
|---|---|
| Target group | Public |
| Setting | Public space, shopping mall |
| Institution / coordinator | GiK e.V. |
| In cooperation with | Different partners, at present „Jute Center“ Delmenhorst |
| Period of time | Since 1998 |
| Goal | This presentation helps young parents to see the children’s particular point of view at home and can refer to the importance and function of some safety devices, such as the grid securing the stove. |

| Project | **Preventive fire protection** |
|---|---|
| Target group | Families, public |
| Setting | Schools and day-care centres and districts in the city with a special need of coaching |
| Institution / coordinator | Fire brigade Delmenhorst |
| In cooperation with | Gik e.V. |
| Period of time | Ongoing |
| Goal | To inform all citizens of Delmenhorst about preventive fire protection, secondary prevention. |

| Project | **Smoke Detectors** |
|---|---|
| Target group | Resident cooperative building society |
| Setting | Domestical environment |
| Institution / coordinator | Building society Delmenhorst |
| In cooperation with | GiK e.V. |
| Period of time | Since 2007 |
| Goal | Installing of devices for the passive safety in the apartments, such as lockable runners, power socket locking devices, smoke detectors etc. |

| | |
|---|---|
| Project | **Trilingual permanent exhibition „Preventing Children's Accidents“** |
| Target group | Public, districts with special social problems |
| Setting | Quartiersmanagement |
| Institution / coordinator | GiK e.V. |
| In cooperation with | Quartiersmanager Wollepark, Düsternort, Helgolandstrasse |
| Period of time | Since 2008 |
| Goal | To inform and motivate especially inhabitants with a background of migration |

Figure 19: „Prevent Accidents in Childhood!“

| | |
|---|---|
| Project | **Attention: Poison!** |
| Target group | Parents, grandparents and multiplier |
| Setting | Seminars |
| Institution / coordinator | WG Domestic Safety |
| In cooperation with | City of Delmenhorst (FB 3), GiK e.V. |
| Period of time | Since 2009 |
| Goal | Multipliers communicate information in the domestic setting. |

| | |
|---|---|
| Project | **Safety on the way to school „Bäke Brücke“** |
| Target group | Pupils |
| Setting | Traffic |
| Institution / coordinator | „Project Bäke Brücke Heidkruger Weg" e.V |
| In cooperation with | City of Delmenhorst |
| Period of time | Start 2007, completion 2010 |
| Goal | Safety on the way to school |

Figure 20: Dedication of „Bäke Brücke”.

| | |
|---|---|
| Project | **“Kinderverkehrsschule” (traffic school for children)** |
| Target group | School-aged children at kindergarten, first and second grade primary school children |
| Setting | traffic |
| Institution / coordinator | Department 54 (traffic) of the city of Delmenhorst, Police Department of the city of Delmenhorst, Delbus |
| In cooperation with | Police Department of the city of Delmenhorst |
| Period of time | Since September 2009 |
| Goal | The children shall realize the complexity of traffic and shall understand the importance of observing traffic rules. |

Figure 21: "Kinderverkehrsschule" 1

Figure 22: "Kinderverkehrsschule" 2

| | |
|---|---|
| Project | **Planning and safeguarding of the way to school** |
| Target group | Pupils and parents |
| Setting | School |
| Institution / coordinator | Department 54 (traffic) |
| In cooperation with | City of Delmenhorst |
| Period of time | Since 2008 |
| Goal | Safe way to school |

| | |
|---|---|
| Project | **“Schulweg-Express”** |
| Target group | Primary-school children |
| Setting | Safety to traffic |
| Institution / coordinator | “Verkehrswacht” (traffic department) |
| In cooperation with | City of Delmenhorst |
| Period of time | Since August 2010 |
| Goal | The children shall arrive at school together in groups on safe ways. |

| | |
|---|---|
| Project | **Observation and supervision of the public children’s playgrounds** |
| Target group | Children |
| Setting | Playground |
| Institution / coordinator | City of Delmenhorst |
| In cooperation with | Service 55 Public Green and Nature Conservation |
| Period of time | ongoing |
| Goal | The playgrounds of Delmenhorst shall be continuously controlled, checked and improved to increase safety in order to prevent accidents. |

| Project | **Injury Data Base (IDB)** |
|---|---|
| Target group | |
| Setting | Accident monitoring |
| Institution / coordinator | GiK e.V., Klinikum Delmenhorst |
| In cooperation with | University of Bremen, Nordcom (sponsor) |
| Period of time | Since 2007 |
| Goal | Data entry of all patients of all age groups treated in hospital due to accidents and injuries (violence, physical and mental injuries). |

| Project | **Organisation of lectures on accident prevention** |
|---|---|
| Target group | Senior citizens |
| Setting | Öffentlichkeit |
| Institution / coordinator | Seniors advisory board |
| In cooperation with | Round table accident prevention, physicans, physical therapists |
| Period of time | ongoing |
| Goal | Lectures provide information on accident risks and possible impact on the elderly. |

| Project | **Development of questionnaires with regard to the recording of accidents of senior citizens** |
|---|---|
| Target group | |
| Setting | Accident monitoring |
| Institution / coordinator | Klinikum Delmenhorst, GiK e.V. |
| In cooperation with | NN |
| Period of time | Since 2010 |
| Goal | Development of questionnaires in cooperation with the surgical clinic of Klinikum Delmenhorst. Currently in development: Project for the prevention of falls as the main cause of hip joint fractures. |

| | |
|---|---|
| Project | **Sport programs for the elderly** |
| Target group | Senior citizens |
| Setting | Sport-/ recreational programmes |
| Institution / coordinator | Sport clubs, GiK e.V. |
| In cooperation with | Stadtsportbund (community sports alliance) |
| Period of time | ongoing |
| Goal | SpeGoall programme for seniors to increase mobility and aid with compagnionship. |

### *4.6 Violence prevention*

The network of the city of Delmenhorst and the association Infantile Health undertake the pivotal task of preventing violence. This kind of prevention should begin as early as possible. The following sub-projects have already existed for some years resp. are being developed:

#### 4.6.1 Kriminalpräventiver Rat (KRP, Committee for violence prevention) of the city of Delmenhorst

In Delmenhorst a cooperation of public authorities, city administration, the police department, courts, schools, social institutions like the church, sport clubs, regional businesses, representatives for seniors and immigrants, the Kids and Youth Parliament, charitable organizations and many others has successfully built a network for crime prevention which has proven very effective. For several years already Delmenhorst has counted amoung the safest cities in the region and in Lower Saxony. Since 1994 the crime rate has been decreasing continuously while inner-city safety has been increasing. Expressed in numbers this means that since the creation of the KPR the crime rate has decreased by 40%.

The KPR is headed by Angelika van Ohlen and is chaired by Mayor Patrick de la Lanne.

#### 4.6.2 Family midwives

Due to the early intervention of confidents mainly families with problems are willing to accept for ex. help at an early stage. In this context the association Infantile Health insistently initiated the project “Family midwives” throughout the Lower Saxony. Furthermore the association undertook the task of developing and supporting the

project during the period of development. Dr. Böhmann as member of the managing board acts for the foundation of the Lower Saxony called “Eine Chance für Kinder”, which is based in Hanover. The goal of the foundation is to avoid an imminent negligence and neglect of children by calling on and helping pregnant women, young mothers and their children who live in a socially difficult situation.
Two family midwives and one social worker act under the direction of the local charity union in order to support families in Delmenhorst. The work of the family midwives is evaluated at a federal state level. The further training of the family midwives as well as their supervision is also effected at a federal state level and supported, amongst others, by Dr. Böhmann of the association Infantile Health.

### 4.6.3 Schreiambulanz (Cry ER)

After extensive discussions with psychiatrists, psychologists and paediatrists the first consultation for babies was fathered in Delmenhorst in cooperation with the clinic for paediatric and adolescent psychiatry.
Mainly families with children showing a difficult temper shall have intervention possibilities at an early stage. For this purpose a paediatrist and a child psychiatrist/child psychologist work together during 5 sessions in order to manage differentiated offers for help. For each individual case massive acts of violence within the family shall be prevented by means of an intervention at an early stage.

### 4.6.4 Study: “Mutter-Kind-Interaktion und klinische Diagnosen im ersten Lebensjahr” (M-KID, mother-child-interaction and clinical diagnosis during the first year of life)

The most frequent acts of violence in babyhood are negligence and accidents. By means of a systematic early intervention immediately after the childbirth mental aberrations which are often the cause of negligence, accidents and acts of violence shall be prevented. In cooperation with the Hanse-Wissenschafts-Kolleg in Delmenhorst parents of newborns and premature infants are advised intensively by female psychologists. An extensive diagnosis follows, in particular to discover pychosocial risks with the consequence of aberrations.

### *4.7 Summary: KPR projects*

| Project | **Award for moral courage** |
|---|---|
| Target group | Involved citizens |
| Setting | |
| Institution / coordinator | KPR management |
| In cooperation with | City of Delmenhorst, mayor's office |
| Period of time | Since 1999 |
| Goal | Awarded to citizens who courageously and empathetically helped prevent a crime or helped a crime victim. |

| Project | **We say "No!" to right-wing extremism and wolfs in sheeps' clothing** |
|---|---|
| Target group | Ninth grade students |
| Setting | Schools |
| Institution / coordinator | KPR, City of Delmenhorst, Fachdienstleiter 29 |
| In cooperation with | Child protective services |
| Period of time | Since 1999 |
| Goal | Measures to explain, inform and highten awareness of right-wing extremism |

| Project | **Faustlos** |
|---|---|
| Target group | Primary and junior high school students |
| Setting | Schools |
| Institution / coordinator | KPR |
| In cooperation with | City of Delmenhorst, FD 2, KPR |
| Period of time | |
| Goal | Programme aimed at the holistic learning of abilities and skills to recognize emotions in one's own and others. It is targeted at detecting possible triggers of anger and rage early and avoiding them by employing learned calming techniques. |

| Project | **Streetworkers project** |
|---|---|
| Target group | Youth, often with immigration backround, who seek out informal meeting points |
| Setting | |
| Institution / coordinator | KPR, Diakonisches Werk Delmenhorst / Oldenburg Land |
| In cooperation with | City of Delmenhorst |
| Period of time | Summer 2007 to 2011 |
| Goal | Longterm pacification and stabilization of the informal youth scene. |

| Project | **KPR midnight halls** |
|---|---|
| Target group | Youth from 16 years |
| Setting | Sports / recreation |
| Institution / coordinator | KPR |
| In cooperation with | City of Delmenhorst |
| Period of time | Since 1997 |
| Goal | Supervised sport activities are intended to build trust relationships with the tutors and strengthen the personality of the visiting youth. |

| Project | **More respect in the classroom** |
|---|---|
| Target group | Entire 8. grade of junior high school “Wilhelm von der Heyde” |
| Setting | School |
| Institution / coordinator | KPR |
| In cooperation with | Child protective services, LOS (Lokales Kapital für soziale Zwecke) |
| Period of time | |
| Goal | Focus on social togetherness and its exploration in role plays. |

| Project | **Urban development and crime prevention** |
|---|---|
| Target group | Residents and visitors of the city of Delmenhorst |
| Setting | |
| Institution / coordinator | City of Delmenhorst, Department urban development and Police Department of Delmenhorst / Oldenburg-Land |
| In cooperation with | |
| Period of time | Since 2007 |
| Goal | To include police expertise, e.g. local crime statistics, in city planning in order to identify and effectively execute measures for crime prevention; e.g. train station. |

| Project | **Act today for stronger kids!** |
|---|---|
| Target group | Educators and social workers of the Delmenhorst preschools and day-care centre |
| Setting | |
| Institution / coordinator | KPR, anonymous drug counseling services in Delmenhorst |
| In cooperation with | Volkshochschule (community college) |
| Period of time | |
| Goal | To explore possibilities and limitations of applied addiction prevention for everyday day-care work. |

| Project | **Empty bottle!** |
|---|---|
| Target group | 8.-graders |
| Setting | Schools |
| Institution / coordinator | KPR, Fachdienstleiter 29 |
| In cooperation with | anonymous drug counseling services in Delmenhorst, child protective services |
| Period of time | |
| Goal | Measures to explain, inform and highten awareness of the dangers of alcohol consumption in kids. |

| Project | **Annual prevention conference** |
|---|---|
| Target group | Multiplicators, social workers |
| Setting | |
| Institution / coordinator | anonymous drug counseling services in Delmenhorst |
| In cooperation with | KPR |
| Period of time | Since 2007 |
| Goal | To inform about the risk of drug consumption as well as opportunities for prevention. |

### *4.8 Summary: Projects of violence prevention*

| Project | **Family midwives of Delmenhorst** |
|---|---|
| Target group | Pregnant women, new mothers / parents |
| Setting | Domestic environment |
| Institution / coordinator | Caritasverband |
| In cooperation with | GiK e.V. |
| Period of time | |
| Goal | To avoid impending child neglect by visiting pregnant women, new mothers and their children in socially difficult living situations. |

| Project | **Schreiambulanz (Cry ER)** |
|---|---|
| Target group | New parents |
| Setting | Domestic environment |
| Institution / coordinator | |
| In cooperation with | Clinic for child and youth psychiatry |

### *4.9 Socio-psychiatric service in Delmenhorst*

The socio-psychiatric service of the department of health in the city of Delmenhorst has existed since 1978 and includes three repositions for certified social workers, since 1992 lead by a specialist for psychiatry and psychotherapy.

The service's functions are the local socio-psychiatric support in cooperation and coordination with psychosocial specialists, crisis intervention, management of the

Socio-psychiatric Network as well as the update of the Sozio-psychiatric Plan. The first Sozio-psychiatric Plan was published in December 1999, the first update was published in March 2004 and the second update in April 2009. With the second update the city of Delmenhorst called attention to the difficult situation of the mentally ill in our region, indicating that more and more people suffer from mental instabilities. The work of the Socio-psychiatric service includes:

- Individual case counseling through in office consultations or visits,
- Development of individual treatment plans,
- Connecting and coordinating case-managers,
- Initiating and coaching groups,
- Information and advise for specialty services,
- Development of differential diagnosis where applicable
- Prompt setup of direct aids in cooperation with friends and relatives and / or institutions,
- Initiating and moderating of specialty seminars,
- Cooperation with related networks,
- Arrangement of individual case cooperations,
- Public relations on the topic of mental illness,
- Inventory of all offerings in the area of psychiatric services as well as need assessment (including developing and publishing the plan).

### 4.9.1 Goals

- Development of an institutional framework to enable concerned people in the community to live self-determined lifes,
- Healing or betterment of conditions, minimizing long-term damages
- Guarantee of basic needs, improvement of quality of life,
- Teaching of applicable coping strategies,
- Maintain or regain social competencies,
- Avoiding and reducing advantages through mental illnesses,
- De-escalation in crisis situations,
- Admitting patients to out-patient or in-patient treatment,
- Avoiding disciplinary action

- Prevention of illness-related endangerment of self or others, winning all service providers to cooperate, coordination of regional service planning, further development of regional psychosocial services,
- Creating an overview of the regional offerings of complex services for those seeking help
- Maintainance of data basis in quantity and quality.

### *4.10 Socio-psychiatric Network*

The Socio-psychiatric Network was foundet on 22.07.1997. All of the providers of psychosocial aid in the area of the city of Delmenhorst allied in this network.

#### 4.10.1 Organisational structure

The Socio-psychiatric Network is composed of the plenum which is a platform of all service providers, the sections which are engaged with sub-subjects such as geriatric psychiatry, child and youth psychiatry or addiction and which create temporarily working adhoc-sections applying theirselfs to special subjects such as the problems of children with parents who are mentally ill, the spokespeople's council and the management of the Socio-psychiatric Service of the Department of Health of the city of Delmenhorst which is concerned with the organization and representation of the Socio-psychiatric Network.

#### 4.10.2 Basic principles

1. Optimize offers
2. Monitoring a realistic price-performance ratio
3. Provide for recent psychosocial findings such as out-patient better than in-patient, focusing on persons better than focusing on institutions related to help approach, competence oriented better than deficiency oriented thinking.

#### 4.10.3 Goals

Guarantee and development of local psychosocial maintenance of mentally ill and psychologically disabled including addicted citizens of Delmenhorst.

#### 4.10.4 Functions

- Inventory of existing institutions and services in the area of psychosocial maintenance,

- Cooperation in providing and developing a Socio-psychiatric Plan referring to the need of aid and the existing offers,
- Coordination, cooperation and advancement of currently existing institutions and all of the intended psychosocial projects,
- Exchange of experiences of the in psychosocial maintenance involved persons,
- Public relations aiming at establishing understanding for the problems of mentally ill people and the necessary help.

#### 4.10.4.1 Suicide Prevention

Socio-psychiatric maintenance in Delmenhorst has been developed constantly and reached a high quality standard. With the Socio-psychiatric Network the city of Delmenhorst campaigns systematically for mentally ill people. If psychologically disabled people are helped reliably to cope with life crises their decision to commit suicide can be affected significantly.

Since the nationwide implementation of socio-psychiatric services suicides are declining. In 2010 (until the end of November) there were only four suicides in 761 cases of death in Delmenhorst compared to 15 suicides in 1998 (in 867 cases of death).

The trend points out that through the built structures offers reach the citizens needing help more and more.

##### *4.10.4.1.1 Work group Suicide Prevention*

To improve work related to suicide prevention the work group Suicide Prevention was founded in November 2010 to develop preventive strategies and highten awareness of the problem in existing work groups. It is composed of representatives of the city of Delmenhorst, the Socio-psychiatric Network, the Klinikum Delmenhorst, the KPR, GiK e.V. and several psychologists.

# 5 Evaluation

## *5.1 Project "Children's' world is a world of activity"*

The average period of attendance to the project is about 16 months, some of the children also attended the project during 8 weeks resp. 3 years. Most children attend

the project on the recommendation of others (often former attendees) parents, resp. of nurseries and therapists, sometimes physicians also send them to the project. An admission to the project in the short term is possible at any time. The attendance fee amounts to 3 € per attended unit.

The reasons for the attendance to the project are as follows:

- Motor abnormalities such as problems with the balance and with the coordination of the entire body, disability to brake and control oneself, important or unimportant motor activity.
- Conduct disorders such as lacking social competences, increased tendency to be aggressive, minor possibilities to solve a conflict.
- Overweight
- Waiting for a place in therapy
- No interest in joining a sports club
- Changeover from a therapy to a sports club

Previous sequence:

The project starts with an information evening on 26.04.2001.

Start of the practical experience with the first two groups on 19.06.2001 through the sports confederation of the city of Delmenhorst in the gymnasium of the Parkschule (name of a school).

The persons in charge have taken care of 150 children at the age of 3 to 12 years up to now.

The 132 children who left the project until June 2008 make use of the following offers:

- 58 children take advantage of sports clubs offers (judo, football, dance, swimming…).
- 22 children benefit from therapies and continuative offers (occupational therapy, Mototherapie, adiposity group).
- 24 children left the project for other reasons (chorus, removal, young fire-fighters, boy scouts, school).
- 28 children left the project without any further information.
- 18 children are participating in the project at present.

There is a great response to the project. The groups are always attended despite of minor publicity or public relations. The latter also shows the further requirements.

### *5.2 Project "Assistance in movement exercises in day-care centres of Delmenhorst"*

For the first time in Delmenhorst a documentation (in the form of a movement calendar and the MOT journal sheets) was compiled for the measure of movement exercises and evaluated in consideration of scientific criteria.

During the period of one year the movement exercises were supported, documented and evaluated in the four participating nurseries. Three testing runs were made: T1 took place at the beginning of the project (September 2006) before an intervention by means of the "movement calendar" was initiated, T2 checked first developments in the mid of the project duration (spring 2007) and T3 was set at the end of the project (winter 2007) in order to be able to investigate an intervention period of at least one year.

The intervention consisted in the appliance of a "calendar showing the movements of the group" developed by the ministry of education of the Lower Saxony and the appropriate collection of file cards called "Learning is not possible without movement" including proposals for regular movement exercises in day-care centres. The operation of the exercises was documented by the nursery teachers. Two nursery schools organised a control group which carried out the MOT-test, however without applying the movement calendar.

The "calendar showing the movements of the group" was useful for the documentation of the daily movement exercises in the day-care centre. The nursery teachers had to fill in one page per week indicating the type of movement exercises they did with the children and on which day. They distinguish between the spatial situation (exercise room, common room, exterior area, hall or similar) and the question if the exercises originated from a methodical or a situational context. The calendar shall be marked with adhesive dots for each exercise done, which suggest the size of the group according to their size (small dot = small group). The file cards called "Learning is not possible without movement" shall support this action in a creative way. Many new proposals for movement exercises will come up by this action, which can easily be integrated in the everyday life of the nursery school.

In order to give consideration to the data privacy protection the nursery teachers did not write the children's full names on the journal sheets, but they gave a code for every child.

The examinations of the children's motor development as well as the evaluation of the results of the project "Movement exercises in day-care centres in Delmenhorst" are carried out according to the guidelines of the MOT 4-6. It is a test instrument which measures the level of children's motor development between 4 and 6 years. All material is standardised. The children do 18 exercises for the MOT-test which are rated with 0, 1 or 2 points depending on how exactly the exercises were done.

When executing the test it is important to consider the child's age (the exact month) as well as to record the particularities, the behaviour or the situation during the test in the journal sheet.

The evaluation was made according to the manual of the MOT 4-6. For reason of comprehensibility percentage ratings were applied. In addition strengths and weaknesses of individual children are pointed out in order to be able to watch these children closely during the course of the project. A percentage of for example 54 means that 54 % of all children taking part in the test fully performed the tasks or performed less than required.

The changes of the percentage ratings from T1 to T2 reveal that the average could be considerably increased in the last testing run. Also those children who were taken in a control group, in which the movement calendar has not been applied as additional guidance for exercises, were not inferior to other children with regard to the achievement of above-average percentage ratings.

After a training by an employee of the association Infantile Health (GiK e.V.) the test was carried out by the nursery teachers in the day-care centres independently.

The reliability test of the MOT 4-6 revealed satisfactory results. Also the validity of MOT 4-6 is given.

### *5.3 Press review – injury prevention*

| **Newspaper** | **Date** | **Headline** |
|---|---|---|
| Delme-Report | 15.04.2007 | **New permanent exhibition** |
| Weser-Kurier | 14.04.2007 | **The kitchen as adventure playground**<br>Children are strongly endangered in the household:<br>Show in the district Hasport |

| | | |
|---|---|---|
| Delmenhorster Kreisblatt | 14.04.2007 | **Exhibition clarifies risks of injuries**<br>Presentation shall prevent injuries with young Children |
| Delmenhorst Kreisblatt | 23.03.2007 | **The dangers at home**<br>Exhibition “Preventing children’s injuries” serves prevention |
| Delme-Report | 21.02.2007 | **Tracking down the injury causes**<br>Clinical center undertakes the pioneering task of recording injury data |
| Delmenhorster Kreisblatt | 20.02.2007 | **EU statistics on injuries: Clinical supplies figures**<br>In Germany only two German clinical centers participate in the project |
| Delmenhorster Kreisblatt | 26.10.2006 | **What can I do when I have a nosebleed?**<br>First-aid course in the youth center |
| Weser-Kurier | 03.10.2006 | **Large furniture clarify the dangers**<br>Exhibition “Preventing children’s injuries” opened – Three main topics |
| Delme-Report | 01.10.2006 | **Avoiding the fall off the changing table**<br>Permanent exhibition regarding prevention in the neighbourhood center Wollepark |
| Weser-Kurier | 30.09.2006 | **Exhibition “Preventing children’s injuries” opened**<br>The mayoress pointed out the importance of the subject in the neighbourhood center Wollepark |
| Nordwest Zeitung | 26.09.2006 | **Preventing children’s injuries**<br>Exhibition in the district Wollepark gives information in three languages |
| Delmenhorster Kreisblatt | 03.05.2006 | **Five groups for one goal**<br>New structure for health prevention<br>Aiming for 20 % less injuries |
| Delme-Report | 03.05.2006 | **Goal: 20 % less injuries**<br>Delmenhorst wants to have the certification as “Safe Community” as first German town |
| Delmenhorster | 23.09.2003 | **Got a lot of things moving with a few means** |

| | | |
|---|---|---|
| Kreisblatt | | Awards ceremony: 5000,- Euro for the “Injury prevention at the round table” |
| Delmenhorster Kreisblatt | 23.09.2003 | **5000,- Euro “hard-earned”** Management of the Association Infantile Health glad about the award |
| Delmenhorster Kreisblatt | 01.09.2003 | **City obtains provincial award Injury prevention: seal of quality and 5000,- Euro handed over by the Minister for Social Affairs** |

# 6 Supraregional cooperation

- Hanse-Wissenschafts-Kolleg in Delmenhorst
- Regional Health Authorities of Brandenburg
- German Green Cross, forum injury prevention (model region for injury monitoring of children’s Injuries)
- Regional work group Health (LAG)/social hot spots
- Federal and regional ministries
- Regional work group children’s safety (BAG)

**Literature**

Behr, E., Böhmann, J.: Delmenhorst Municipal Clinics, Paediatric Clinic. Population-Based Monitoring of Injuries Among Children in the German City of Delmenhorst as s Starting-Point for Injury Prevention in the German Green Cross’ Project Regions.

Ellsäßer, G.; Böhmann, J. (2004) Population-based monitoring of children’s injuries in a German city. Monthly publication paediatrics 152: 299-306.

Ellsäßer, G.; Böhmann, J. (2001): Implementation and results of injury monitoring in a German city. European Consumer Safety Association, Programme and abstracts 3rd European Convention on Consumer.

Ellsäßer, G.: Federal Public Institute of Brandenburg.