Specific issues, exact locations: case study of a community mapping project to improve safety in a disadvantaged community

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Introduction

Community safety is a significant concern among residents of socially disadvantaged communities.[1,2] Experiences and perceptions of community safety exert a strong influence on health and wellbeing through the implications of being a victim of crime, the fear of crime, the stress of neighbourhood incivilities and physical disorder, and adjustments to behaviour, lifestyle and quality of life in response to these experiences and fears.[3-5] The evidence base in effective community safety intervention is small but growing. Successful strategies to improve community safety focus on environmental design and social participation within a whole-of-government or community approach.[6,7]

In this paper, we describe an example of a community-initiated action to address local safety issues that led to developing a local, community-driven research project within a disadvantaged community in south-west Sydney. The project was initiated in response to community concerns and frustrations about safety; expressed when 12 residents interrupted an interagency meeting and demanded action on crime, drug activity and associated feelings of fear and intimidation experienced by older residents and families with young children. The project was undertaken as a partnership between the then Health Promotion Unit, Sydney South West Area Health Service (SSWAHS); and Warwick Farm Neighbourhood Centre, Liverpool Neighbourhood District Centres Association (LNDCA); and worked closely with the resident-based Warwick Farm Action group. The community safety mapping project was supported widely by local government, non-government organisations, and community and business organisations.

Methods

The community safety mapping project was undertaken in Warwick Farm, a suburb of significant social disadvantage in south-west Sydney. Table 1 shows selected demographic and socio-economic characteristics for residents of Warwick Farm during the 2006 census.[8] Data from the Sydney Statistical Division (Sydney SD) is used as a comparator.

In the 2006 census, the population was 3,911 people; 38.1% of households earned less than $500 a week (16.8% Sydney SD); 41.6% were from a non-English speaking background (24.0% Sydney SD); 34.9% completed year 12 or equivalent schooling (49.1% Sydney SD); and the unemployment rate was 14.8% (5.3% Sydney SD).

The community safety mapping project was implemented by a joint resident-agency group with the aim of identifying the extent of safety issues in the Warwick Farm community. This was seen as a first step in developing community capacity to take action on issues of safety. Two aerial maps of Warwick Farm provided by Liverpool City

Abstract

Issue addressed: Safety is a health issue and a significant concern in disadvantaged communities. This paper describes an example of community-initiated action to address perceptions of fear and safety in a suburb in south-west Sydney which led to the development of a local, community-driven research project.

Methods: As a first step in developing community capacity to take action on issues of safety, a joint resident-agency group implemented a community safety mapping project to identify the extent of safety issues in the community and their exact geographical location. Two aerial maps of the suburb, measuring one metre by two metres, were placed on display at different locations for four months. Residents used coloured stickers to identify specific issues and exact locations where crime and safety were a concern.

Results: Residents identified 294 specific safety issues in the suburb, 41.9% (n=123) associated with public infrastructure, such as poor lighting and pathways, and 31.9% (n=94) associated with drug-related issues such as drug activity and discarded syringes.

Conclusions: Good health promotion practice reflects community need. In a very practical sense, this project responded to community calls for action by mapping resident knowledge on specific safety issues and exact locations and presenting these maps to local decision-makers for further action.

Key words: community, social determinants of health, social disadvantage

So what?

This community-driven research, undertaken by the authors as frontline workers in health promotion and community development, led to modest but highly practical and achievable outcomes for a disadvantaged community.

Table 1: Selected demographic and socio-economic characteristics of Warwick Farm compared with Sydney Statistical Division (2006 census).

	Warwick Farm (n=3,991)		Sydney Statistical Division (n=4,579)	
	n	%	n	%
Age				
Less than 17 years	848	21.7	1,092	23.6
More than 60 years	662	16.9	812	16.7
Country of birth				
Born in non-English speaking countries	1,624	41.6	1,931	24.0
Employment status				
Unemployed	216	14.8	296	5.3
Education				
Completed Year 12 or equivalent	1,116	34.9	2,248	49.1
Household income				
Less than $500 per week	607	38.1	769	16.8
More than $1,700 per week	104	6.6	1,351	29.5
Home ownership				
Owned	205	11.8	267	30.1
Renting	1,033	59.5	1,080	29.7

Council, measuring one metre by two metres, were made available for residents to identify specific issues and exact locations where crime and safety were a concern in their area. The maps were available between March and June 2008: one was on permanent display at Warwick Farm Neighbourhood Centre while the other was moved every two weeks among community centres and gardens, primary and high schools, childcare centres, and local businesses including the industrial area, to ensure project accessibility. Residents were alerted to the maps' locations through the quarterly newsletter, *Our Neighbourhood*, which was distributed to all residents. Presentations were also held at school Parents and Citizens Associations and local community groups.

Each map was accompanied by a set of instructions, listing six categories of issues identified through previous community consultations, which were separately colour coded:

- green for poor footpaths and laneways;
- red for poor lighting in streets and public places;
- yellow for discarded syringes;
- pink for drug activity;
- blue for criminal activity (i.e. violence, property damage); and
- orange for graffiti.

Community members were asked to identify exact locations where they perceived safety issues by sticking the corresponding colour-coded stickers on the map. This technique was used to enhance accessibility for those with low literacy and poor English language skills. While it was not a pre-requisite for participation, residents were able to identify safety issues, other than those represented by a category, by writing the issue on a post-it note and sticking it to the relevant location on the map. No identifying information was collected from participants to maintain anonymity.

At the end of the four-month display period, the maps were collected and simple counts performed on the number of safety issues identified. Issues written on post-it notes were reported verbatim. The Warwick Farm Steering Committee (comprising the three authors and other government, non-government and resident members) presented a report on the project in a feedback session to decision-makers within relevant organisations including Integral Energy, Liverpool Police, Liverpool City Council, Housing NSW and Sydney South West Area Health Service.

Results

There were 294 responses across the six categories of safety issues identified by residents through stickers on both maps. Table 2 shows the number and proportion of different issues identified by issue category and map type: stationary at Warwick Farm Neighbourhood Centre or travelling across several agencies and businesses.

Table 2: Number and proportion of safety issues identified by residents presented by safety category and map type.

	Stationary map		Travelling map		Total	
	n	%	n	%	n	%
Poor lighting in streets and public places	17	12.1	52	33.8	69	23.5
Poor footpaths and laneways	15	10.7	39	25.3	54	18.4
Discarded syringes	35	25.0	10	6.5	45	15.3
Drug activity	22	15.7	27	17.5	49	16.6
Criminal activity i.e. violence, property damage	26	18.6	17	11.0	43	14.6
Graffiti	25	17.9	9	5.9	34	11.6
Total	140	100.0	154	100.0	294	100.0

Safety issues relating to public infrastructure (poor lighting in streets and public places, and poor footpaths and laneways) accounted for 41.9% (n=123) of issues and locations identified while drug-related issues (drug activity and discarded syringes) accounted for 31.9% (n=94). The pattern of reporting and identification of safety issues appeared to differ between the stationary and travelling maps, with more safety issues and locations relating to public infrastructure identified in the travelling map, for example, although this was not verified statistically.

Residents were given the opportunity to add additional information on the maps using post-it notes; 17 responses were recorded in this way. These mainly reflected the broader categories of issues with, for example, seven responses relating to crime (e.g. "dealers drop off and pick up phones early sat and sun mornings 7-8 am" and "3 x stolen cars dumped at back of neighbourhood centre"). Five responses were outside the categories of issues, for example, listing suggestions for public infrastructure (e.g. "need pedestrian crossing near the roundabout" and "bus stop no.12 needs moving").

Discussion

This community-initiated action to address issues of neighbourhood safety resulted in a geographical map of locations in Warwick Farm where safety was perceived to be a concern for residents. The largest category of safety issues and locations identified related to public infrastructure (poor lighting in streets and public spaces, and poor footpaths and laneways). In general, the pattern of safety issues identified differed between the stationary and travelling map. The stationary map had a higher proportion of safety issues related to discarded syringes and criminal activity categories, perhaps because it was located at the Warwick Farm Neighbourhood Centre, situated close to social housing and parkland. Changing public policy over the past 30 years has increasingly seen social housing as estates for people with significant health and social needs, with concomitant high rates of population-level crime and antisocial behaviour.[9] The travelling map, in contrast, toured the largely more urbanised business and private unit rental location of the suburb.

We are aware of several limitations with this approach to community safety mapping, including a lack of information on the people who participated in the project (e.g. number, gender, age, cultural background, socio-economic status and whether they were residents of Warwick Farm), the accuracy of safety issues identified (e.g. reports of drug dealing in houses) and how feelings of fear and perceptions of crime may have influenced participation (e.g. do people with high levels of fear perceive more safety issues or safety issues in ambiguous situations?) In terms of health, fear arising from actual safety concerns and from fear perceptions are largely indistinguishable.[10] Our decision to use an anonymous approach to data collection reflected resident concerns about possible identification. We learned in community forums that residents were reluctant to report incidents of drug dealing and crime to police for fear of reprisals and we did not wish to place residents in a similar position in this project.

Good health promotion practice reflects community need. In a very practical sense, this project responded to community calls for action by mapping resident knowledge on specific safety issues and exact locations and presenting these maps to local decision-makers for further action. It is instructive that many of the issues identified reflect the core business of government agencies. In conclusion, this community-driven research, undertaken by the authors as frontline workers in health promotion and community development, led to modest but highly practical and achievable outcomes for a disadvantaged community.

Acknowledgements

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