Mapping responsibilities and structures of the implementation of child safety policies at EU, national, regional and local level: An exploratory study using a modified organigraphs approach.
Executive Summary

Introduction and background: This report describes the first study on multi-level child safety governance in Europe based on a case study approach using a modified organigraphs method. With the use of organigraphs it is possible to identify how action on child safety works in practice, the many sectors involved in child safety governance and at what level – European, national, sub-national (or: regional) and local – relevant action takes place. Effective advocacy for change in health interventions (including policies and programmes) requires knowledge of which and how actors are involved in governance processes. The mapping of governance through the organigraph method is tested for its usefulness in this research.

Method: Mintzberg and van der Heyden (1999) developed organigraphs as a method to better illustrate how organisations really work, while considering several management structures: Chains are connections between different actors that point in one direction. In webs actors are working in networks without one institution being in the centre. In hubs actors are forming coordinating centres. Sets are collaborations of actors not directly involved in the processes around the intervention being examined.

The organigraph method was developed further in this study and applied to multi-level governance, within the discussion, in order to explore how interventions in child safety are developed and implemented across the European, national, sub-national (regional) and local levels. This analysis shall include the mandated responsibilities of actors involved in the process and how actors are related to each other.

Professionals working in child safety in European countries who are partners in the TACTICS project, were asked to draw organigraphs of a chosen intervention in one or more of four domains within the scope of the project: intentional injury prevention, road safety, water safety and home safety. In addition, the European Public Health Alliance (EPHA), a Brussels based European wide umbrella Non-governmental Organisation advocating for better health, mapped child safety governance specifically from an EU perspective.

In order to identify sectors involved in child safety governance, a list of sectors and related definitions was developed – given the lack of the existence of such a list – to compare the organigraphs against. The concept of governance for health by Kickbusch and Gleicher (2012) was used as the framework for this analysis.

Results: 44 different organigraphs were developed: four organigraphs from EPHA mapping each domain focusing the European level could be included in this study. 22 organigraphs came from six different partners who each drew three or four organigraphs within the different domains. 18 organigraphs came from as many partners from different countries, addressing one intervention from one domain. The resulting organigraphs show a variety of approaches to child safety governance. This includes varying recognition or consideration of the European level and actors there, different sectors involved, different top-down processes across levels of governance, actors working in webs together or in chains. The results show that most interventions...
result in local level action, even if an intervention is established at the national or regional level. There was limited inclusion of EU-level action on child safety governance in many organigraphs.

27 different sectors were identified in the organigraphs over the four domains. Eight of the sectors are recurring in all of the four domains: education, health, home affairs, justice, media, recreation, research and social/welfare services.

Discussion / conclusion: The organigraphs method identifies how governance of child safety works in practice, the many sectors involved and at what level relevant action takes place. The organigraph method provides a tool for professionals to assess their own activities and networks, and to foster collaborations among relevant stakeholders in the field. Moreover, it provides a method to gain in-depth insight into the varying approaches of child safety governance. This method can also be applied to other health policy fields.

It can be concluded that (multi-level) child safety governance is indeed a multi-sectoral undertaking with many actors from 27 sectors that have been covered in the 44 organigraphs in the domains intentional injury prevention, water, road and home safety. Actors are mainly found on the national level which gives an indication of the national level’s relevance and importance in the governance of child safety. The local level is also, in most instances, included. The European level was not very strongly represented in all organigraphs, i.e. not every organigraph included actors on the European level. How the regional level was included differs: some organigraphs have described interventions on the regional level; in other organigraphs the regional level was not included. On all levels of governance, actors work in different forms of collaboration. This has been well described in this exercise and thus, entry points for advocacy can be identified through the use of this tool. Moreover, it is clear that within the organigraphs drawn for this study that mostly public and governmental organisations play central roles in mandating responsibilities and funding child safety interventions. Processes are mainly taking place from the top down (national to local).

Comparing the findings with the normative concept of governance for health by Kickbusch and Gleicher (2012), which focusses on a “Health in All Policies” approach, we conclude that there is still potential to more comprehensively fulfil effective governance for health within child safety governance. The results suggest that it is very likely that the organigraph method has the potential to improve the “Health in All Policies” approach and advocacy work in child safety. However, this conclusion is only preliminarily, as a systematic evaluation with the authors of the organigraphs including presentation of the results of this report is pending.
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<th>Description</th>
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<tbody>
<tr>
<td>APSI</td>
<td>Portuguese Association for Child Safety promotion</td>
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<tr>
<td>BAC</td>
<td>Blood Alcohol Content</td>
</tr>
<tr>
<td>BEN II</td>
<td>Benchmarking Regional Health Management II project</td>
</tr>
<tr>
<td>CEN</td>
<td>European Committee for Standardisation</td>
</tr>
<tr>
<td>CEREPRI</td>
<td>the Centre for Research and Prevention of Injuries</td>
</tr>
<tr>
<td>CMO</td>
<td>Chief Medical Officer</td>
</tr>
<tr>
<td>CRS</td>
<td>Congressional Research Service</td>
</tr>
<tr>
<td>CSR</td>
<td>Child safety restraints</td>
</tr>
<tr>
<td>DG</td>
<td>Directorate General</td>
</tr>
<tr>
<td>DG CONNECT</td>
<td>Directorate General for Communications Networks, Content and Technology</td>
</tr>
<tr>
<td>DG MOBILITY and TRANSPORT</td>
<td>Directorate General for Mobility and Transport</td>
</tr>
<tr>
<td>DG SANCO</td>
<td>Directorate General for Health and Consumer Safety</td>
</tr>
<tr>
<td>DLRG</td>
<td>Deutsche Lebens-Rettungs-Gesellschaft</td>
</tr>
<tr>
<td>ECSA</td>
<td>European Child Safety Alliance</td>
</tr>
<tr>
<td>EPHA</td>
<td>European Public Health Alliance</td>
</tr>
<tr>
<td>EU</td>
<td>European Union</td>
</tr>
<tr>
<td>MSB</td>
<td>Swedish civil contingencies agency</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-governmental Organization</td>
</tr>
<tr>
<td>RoSPA</td>
<td>The Royal Society for the Prevention of Accidents (UK)</td>
</tr>
<tr>
<td>TACTICS</td>
<td>Tools to Address Childhood Trauma, Injury and Children’s Safety project</td>
</tr>
<tr>
<td>THL</td>
<td>Finnish National Institute for Health and Welfare</td>
</tr>
<tr>
<td>UK</td>
<td>United Kingdom</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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1. Introduction and Background

Injury is the leading cause of death and disability in children (Sethi, Towner, Vincenten, Segui-Gomez & Racioppi, 2008; Peden, Oyebite & Ozanne-Smith, 2008). Effective advocacy for change in interventions (incl. policies and programmes) preventing child injury and mitigating the effects of injury requires knowledge on which actors are involved in the adoption, implementation and monitoring of such interventions. This is often not transparent in European countries or the European Union, presumably because multiple sectors are involved in the policy making field (Kickbusch & Gleicher, 2012). Advocacy efforts could be supported by a tool that provides a way to explore and demonstrate existing relationships between actors involved in the process of adoption, implementation and monitoring of a given intervention. Actors are defined as persons, institutions or the public involved in governance processes – in this sense health governance would refer to all processes and decisions steering actions and behaviours affecting health, it involves collaboration between both health and non-health related sectors. Examples of actors are ministries, NGOs, corporations, or other institutions. Actors set up or run programmes, projects, policies or campaigns.

One of the aims of the EU funded project TACTICS (“Tools to address childhood trauma, injury and children’s safety”) was to explore different methods to increase understanding of the multi-sectoral nature of child injury prevention and develop tools to make this well communicable to decision makers. Additionally, the regional (i.e. sub-national) level is, for many public health interventions, an important level because responsibility and capacity for public health tasks lies on the sub-national level in many European countries (Wilkinson, Berghams, Ledésert et al., 2008). An added value of a mapping exercise and mapping tool is to demonstrate the multi-level approach and interaction of actors on different levels when it comes to injury prevention. Therefore the goal of TACTICS was not only to find ways to illustrate the multi-sectoral approach – that is important for the “Health in All Policies” context as well (Ståhl, Wismar, Ollila et al. 2006) – but as well to show the interaction of the different governance levels in injury prevention. It was set out to scrutinise this for the four injury domains TACTICS is focussing on: intentional injury prevention, water safety, road safety and home safety.

A similar research angle was taken in the EU co-funded project “Benchmarking Regional Health Management II” (in short here: BEN II). In this research, the organigraph method was used for the first time in the context of health (Brand, Bureick, Schröder-Bäck, 2007). This method is built on the use of a tool – organigraphs – to draw how organisations really work within the context of business and management (Mintzberg & van der Heyden, 1999). Shapes and connectors are used to depict the actors and the processes and relationships between them.

Against this background, after discussion of possible approaches, it was decided at the first TACTICS work package leader meeting (April 2011) to use the organigraph method for the mapping responsibility for child injury task within TACTICS. Thus, this report presents the organigraph method as a means of generating knowledge about the actors’ involvement in intervention development and implementation processes (policies and programmes) – in short, in the governance of child safety at the EU, national, regional and local levels. The theoretical framework
against which the results are considered is the concept of governance for health which is defined as:

“the attempts of governments or other actors to steer communities, countries or groups of countries in the pursuit of health as integral to well-being through both whole-of-government and whole-of-society approaches. It positions health and well-being as key features of what constitutes a successful society and a vibrant economy in the 21st century and grounds policies and approaches in such values as human rights and equity. Governance for health promotes joint action of health and non-health sectors, of public and private actors and of citizens for a common interest. It requires a synergistic set of policies, many of which reside in sectors other than health as well as sectors outside government, which must be supported by structures and mechanisms that enable collaboration. It gives strong legitimacy to health ministers and ministries and to public health agencies, to help them reach out and perform new roles in shaping policies to promote health and well-being.” (Kickbusch & Gleicher, 2012)

This report presents the results of this application of the organigraph method to the field of child safety within the TACTICS project and discusses its findings.

1.1 Research Questions and Hypotheses

The following hypotheses and research questions were formulated. The hypotheses (H1 and H2) and research questions (RQs) were developed by two members of the research team, corroborated by the whole team before being presented and approved by the project’s Scientific Committee.

1.1.1 Hypotheses

The first hypothesis is formulated with regard to the description of content and content analysis and the second reflects upon the organigraph method itself.

**H1:** (Multi-level) Child safety governance is a multi-sectoral undertaking with many actors. This is demonstrated by this mapping exercise.

**H2:** Mapping interventions and policies using organigraphs provides useful information to relevant public and advocacy actors for “Health in All Policies” activities.
1.1.2 Research Questions

Framed by the research aims of the TACTICS projects and the two hypotheses, a number of research questions were specified organised around the content of the analysis and the usefulness of the organigraphs as a mapping tool:

1.1.2.1 Content-related

1) Which **actors** are involved in the development, adoption, implementation and monitoring of child safety interventions?
2) On which levels (EU/Europe, national, regional, local) are the **actors** located?
3) From which **sectors** do the **actors** come from?
4) Relations of actors:
   a. How do the actors **relate** to and **collaborate** with each other (using, e.g., Mintzberg’s and van der Heyden’s management philosophies: chains, hubs, sets, webs)?
   b. Who has received mandated **responsibility** for (certain interventions in) child safety?
   c. Who has given the mandate?
5) What are the processes (e.g. top-down, bottom-up)?
6) Are there noticeable and remarkable differences or similarities:
   a. across the four domains examined and
   b. across or within countries?

1.1.2.2 Tool related

1) Does this advocacy tool offer an added value for actors on the sub-national level regarding understanding the multi-sectoral nature of child injury prevention?
2) Does this tool have the potential to:
   a. Improve the “Health in All Policies” approach, and
   b. Enhance the use of limited resources on the national or sub-national level?
3) What are the limitations of this tool?
4) Is this a useful tool for use by stakeholders for multi-sectoral health governance?
2. Methods

This mapping exercise is an explorative study that makes use of case studies from several European countries as exemplars of child safety interventions to explore responsibility for child safety at the European, national and sub-national levels. The interventions are mapped using organigraphs. The sections below describe the methods and concepts used.

2.1 Organigraphs as Mapping Tool

The organigraph method was further developed and refined within the TACTICS project from both the original paper (Mintzberg & van de Heyden, 1999) and the adapted approach of BEN II (Brand, Bureick, Schröder-Bäck, 2007). Mintzberg and van der Heyden (1999) developed the method to depict how organisations really work. They argue that the organisational charts typically used to describe structures of organisations do not provide information to allow an understanding of the real functioning of an organisation, including its actors, processes and products. As they note: “Indeed, using an org chart to ‘view’ a company is like using a list of municipal managers to find your way around a city.” (Mintzberg & van der Heyden, 1999) Thus, what one needs for this – finding the way around the city, viewing companies and knowing how governance of child safety really works – is a map. The mapping tool used can be the proposed organigraph method. This tool shall demonstrate how an organisation works “depicting critical interaction among people, products, and information.” (Ibid, p. 88)

For the purpose of this research, the focus is on particular aspects of the organigraphs that seem relevant for mapping the governance of child safety and are indeed transferable from a method depicting organisations to a method mapping a wider multi-level governance of public policies and interventions.

There are several components of the organigraphs that give us a “new vocabulary” (Ibid., p. 89) and help us visualise organisational forms and organisation of action in a different, analytic way with heuristic value:

- **Sets**: “Every organisation is a set of items, such as machines or people. Sometimes these items barely connect with one another, and so they remain just that – sets.” (Ibid, p. 88). Thus, sets are considered here as representing collaborations of actors not directly or actively involved in the concrete processes of others and not directly involved in the processes around the intervention being examined.

- **Chains**: These are connections between different actors and / or other institutions that point in one direction. Chains seem to signify a certain form of control. A sub-category, a **funnelled chain**, is “a chain in which a transformation takes place” (Mintzberg & van der Heyden 1999, p. 90). Funnelled chains occur when more than one actor’s action is targeted at one other actor who then continues with a chain.
- **Hubs:** Hubs are coordinating centres. A hub is “any physical or conceptual point at which people, things, or information move.” They “depict movement to and from one focal point” (Mintzberg & van der Heyden 1999). Who is in the middle of the hub seems to have the most important managerial role (even if there is no formal authority). Hubs “can explode or implode if not managed correctly.” (Ibid, p. 94)

- **Webs:** These reflect situations where persons and institutions are working in networks. Webs are, unlike hubs, “grids with no center … they allow open-ended communication and continuous movement of people and ideas.” (Ibid.) In a web, it is not necessarily clear who the leading entity is or with what authority they act. “In the web, managers have to move around, literally as well as figuratively, in order to facilitate collaboration and energize the whole network. They need to encourage people who already know how to do their work and do it well.” (Ibid). It is a characteristic of a web that “management can also be everyone. Whoever draws things together becomes a de facto manager.” (Ibid.). Hubs can also form part of a network.

To structure webs further, a typology of networks put forward by Warner and Gould (2009) in the context of “Health in All Policies” drawing on Alter and Hage (1993) is considered. Alter and Hage introduced terms to describe different dimensions being: centrality, size, complexity and differentiation. They present a typology of four network types:

- **Type 1** has low centrality, small size, low complexity and low differentiation.
- **Type 2** has moderate centrality, large size, low complexity and low differentiation.
- **Type 3** has high centrality, small size, high complexity and high differentiation.
- **Type 4** has high centrality, moderate size, high complexity and high differentiation.

Even though “centrality” is an aspect Mintzberg and van der Heyden (1999) exclude from their definition of webs (see above), considering centrality can be of added value because not every collaboration is either a totally decentralised web or a hub – something in between may exist. Another dimension considered relevant to describing webs and networks in our analysis is added: We call it the “level inclusion”. This dimension asks if several levels of the multi-level governance are included.

A typology can be useful because actors’ knowledge of the network structure is a precondition to their choosing a more effective or efficient form for a network, especially if tasks (e.g., design and implementation of other interventions) will change for the network (Warner / Gould, 2009).

As to these management structures and patterns, Mintzberg and van der Heyden (1999, p. 94) conclude: “Follow a chain and you know where you will end up. Just don’t try to go anywhere else! Find a hub and you know where to begin or end. This is not so for the set. This can start and end in different places. The web, by contrast,
can take you every which way. That can leave you flexible or flustered – and often both.”

Organigraphs are used to illustrate governance processes and collaborations expressed in connectors (representing relations and connections) and shapes (representing actors) against the backdrop of a “multi-level” system; here represented through a grid consisting of the European, national, regional and local levels. The method presented here is in many ways a further development of the method put forward by Mintzberg and van der Heyden. This is not only the case because of the use of a grid as a backdrop to make different examples of child safety multi-level governance better comparable. It is also because in our method the connectors are given a stronger role. We accomplished this by developing a predefined list of connectors each with a different independent meaning from which the organigraph authors could choose.

With these enhancements to the method, we hoped the resulting organigraphs would better illustrate the governance of child safety.

Our mapping research covered four domains of child safety which were targeted within the TACTICS project: intentional injury prevention, water safety, road safety and home safety. The goal was to have several examples of child safety interventions mapped for each of the domains from several partners, covering actors and connections across all levels of governance involved (i.e. European, national, sub-national and local). To allow comparisons that would assist in addressing the research hypotheses, interventions in all four domains were included for several countries.

2.2 Partners

Over the course of a year through the TACTICS project, professionals working in the field of child safety in different European countries were instructed to draw organigraphs in one of the four domains. In our projects’ nomenclature so called “national partners” were asked to draw one organigraph each. Six so-called “regional partners” were asked to draw one organigraph per domain. In addition, the European Public Health Alliance (EPHA), a Brussels based European wide umbrella Non-governmental Organisation advocating for better health, was tasked with mapping the governance of child safety from an EU perspective by drawing one organigraph per domain, focusing on Europe and the EU in particular. Though they were asked to focus on each domain separately – mainly to see which actors are relevant for each the domains – they were not asked to map one particular intervention. Table 1 provides an overview of the organigraphs tasks.

<table>
<thead>
<tr>
<th>Who?</th>
<th>Task</th>
<th>Referred to in the text as:</th>
</tr>
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<tbody>
<tr>
<td>A partner from Israel</td>
<td>Pre Pilot: one intervention in one domain covering all levels</td>
<td>National partner</td>
</tr>
<tr>
<td>The European Public Health Alliance (EPHA)</td>
<td>Map actors and their connections on the European Level</td>
<td>EPHA. Their organigraphs are termed: Europe</td>
</tr>
</tbody>
</table>
A partner from each of the countries: Czech Republic, Finland, Germany, Hungary, Spain, Sweden. (particularly from a EU point of view) in general for all 4 domains focussed organigrams, in short: Europe-[domain])

| A partner from each of the countries: Czech Republic, Finland, Germany, Hungary, Spain, Sweden | Map all levels, one exemplary intervention *per each of* the four domain. (During the pilot phase, it was not requested to focus on one intervention.) | Regional partner (as they also participated in other parts of the project where the regional level was exclusively focussed). |
| Invited were further country partners of the European Child Safety Alliance within the TACTICS project. | Map all levels in one example (can be same one as used for “national case studies” [another research project within TACTIS] in another branch of project). | National partner |

### 2.3 Data collection

#### 2.3.1 Authors’ Guide

The organigram method and the experiences with the BEN-II-project were introduced to the TACTICS partners (except EPHA representatives) during a project meeting in Rome in October 2011. Instructions were then drafted on how to use the organigram method for mapping child safety. Microsoft® PowerPoint® was used for the instructions and template partners were asked to use it to draw their organigrams as it was assumed that all project partners were familiar with PowerPoint®.

The instructions consisted of an “authors’ guide” explaining the background of the study, the method and how it should be applied to draw an organigram. This was augmented with the inclusion of some example organigrams. The guide also included the actual template (a grid of the four levels to be used as structuring background), the shapes and connectors to be used during the drawing. The meaning of the different shapes and connectors were defined a priori by the researchers and then revised after both the pre-pilot and pilot. The shapes and connectors selected were based on the drawing tools PowerPoint® offers as standard, which should allow for best possible technical uniformity.

For actors standard PowerPoint® shapes offers were used. Authors had to label the shapes with the name of the actor to which the shape was referring. Actors were defined as persons, institutions or the public involved in the process of the intervention. They were displayed as one shape, unless explicitly stated in the shape. Examples of actors are ministries, NGOs, institutions, projects, or even campaigns. Examples of non-actors that could be depicted with shapes are programmes, plans, policies, strategies, or reports. In addition, a special shape for the intervention being
mapped was specified. The shapes were organised as “government”, “(other) public institutions” and “non-government”.

For connectors the instructions included 16 different arrows and lines from the standard PowerPoint® drawing tools. They were to be used to signify the processes and connections between actors, such as “working together” or “recommends”. Where a clear direction had to be signified, they were instructed to use an arrowhead to indicate the direction between who initiated the connection and at whom it was aimed. The connector “working together”, on the other hand, did not need a “direction”.

2.3.2 Pre-Pilot
The pre-pilot with our partner from Israel was held first to test the organigraph methodology and authors’ guide. The partner applied the instructions, developed two organigraphs for one intervention (“Voluntary Standards for Safe Homes for Children”) – one for the initiation and development phase of the intervention and one for the implementation phase. The partner provided valuable feedback in writing and in a teleconference between the partner and researchers (21.12.2011). Following the pre-pilot several adjustments were made:

- We excluded the “time dimension”. Originally it had been intended that the order in which contacts and connections took place overtime should be included in the organigraphs. However, given the number of actors and connectors involved, the pre-pilot suggested this would result in overly complex organigraphs.
- Also, we decided to request one organigraph for one domain and intervention, integrating different phases of governance (such as development and implementation).
- A change from focus on the overall domain to a specific intervention. This was because, given the focus across levels, an organigraph examining a whole domain resulted in such a complex organigraphs, which was less useful to addressing the research questions.
- The partner also suggested that it would be easier for partners to focus on mapping the interventions once in place and not to also try to depict the processes that led to the adoption of the intervention. The rationale given was that this again made for an extremely complex organigraph and, in addition, partners might not be willing to disclose their communication and advocacy strategies.
- It was decided that partners should be asked to add a one page text explanation of the organigraph to assist the researchers in interpreting and analysis.
- Several minor edits were made to the guide to clarify.

2.3.3 Pilot
After the pre-pilot, a pilot was conducted with the six partners who had agreed to participate to map one intervention per domain. Partners from Czech Republic, Finland, Germany, Hungary, Spain and Sweden were instructed to draw their first (of four) organigraphs via E-mail (14.2.2012). Among the adjustments in the instruction
after the pilot were the following aspects which were incorporated into the final data collection tool and instructions (see “post-pilot data collection” below):

The pilot phase – in which Hungary had submitted two pilots right away – confirmed that a focus on the governance of one intervention, instead of trying to map the whole domain, would be beneficial to stay focused. Thus, in the post-pilot phase partners were requested to map the intervention they had used for their “National Case Study” (a parallel task of the TACTICS project they had worked on). Because the national case studies had been selected to provide broad coverage of the four domains and topics within them, this meant that the resulting organigrams provided good coverage of main injury areas and levels of implementation; it also made the task easier for partners. However, as a result there were fewer ‘similar interventions’ included, which hampered later attempts to compare intervention processes between countries.

The shape “intervention being mapped” within the organigrams was suggested for the post-pilot phase, and the guide indicated it should be placed at the level at which the intervention is implemented and indicate which organisations were involved in the direct implementation. If it was not possible to clearly show this in the organigram, partners were asked to devote some time to it in the accompanying text to explain this.

The pilot also suggested that it was better to label the connectors in the organigrams so that relationships were clear at a glance. Thus, to facilitate the interpretation of the organigrams it was decided that the word the connector represents (indicated in the guide) should be placed above it for at least the most important connections.

Throughout the data collection process, including the pre-pilot and pilot phase, valuable feedback was received from partners, which helped to improve the instructions for drawing the organigrams and contributed to strengthening the construct validity of this tool.

2.3.4 Post-Pilot Data Collection

The request to draw organigrams and write accompanying texts went out to the remaining partners on 21.9.2012 via an e-mail by the TACTICS project coordinator (along with other tasks within TACTICS they were required to complete). We instructed the partners that the organigrams should be accompanied by a short text that was to include information about the intervention, chronology of events and the intervention and participating stakeholders. The deadline for completion of the organigrams was 16.11.2012.

The four organigrams from EPHA were requested via e-mail including instructions on 8.11.2012. Early drafts were sent to the researchers on 21.12.2012. Feedback was then given prior to finalisation of the drafts.
2.4 Data Analysis

2.4.1 Processing of Data

In a first step of the analysis, the organographs and the accompanying text were checked with regard to their completeness, correctness, consistency and accurate correspondence between organographs and accompanying texts. When questions of understanding arose, the corresponding authors were contacted by email. Based on their answers to the questions, the authors instructed what and where adjustments should be made to the organographs.

No questions were asked regarding the style of drawing the organograph. Moreover, questions considering the author’s perspective on possible missing actors or connectors were avoided (e.g. when the European level was not populated by actors). This was necessary as it would limit the possible influence of the researchers’ perspective on the author and would accept the authors’ perspective of the map.

Further, for reasons of ensuring consistency and clarity, the researchers made edits to the layout of the majority of the organographs without changing the content. These edits included the rearrangement of connectors to reduce the amount of overlap, size of connectors and shapes, using the same font for the descriptions of connectors or shapes, etc. Even though these were all minor changes and did not affect the content, the new versions were shared with the authors via email to ensure they were still accurate.

2.4.2 Frameworks for Analysis

As frameworks for the analysis, next to the organigraph categories formulated by Mintzberg and van der Heiden (1999, see chapter 2.1), the governance for health approach as delineated by Kickbusch and Gleicher (2012) was considered as a conceptual framework. It explains that not only actors from governments but also actors from outside government steer the health of their population through several actions, which include the adoption, implementation and monitoring of interventions (e.g., policies and programmes). This is not only done by the health sector (and its governmental and non-governmental representatives) but also by other sectors. The governance process is considered to be a process of multi-level governance, as actions and connections (relations) of actors take place on and across multiple levels (European, national, regional or local).

To be able to analyse the different sectors the actors came from, a generic, internationally applicable list of sectors was needed. As no such list existed in the literature, a list was developed for the purposes of this study (see below for a further description of how this was accomplished).

To analyse processes and relations of actors, the framework of Mintzberg’s and van der Heyden’s “organigraph” method was used. This is focusing in particular on sets, chains, hubs and webs. By identifying these forms of interaction, Mintzberg and van der Heyden (1999) assume that certain management approaches can be identified which ultimately in our analyses could enlighten governance structures and show entry points for advocacy.
2.4.3 Developing a List of Definitions for the Sector Analysis

To analyse what sectors are involved in the organographs, this study required a generic sector list applicable in an international context. In line with the concept of governance for health including the whole of society approach, actors within the following four categories need to be considered: governmental institutions (e.g., ministries), public institutions (e.g., schools, research institutions), civil society (e.g., NGOs, charities) and the private sector (e.g., business, for-profit organisations).

In many countries governing competencies are combined within ministries, for example the Dutch Ministry of Health, Welfare and Sport. In order to make the list applicable in the international context, the competencies were divided into separate entities. In the Dutch context therefore, the Dutch Ministry of Health, Welfare and Sport would fall into three separate categories: health, social services/welfare and recreation.

As no generic list of sectors applicable in the international context could be found in the literature, a preliminary analysis of the organographs was done from which an initial list of the sectors mentioned was compiled. Second, a literature review was conducted to find appropriate sources to complement the initial sector list. From the search three articles (Hendriks, Kremers, Gubbels et al., 2013; Aarts, Jeurissen, van Oers, Schuit, van de Goor, 2011; Anheier & Salamon, 1992) and a list of Directorate Generals of the European Union (available through http://ec.europa.eu/about/ds_en.htm) were judged to be relevant. Sectors identified in these sources were combined with the preliminary list from the organographs to create a list of governmental and societal sectors that were considered relevant to the area of child injury prevention. During the analysis phase, if sectors identified in the organographs did not fit the list the source documents were revisited and, either the inclusion list for individual sectors was amended or sectors seen as missing were added. Table 2 shows the final version of the list used to classify the sectors in the analysis.

Table 2 List of 28 sectors applicable to child injury prevention in alphabetic order

<table>
<thead>
<tr>
<th>Advocacy</th>
<th>Advocacy organisations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agriculture</td>
<td>Agriculture policy</td>
</tr>
<tr>
<td>Community Development</td>
<td>Community and neighbourhood organisations, economic development (infrastructure, rural development programmes), town planning</td>
</tr>
<tr>
<td>Communications</td>
<td>Telecom, internet, IT, web security</td>
</tr>
<tr>
<td>Consumers</td>
<td>Consumer affairs, manufacturing standards, consumer protection</td>
</tr>
<tr>
<td>Culture</td>
<td>Visual arts, performing arts, literature, museums, galleries</td>
</tr>
<tr>
<td>Defence</td>
<td>Armed forces, military, navy, air force</td>
</tr>
<tr>
<td>Education</td>
<td>Primary, secondary, tertiary education, vocational training, adult and continuing education, driving instruction</td>
</tr>
<tr>
<td>Emergency services</td>
<td>Ambulance, fire service, coast guard, life guard, lifeboats</td>
</tr>
<tr>
<td>Category</td>
<td>Description</td>
</tr>
<tr>
<td>------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Employment</td>
<td>Employment legislation, health and safety at work</td>
</tr>
<tr>
<td>Environment</td>
<td>Environmental preservation, pollution control and prevention, natural resource conservation, environmental preservation, parks, open spaces</td>
</tr>
<tr>
<td>Finance</td>
<td>Taxation, economic policy</td>
</tr>
<tr>
<td>Food and beverage</td>
<td>Food and beverage industry / companies</td>
</tr>
<tr>
<td>Health</td>
<td>Primary, secondary and tertiary care, rehabilitation, mental health, crisis intervention (includes suicide prevention), public health, patient organisations</td>
</tr>
<tr>
<td>Home Affairs</td>
<td>Internal security, immigration/asylum, border enforcement,</td>
</tr>
<tr>
<td>Housing</td>
<td>Construction, management, architecture</td>
</tr>
<tr>
<td>Insurance</td>
<td>Insurance companies</td>
</tr>
<tr>
<td>Justice</td>
<td>Legal services, court-related matters, crime prevention and public safety, rehabilitation of offenders, victim support</td>
</tr>
<tr>
<td>Maritime affairs</td>
<td>Fisheries, maritime policy</td>
</tr>
<tr>
<td>Media</td>
<td>Production and dissemination of information: Television, newspapers, magazines, radio</td>
</tr>
<tr>
<td>Philanthropic organisations</td>
<td>Non-subject specific grant making, foundations, fund-raising organisations e.g., lotteries</td>
</tr>
<tr>
<td>Recreation</td>
<td>Sport, playgrounds</td>
</tr>
<tr>
<td>Religion</td>
<td>Religious organisations</td>
</tr>
<tr>
<td>Research</td>
<td>Universities, research institutes</td>
</tr>
<tr>
<td>Social/ welfare services</td>
<td>Social security, child welfare, child services, daycare, youth services, youth welfare, (youth clubs, delinquency/drop out prevention) family services (parenting courses, family violence shelter), services for disabled, services for elderly, children’s ombudsman</td>
</tr>
<tr>
<td>Tourism</td>
<td>Tourism policy</td>
</tr>
<tr>
<td>Trade policy and regulations</td>
<td>Trade policy and regulations</td>
</tr>
<tr>
<td>Transport</td>
<td>Mobility, road, rail, air, water, urban mobility, road safety</td>
</tr>
</tbody>
</table>
3. Results

3.1 Response

The four Europe focussed organigraphs, each reflecting one of the domains, were received from EPHA. From the regional partners, the following organigraphs were received: one organigraph for each of the four domains from Finland, Germany, Spain and Sweden. From the Czech Republic organigraphs from all domains but water safety were received. From Hungary organigraphs from all domains except intentional injury prevention were received.

24 different countries submitted organigraphs included in this analysis, including the non EU-countries Israel and Norway. Further, Croatia was not an EU Member State at the time of data collection. Moreover, the UK is not represented as a whole with organigraphs from England and Scotland.

<table>
<thead>
<tr>
<th>Regional Partner</th>
<th>Intentional</th>
<th>Water</th>
<th>Road</th>
<th>Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPHA</td>
<td>Yes, incl. text</td>
<td>Yes, incl. text</td>
<td>Yes, incl. text</td>
<td>Yes, incl. text</td>
</tr>
<tr>
<td>Czech Republic</td>
<td>Violence prevention, (no specific intervention), (incl. text)</td>
<td>--</td>
<td>Cycle helmet standard requirements <em>(Pilot)</em> (incl. text)</td>
<td>Child home Safety <em>(no specific intervention)</em> (incl. text)</td>
</tr>
<tr>
<td>Finland</td>
<td>Implementing legislation related to underaged drinking &amp; reducing alcohol harms by local alcohol policy in Finland <em>(incl. text)</em></td>
<td>Mandated responsibility for legislative change related to Personal Flotation Devices <em>(incl. text)</em></td>
<td>Increasing the use of bicycle helmets in children and young people in Finland <em>(Pilot)</em> (incl. text)</td>
<td>Health care counselling related to unintentional injury prevention in maternity and child health clinics <em>(incl. text)</em></td>
</tr>
<tr>
<td>Hungary</td>
<td>--</td>
<td>Fencing home pools <em>(Pilot)</em> <em>(no text)</em></td>
<td>Passenger child restraints <em>(general)</em> <em>(Pilot)</em> <em>(no text)</em></td>
<td>Home visiting enhancing home safety <em>(incl. text)</em></td>
</tr>
<tr>
<td>Spain</td>
<td>Early detection of child abuse in Catalonia <em>(incl. text)</em></td>
<td>Pool Fencing Legislation <em>(incl. text)</em></td>
<td>Bicycle Helmet <em>(Pilot)</em> <em>(incl. text)</em></td>
<td>Paediatric Advice to Prevent Scalds <em>(incl. text)</em></td>
</tr>
<tr>
<td>Sweden</td>
<td>Training healthcare professionals dealing with suicide <em>(mental health first aid)</em> <em>(incl. text)</em></td>
<td>Training of bilingual swimming teachers <em>(incl. text)</em></td>
<td>Bicycle Helmets <em>(Pilot)</em> <em>(incl. text)</em></td>
<td>Nurse education in child health centres <em>(incl. text)</em></td>
</tr>
<tr>
<td>National Partner</td>
<td>Intentional</td>
<td>Water</td>
<td>Road</td>
<td>Home</td>
</tr>
<tr>
<td>------------------</td>
<td>-------------</td>
<td>-------</td>
<td>------</td>
<td>------</td>
</tr>
<tr>
<td>Austria</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>Child Safety House (incl. text)</td>
</tr>
<tr>
<td>Croatia</td>
<td>--</td>
<td>--</td>
<td>Respect our signs, National Road Safety Program (incl. text)</td>
<td>--</td>
</tr>
<tr>
<td>Denmark</td>
<td>--</td>
<td>--</td>
<td>Safe Routes to School (incl. text)</td>
<td>--</td>
</tr>
<tr>
<td>England</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>Safe at home scheme (incl. text)</td>
</tr>
<tr>
<td>France</td>
<td>--</td>
<td>Swimming Pool Legislation (incl. text)</td>
<td>--</td>
<td></td>
</tr>
<tr>
<td>Greece</td>
<td>Suicide and self-harm prevention among adolescents (incl. text)</td>
<td>--</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ireland</td>
<td>--</td>
<td>Water Safety Promotion programmes (incl. text)</td>
<td>--</td>
<td></td>
</tr>
<tr>
<td>Israel</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>Voluntary Standards for Safe Homes (Pre-Pilot) (incl. text)</td>
</tr>
<tr>
<td>Lithuania</td>
<td>Child Line anti bullying (incl. text)</td>
<td>--</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malta</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>Playground Safety Standard (incl. text)</td>
</tr>
<tr>
<td>The Netherlands</td>
<td>--</td>
<td>Swim ABC (incl. text)</td>
<td>--</td>
<td></td>
</tr>
<tr>
<td>Norway</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>Harstad children burns prevention (incl. text)</td>
</tr>
<tr>
<td>Poland</td>
<td>--</td>
<td>--</td>
<td>The First Car Seat Campaign (incl. text)</td>
<td>--</td>
</tr>
<tr>
<td>Portugal</td>
<td>--</td>
<td>--</td>
<td>Child Restraint Systems Tax Reduction (incl. text)</td>
<td>--</td>
</tr>
<tr>
<td>Romania</td>
<td>--</td>
<td>--</td>
<td>Control of Road Traffic Crashes (incl. text)</td>
<td>--</td>
</tr>
<tr>
<td>Scotland</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>Accompanying Notes in respect of Blind Cord Safety Campaign (incl. text)</td>
</tr>
<tr>
<td>Slovakia</td>
<td>Cyberbullying (incl. text)</td>
<td>--</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Slovenia</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>Home Visiting Programme (incl. text)</td>
</tr>
<tr>
<td>Organis.</td>
<td>9 (9)</td>
<td>9 (8)</td>
<td>12(12)</td>
<td>14 (14)</td>
</tr>
</tbody>
</table>
The resulting organigraphs show a variety of examples to child safety governance (see Table 3). Several authors of the organigraphs reported that the process of drawing improved their understanding of their own work and made them engage with other stakeholders in the field. Some considered it to be a difficult and labour-intensive task. Those who chose to depict the intervention that they had also used as “National Case Study” in another subproject of TACTICS found it much easier and quicker to draw an organigraph.

There are several aspects regarding the resulting organigraphs that should be noted. First, it has to be noted that the Israeli organigraph developed during the pre-pilot consists of two different organigraphs. One is focusing on the development phase, while the other focussed on the implementation phase. However, these organigraphs are analysed as one organigraph, given that – after the experience of the pre-pilot – it was decided to integrate all processes in one organigraph and not having partners draw several organigraphs for one domain.

Second, 31 of 44 organigraphs focus one particular intervention. The others map the domain more in general (including, as requested, the Europe focussed ones). Also in the pilot phase we did not yet explicitly request interventions. This was only done in the post-pilot data collection.

### 3.2 General and Cumulative Description of the Organigraphs

#### 3.2.1 Actors in the Organigraph – Quantitative Perspective

Given that it is aimed for to find out the relevance of the different levels (European, national, regional, local) for the governance of child safety, the number of actors on each level were counted. The number of actors is only included as a proxy indicator of the relevance of the level. Examples of actors are: Ministries, NGOs, institutions, action programmes, projects, or campaigns, in addition to the individuals or institutions directly involved in leading these. Examples of non-actors are: plans, policies, strategies, reports, or opinions.

When describing the actors, it is important to note that the same actor can in some instances appear more than once in a given organigraph (e.g., in the organigraph for intentional injury from Sweden). Furthermore, if an actor crosses two (or more) levels, it is counted for each level in which it appears. This is done because we are interested in the number of players per level. Thus, this first analysis does not say much about the quantity of the different actors in absolute numbers, however, it does provide information regarding on what level most actors are active.

Considering first the four Europe focussed organigraphs, one can see that around 10 actors are active on the European level when describing, in general, mandated responsibilities for safety in each of the four domains.
Table 4 Number of actors used by Europe focussed organigraphs

<table>
<thead>
<tr>
<th></th>
<th>Intentional</th>
<th>Water</th>
<th>Road</th>
<th>Home</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>European level</strong></td>
<td>15</td>
<td>9</td>
<td>11</td>
<td>7</td>
<td>42</td>
</tr>
<tr>
<td><strong>National</strong></td>
<td>4</td>
<td>4</td>
<td>2</td>
<td>3</td>
<td>13</td>
</tr>
<tr>
<td><strong>Regional</strong></td>
<td>2</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td><strong>Local</strong></td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td><strong>Sum</strong></td>
<td>23</td>
<td>16</td>
<td>21</td>
<td>13</td>
<td>73</td>
</tr>
</tbody>
</table>

When looking at the other organigraphs, where the mapping of the European level was not the main purpose (Table 5), one can see that most actors are located on the national level, followed by the local level in all of the organigraphs. This also holds true for the overall total number of actors. Consistently, the fewest actors are located on the European level (in water safety the same amount as with the “regional” level). The regional level has the second fewest actors, after the European level (true for intentional injury prevention, road and home safety). Or, in case of water safety, the European level and the regional level have both the same amount of actors; and the national and local level have more.

Given that EPHA drew their organigraphs mapping the whole domain with focus on the European level and thus would be expected to present most actors on the European level as a reference, “Table 6 European level actors: Europe focussed organigraphs (EFO) compared with highest / lowest of regional and national partners’ organigraphs” is made. Here it becomes clear that with regard to the European level, the Europe focussed organigraphs always show – as expected – significantly more actors on the European level than any other single organigraph.

Overall, in all 44 organigraphs, 758 actors are described (some of which are named more than once in the same organigraph at different levels). This makes an average of ca. 17 actors per organigraph. The average number of actors per domain can also be calculated (see Table 7). The result is that the highest average number of actors appeared in organigraphs for the domain of intentional injury prevention (18,78), followed by road safety (18,67). The least number of actors appeared in organigraphs for the domain “home safety” (15,21).

The organigraph with the most actors is the organigraph on water safety comes from Ireland with 47 actors. For the remaining domains the organigraphs with the most actors were Czech Republic for intentional injury prevention (28), Sweden for road safety (30) and Czech Republic for home safety (25). Whereas, the organigraphs from Czech Republic focus the domains in general, the other describe one intervention.
Table 5 Number of actors used by the 40 national and regional partners’ organigraphs

<table>
<thead>
<tr>
<th></th>
<th>Intentional (8 organigraphs)</th>
<th>Water (8 organigraphs)</th>
<th>Road (11 organigraphs)</th>
<th>Home (13 organigraphs)</th>
<th>Overall (40 organigraphs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>European level</td>
<td>8</td>
<td>18</td>
<td>18</td>
<td>16</td>
<td>60</td>
</tr>
<tr>
<td>National</td>
<td>56</td>
<td>77</td>
<td>94</td>
<td>89</td>
<td>316</td>
</tr>
<tr>
<td>Regional</td>
<td>40</td>
<td>18</td>
<td>37</td>
<td>32</td>
<td>127</td>
</tr>
<tr>
<td>Local</td>
<td>42</td>
<td>23</td>
<td>54</td>
<td>63</td>
<td>182</td>
</tr>
<tr>
<td>Sum</td>
<td>146</td>
<td>136</td>
<td>203</td>
<td>200</td>
<td>685</td>
</tr>
</tbody>
</table>

Table 6 European level actors: Europe focussed organigraphs (EFO) compared with highest / lowest of regional and national partners’ organigraphs (NRPO)

<table>
<thead>
<tr>
<th>Number of European level actors</th>
<th>Intentional</th>
<th>Water</th>
<th>Road</th>
<th>Home</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>EFO</td>
<td>EFO</td>
<td>EFO</td>
<td>EFO</td>
</tr>
<tr>
<td></td>
<td>Highest</td>
<td>Lowest</td>
<td>Highest</td>
<td>Lowest</td>
</tr>
<tr>
<td>15</td>
<td>9 (Spain)</td>
<td>0 (several)</td>
<td>11 (Hungary, Poland)</td>
<td>7 (Hungary)</td>
</tr>
</tbody>
</table>

Table 7 Mean number of actors displayed in each organigraph

<table>
<thead>
<tr>
<th></th>
<th>Intentional</th>
<th>Water</th>
<th>Road</th>
<th>Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPHA</td>
<td>23</td>
<td>16</td>
<td>21</td>
<td>13</td>
</tr>
<tr>
<td>Organigraphs by regional and national partners</td>
<td>146</td>
<td>136</td>
<td>203</td>
<td>200</td>
</tr>
<tr>
<td>Sum</td>
<td>169</td>
<td>152</td>
<td>224</td>
<td>213</td>
</tr>
<tr>
<td>Number of organigraphs</td>
<td>9</td>
<td>9</td>
<td>12</td>
<td>14</td>
</tr>
<tr>
<td>Mean number of actors per organigraph per domain</td>
<td>18,78</td>
<td>16,89</td>
<td>18,67</td>
<td>15,21</td>
</tr>
</tbody>
</table>

Interpretation and discussion

That the most actors on the European level are found in the Europe focussed organigraphs is not surprising given it was their task to focus on mapping the whole of the domain at the European level. Nevertheless, it is interesting that there was limited inclusion of EU-level action on child safety governance in many of the other organigraphs – especially given that European institutions could be easily considered as giving “advice” to guide interventions. These could have been, for example, ECSA or the WHO.

The focus of this study was also to explore and discuss the relevance of the regional level that is often neglected in these discussions. Yet, what the regional level
is for a given country, and whether this is comparable between different countries, is difficult to say. Nevertheless, the results – based on the quantitative proxy indicator of actors count – suggest that the regional level does play a role in child safety, even if the regional level is less populated with actors than the national and local levels.

The average of 17.22 actors per organigraph can only lead to crude conclusions about the actors involved in governing a policy or intervention in child safety. However, one can say that from the perspective of the authors of the organigraphs an average of approximately 17 actors are involved in the governance of child safety. More actors appear to be involved when it comes to intentional injury prevention and road safety (an average of almost 19 actors). Based on the chosen example interventions used and the perspective of the authors of organigraphs, the least number of actors involved in the governance of child safety appears to be in the domain of home safety.

**Lessons learned about the results:**

On average, based on the Europe focussed organigraphs, ca. 10 actors are active on the European level when describing mandated responsibilities for safety in general in each of the four domains. Fewer actors are included on the European level when organigraphs of the regional and national partners were considered. That the European level is not included in many of the organigraphs drawn by the regional and national partners is striking. It is not clear whether this represents the true state of affairs, a lack of knowledge regarding European actors or reflects a perceived level of importance of actors at this level when examining national/regional level interventions.

An average of at least 17 actors are involved in governing a child safety intervention – whereas this number is based on organigraphs that map both, the whole domain or a special intervention. The greatest number of actors seems to be involved in the intentional injury prevention and road safety domains.

The highest number of actors was mapped on the national level, the least on the European and regional levels. Local level actors are included even when the intervention takes place on the national or regional level. Thus, the local level appears to play a very relevant role irrespective of the level of intervention.

**Limitations:**

The number of actors is only a rough, a proxy indication for the relevance of a level. Furthermore, actors were counted once per level but some actors crossed levels and were therefore counted more than once (e.g. “media” in Europe-home is even counted three times, as it crosses three levels). Thus, this analysis says mainly on what level most actors are active and it says little about the exact number of actors.

Any inference from this quantitative analysis, for example suggesting which domain or intervention is the most complex, is very difficult to make, given the organigraphs were drawn by different authors and represent different interventions (or even no specific
interventions). Yet, the results have heuristic value and may lead to further research questions. In either case, while the organigraphs are not “complete”, perfectly comparable and represent the one reality, one can at least say that the organigraphs with their actors give evidence of a certain “minimum complexity”.

The “regional level” means different things in different European countries and accordingly makes comparisons across countries more difficult.

### 3.2.2 Connectors in the Organigraph – Quantitative Perspective

An examination of the connectors used to describe the action of and the relation between actors, can also provide information about the level of activity and relationships. As with actors, the connectors can be counted for each level, however, as some connectors cross levels a decision of how to address these ‘level-crossing’ connectors needs to be made. In this case we again decided if a connector went from one level to another that it would be counted twice, (or if going across 3 levels, three times). This was complicated by one organigraph (Sweden-intentional injury prevention) where the author depicted a double structure within the organigraph in which the same actor is listed twice. The author chose this way of representation to indicate that the intervention described is taking place in two different counties. However, this double structure also implies that some connectors are duplicated even though they signify the same process (in this case, counting the connector in this way increases the count by 9 over what it would be if each was only counted once).

When the frequency of use of connectors is examined it becomes clear that there is a difference when comparing the Europe focussed organigraphs with the national and regional partners’ organigraphs. The Europe focussed organigraphs consistently have a higher number of connectors on the European level, whereas the other organigraphs have the greatest number of connectors on the national level and the lowest number within and to the European level.

Table 8 Number of connectors used by the four Europe focussed organigraphs

<table>
<thead>
<tr>
<th>Level</th>
<th>Intentional</th>
<th>Water</th>
<th>Road</th>
<th>Home</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>European</td>
<td>17</td>
<td>15</td>
<td>22</td>
<td>19</td>
<td>73</td>
</tr>
<tr>
<td>National</td>
<td>6</td>
<td>5</td>
<td>9</td>
<td>8</td>
<td>28</td>
</tr>
<tr>
<td>Regional</td>
<td>5</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>14</td>
</tr>
<tr>
<td>Local</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>16</td>
</tr>
<tr>
<td>Sum</td>
<td>33</td>
<td>27</td>
<td>39</td>
<td>32</td>
<td>131</td>
</tr>
</tbody>
</table>

The 40 organigraphs mapping all levels (i.e. excluding the Europe focussed organigraphs) included 1412 connectors, including the double (and triple) counts that go beyond one level. Taking all 44 organigraphs together, 1543 connectors on the four levels are counted. Again, this does not mean that there are 1543 connectors in absolute terms, as they are counted per level and very often cross levels.
When the connectors are counted without double counting those that cross levels, absolute numbers can be examined. However, these cannot be assigned to the levels anymore (as this would imply multiple counting).

Table 10 provides the breakdown of the different types of connectors used in addition to providing the absolute numbers. In all, 1021 connectors were used from the pre-established list, with one additional connector added by one of the authors. This represents a mean number of connectors of 23.2 per organigraph.

<table>
<thead>
<tr>
<th></th>
<th>Intentional</th>
<th>Water</th>
<th>Road</th>
<th>Home</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>European level</strong></td>
<td>9</td>
<td>14</td>
<td>29</td>
<td>18</td>
<td>70</td>
</tr>
<tr>
<td><strong>National</strong></td>
<td>105</td>
<td>95</td>
<td>154</td>
<td>200</td>
<td>554</td>
</tr>
<tr>
<td><strong>Regional</strong></td>
<td>95</td>
<td>56</td>
<td>101</td>
<td>150</td>
<td>402</td>
</tr>
<tr>
<td><strong>Local</strong></td>
<td>100</td>
<td>46</td>
<td>108</td>
<td>132</td>
<td>386</td>
</tr>
<tr>
<td><strong>Sum</strong></td>
<td>309</td>
<td>211</td>
<td>392</td>
<td>500</td>
<td>1412</td>
</tr>
</tbody>
</table>

Figure 1 Number of connectors used by the 40 other regional and national partners’ organigraphs

Which connectors were used – in absolute terms – and at what frequency is also of interest. The connector “works together” was used most often across the 44 organigraphs (148 times or an average of 3.36 per organigraph). The connector “adopts / implements” was the second most frequently used in absolute terms (144
times or an average of 3.27 per organigraph). Then, the third most frequently used connector was “educates” at 102 times (average 2.32 times per organigraph). The least used connector was the one introduced by an author (“publishes”), but of those included in the pre-established list the least often used was “assesses” (18 times or an average of 0.41 times).

Table 10 What connectors are used (in absolute numbers, without double counts)

<table>
<thead>
<tr>
<th>Connector</th>
<th>Intentional</th>
<th>Water</th>
<th>Road</th>
<th>Home</th>
<th>Sum (absolute number of connectors used)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Europe focused / national partners</td>
<td>Europe focused / national partners</td>
<td>Europe focused / national partners</td>
<td>Europe focused / national partners</td>
<td></td>
</tr>
<tr>
<td>Accountable</td>
<td>0</td>
<td>12</td>
<td>0</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Advises</td>
<td>1</td>
<td>15</td>
<td>3</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>Appoints</td>
<td>0</td>
<td>11</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Assesses</td>
<td>1</td>
<td>6</td>
<td>0</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Develops</td>
<td>1</td>
<td>7</td>
<td>0</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Educates</td>
<td>4</td>
<td>15</td>
<td>0</td>
<td>11</td>
<td>0</td>
</tr>
<tr>
<td>Enforces</td>
<td>1</td>
<td>9</td>
<td>0</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Formally</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>Recommends</td>
<td>10</td>
<td>30</td>
<td>11</td>
<td>13</td>
<td>15</td>
</tr>
<tr>
<td>Adopts /</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>implements</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Informs</td>
<td>2</td>
<td>15</td>
<td>3</td>
<td>11</td>
<td>5</td>
</tr>
<tr>
<td>Invites/initiates</td>
<td>0</td>
<td>5</td>
<td>0</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Law/directive</td>
<td>0</td>
<td>12</td>
<td>0</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>Monitors quality</td>
<td>0</td>
<td>6</td>
<td>0</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Motivates/lobbies</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>Funds</td>
<td>3</td>
<td>10</td>
<td>1</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>Works together</td>
<td>1</td>
<td>30</td>
<td>3</td>
<td>15</td>
<td>2</td>
</tr>
<tr>
<td>[publishes]</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Sum</strong></td>
<td><strong>25</strong></td>
<td><strong>191</strong></td>
<td><strong>22</strong></td>
<td><strong>123</strong></td>
<td><strong>29</strong></td>
</tr>
</tbody>
</table>
Table 11 Use connectors according to absolute quantity from highest to smallest

<table>
<thead>
<tr>
<th>Connector</th>
<th>Intentional</th>
<th>Water</th>
<th>Road</th>
<th>Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Works together</td>
<td>148</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adopts / implements</td>
<td>144</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educates</td>
<td>102</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advises</td>
<td>83</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Informs</td>
<td>73</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Funds</td>
<td>59</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Law/directive</td>
<td>59</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motivates/lobbies</td>
<td>58</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Formally recommends</td>
<td>53</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monitors quality</td>
<td>49</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enforces</td>
<td>45</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appoints</td>
<td>38</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accountable</td>
<td>36</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develops</td>
<td>31</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Invites/initiates</td>
<td>24</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assesses</td>
<td>18</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Publishes [added by one author]</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

When looking across the domains using the absolute numbers, the home safety and road safety domains had almost the same average number of connectors (approx. 25), followed by intentional injury prevention (24 connectors) and water safety (approx. 16 indicators).

Table 12 Number of different connectors used by domain
(absolute number without double counts)

<table>
<thead>
<tr>
<th>Connector</th>
<th>Intentional</th>
<th>Water</th>
<th>Road</th>
<th>Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sum (absolute number of connectors used)</td>
<td>25</td>
<td>191</td>
<td>22</td>
<td>123</td>
</tr>
<tr>
<td>Sum per domain (absolute number of connectors used)</td>
<td>216</td>
<td>145</td>
<td>305</td>
<td></td>
</tr>
<tr>
<td>Number of organigraphs</td>
<td>9</td>
<td>9</td>
<td>12</td>
<td>14</td>
</tr>
<tr>
<td>Average use of connector per domain</td>
<td>24</td>
<td>16,11</td>
<td>25,42</td>
<td>25,36</td>
</tr>
</tbody>
</table>
Finally, we examined the diversity of connectors used within organigraphs by examining the number of different types of connectors drawn out of the 16 pre-established connectors (excluding “published” added by one of the authors).

The average number of different types of connectors per domain across all 44 organigraphs is quite similar at 8.5 different connectors per domain. Thus, a bit more than half of the possible connectors were used per domain. However, when comparing the organigraphs drawn by regional partners with those drawn by national partners, one can see clearly that the average use of diverse connectors per domain is always higher for regional partners than for national partners. The explanation might be that in some organigraphs of national partners not specific interventions are depicted but rather a map the whole domain is given.

| Table 13 How many different of the 16 predesigned connectors have been used |
|-----------------|--------|--------|--------|--------|--------|
|                 | Intentional | Water | Road | Home | Average |
| EP HA |        |        |       |      |       |
| Europe focussed | 10     | 6      | 7     | 5    | 7      |
| CzR     | 11     | --     | 9     | 10   | 10     |
| Finland | 13     | 10     | 11    | 11   | 11.25  |
| Germany | 7      | 10     | 10    | 9    | 9      |
| Hungary | --     | 11     | 12    | 9    | 10.6   |
| Spain   | 8      | 7      | 6    | 7    | 7      |
| Sweden  | 8      | 10     | 6    | 10   | 8.5    |
| Average regional partners: | 9.4   | 9.6    | 9    | 9.33 |
| Regional Partners: |        |        |       |      |       |
| Austria  | --     | --     | --   | 7    |        |
| Croatia  | --     | --     | 7    | --   |        |
| Denmark | --     | --     | 9    | --   |        |
| England  | --     | --     | --   | 12   |        |
| France  | --     | 10     | --   | --   |        |
| Greece  | 7      | --     | --   | --   |        |
| Ireland | --     | 7      | --   | --   |        |
| Israel  | --     | --     | --   | 8    |        |
| Lithuania | 4     | --     | --   | --   |        |
| Malta   | --     | --     | --   | 8    |        |
| The Netherlands | --     | 5     | --   | --   |        |
| Norway  | --     | --     | --   | 6    |        |
| Poland  | --     | --     | 12   | --   |        |
| Portugal | --     | --     | 6    | --   |        |
| Romania | --     | --     | 9    | --   |        |
| Scotland | --     | --     | --   | 7    |        |
| Slovakia | 9     | --     | --   | --   |        |
| Slovenia | --     | --     | --   | 9    |        |
| National Partners: |        |        |       |      |       |
| Average national partners: | 6.7   | 7.33   | 8.6  | 8.14 |        |
### Interpretation and discussion

It was expected that the Europe focussed organigraphs would show more activity on the European level than the national and regional partners’ organigraphs have on the European level. The Europe focussed organigraphs have on average 7 different connectors used.

A comparison between the number of connections shows a slightly greater focus on the regional level when compared to the number of actors drawn at this level. As the method of counting included counts for the regional level where connectors crossed the regional level to get from the national level to the local level, it is not clear whether this difference reflects a real difference or just how we counted connectors.

Without double counting the connectors, approximately an average of 23 connectors are used per organigraph – while there was an average of approximately 17 actors per organigraph. This shows that many actors are not fully embedded in networks with other actors (as they then had more connectors). Of interest, while the least average number of actors were drawn in the home safety domain, the least average number of connectors are found in the water safety domain. It is not possible to say, based on these data that the fewer actors in “home safety” are more active than in the water safety domain, as the Irish water safety organigraph has influenced this picture with its many actors using few connectors.

Looking at the frequency of use of the different connectors, the connector “work together” was used most often suggesting that ‘non-hierarchical’ collaborations are not uncommon. The second most frequently used connector was “adopts / implements” and suggests that there is an emphasis on the implementation process in the organigraphs received.

Comparing the organigraphs drawn by regional partners with those drawn by the national partners, one can see that the average use of diverse connectors per domain is around 8,5 connectors.

<table>
<thead>
<tr>
<th></th>
<th>Intent-</th>
<th>Water</th>
<th>Road</th>
<th>Home</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>On average use of</td>
<td>8.56</td>
<td>8.44</td>
<td>8.67</td>
<td>8.43</td>
<td></td>
</tr>
<tr>
<td>diverse connectors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>per domain (incl.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Europe focussed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>organigraphs)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Lessons learned about the results:

The average numbers of approx. 17 actors and approx. 23 connectors per organigraph emphasise that governance of child safety is complex – especially given that there are likely more actors and connectors in the field that have not been considered by the authors for these particular interventions.

The connection “working together” is used most often. This is a non-hierarchical, network- or web-like connection. This will be further analysed with regard to “webs / networks”.

On average, every organigraph has just over one connection with regard to quality monitoring. Thus, the dimension of monitoring is considered, which is important as this is a very relevant aspect of interventions. However, the small number suggests that activity in this area may be quite limited suggesting it is an area where further work is required. This backs up the findings of the National Case Studies analysis – also part of the TACTICS project.

The average number of diverse connectors used per domain (incl. the Europe focussed organigraphs) was relatively similar (around 8,5; yet, varied from 5 to 13 in the individual organigraphs). 16 different connectors were available and have all been used. One connector (“publishes”) was added by a partner. All 16 of the connectors were used at least once across the organigraphs. The most infrequently used was “assess”, which was used only 18 times. However some may have understood this to be redundant with “monitor”.

The number of connectors used certainly says something about the (minimum) complexity of governance of child safety, namely that diverse connections between many actors play a role.

Limitations:

Additionally to the aspects pronounced already for the actors count, the double counting of connectors across levels is very important to consider in the level analysis (however, the overall count of connectors excludes double counts).

Individual drawing styles of authors might influence the results.

Lessons learned about the tool:

The organigraphs can be used to show the variety of relationships and actions between and among actors governing child safety.

All connectors included in the authors guide were used and even the least used connector was still used 18 times over the 44 organigraphs. This, in addition to the fact that only one additional connector was introduced, suggests that the list developed was relevant and allowed adequate description of the relationships and actions between actors governing child safety.
3.3 The Sectors Represented in the Organigraph

Using the generated list of 28 sectors (Table 2), two researchers worked together to identify and categorise the actors depicted in the organigraphs.

3.3.1 Core Sectors

Twenty-seven of the 28 sectors were represented in the organigraphs.

Figure 2 shows all the sectors included in the organigraphs and the injury domains under which they were depicted. The figure shows that there were 8 sectors with direct relevance to all four injury domains: education, health, home affairs, justice, media, recreation, research and social/welfare services. These are hereafter referred to as ‘core sectors’. In addition to the core sectors, several others were only applicable to one or two injury domains, but this doesn’t necessarily mean that their importance is inferior, as they may be key for those domains where they appear. For example “maritime affairs” appears in water safety but is not relevant to other domains.

3.3.2 Distribution of core sectors by injury domain

Figure 3 shows how the core sectors are distributed by injury domain and the proportion of actors that were attributed to ‘other’ sectors. The percentages represent
the number of actors involved in the interventions that were categorised to the particular sectors.

The distribution of core sectors is quite different between injury domains, though there are some similarities. The health sector appears to play a strong role in all four of the injury domains, in particular home safety.

The relative importance of the sectors not labeled as core is also evident. While in intentional injury prevention only 8% of actors involved in interventions were attributed to sectors outside the core sectors, in home safety the proportion was 25% and in road safety and water safety it was 44% and 49%, respectively. In road safety, as would be expected, the proportion of the ‘other’ category represented by the transport sector is reasonably high at 27%. However, when the role of the transport sector is removed the proportion of the actors coming from other sectors reduces to 16%. This underlines the fact that though transport is focused and often thought of as being the dominion of that sector, road safety involves many other sectors. For water safety there was not as striking a difference amongst the ‘other’ sectors.

3.3.3 Distribution of all sectors in each injury domain

In the following section, the distribution of all the identified sectors is presented for each of the four injury domains.

3.3.4 Intentional Injury prevention

Figure 4 indicates that six of the eight core sectors are also those depicted most frequently in this domain: health (30%), social/welfare services (19%), justice (14%),
education (9%), media (8%), and research (6%). The remaining sectors accounting for only 8% of the actors involved in the interventions studied were: communication, home affairs, recreation, culture, religion, employment and food and drink industry.

### 3.3.5 Water Safety

Figure 5 shows that for water safety, as in intentional injury prevention, the health sector has a strong role, with 26% of actors categorised to this sector. In terms of the remaining core sectors their roles are less strongly concentrated in the top 10 most frequent sectors. Emergency services (13%), maritime affairs (10%), consumers (8%) and environment (5%) appear to play stronger roles in water safety, while the role of the other core sectors is less pronounced.

### 3.3.6 Home Safety

The sectors included under home safety are shown in Figure 6. The health sector appears to play the strongest role, accounting for 42% of actors involved in interventions for home safety. After health, media (10%), social/welfare services (10%) and consumers (8%) have the highest proportion of actors attributed to them, followed by housing and trade each at 4%.

### 3.3.7 Road Safety

Figure 7 shows the sectors implicated in road safety. In contrast to the other three domains, where the health sector consistently represented the highest proportion of
actors, here as would be expected transport appears to be the most frequently occurring at 27%. Nevertheless, health has the second highest proportion of actors at 16%. The eight core sectors are closely grouped in the top 10 sectors for road safety and together account for 90% of the actors involved in interventions for road safety.

3.3.8 Interpretation and discussion

The identification of the ‘core sectors’ (education, health, home affairs, justice, media, recreation, research and social/welfare services) is intended to help stakeholders identify key partners in sectors implicated across the board. In addition to these eight sectors, we also consider consumers as key. Although it was not identified in connection with intentional injury prevention, it appeared in the top 10 sectors for the other three domains, accounting for 8% of actors working in both home safety and water safety interventions and 6% in road safety interventions.

Despite the presence of the core sectors in each of the domains of child injury, the importance of the other sectors should not be discounted. They reflect the diversity in child injury prevention and some of the unique differences between the four domains. Stakeholders working in child injury prevention could use the domain specific lists to identify possible partners when developing interventions.

The importance of the health sector is clearly illustrated, accounting for 29% of actors involved in interventions across the 4 domains of injury. This may partly reflect the fact that the data were collected as part of a study within the field of public health, and it might be that organigraphs drawn by authors from another sector would emphasise other sectors. However, it is likely that the results indicate the central role the health sector plays in child injury prevention.

In each of the injury domains there is a gap of 10% or more between the top two sectors.

Lessons learned about the results

27 different sectors were identified in our analysis of the organigraphs, 8 sectors were identified as “core sectors” in that they were included in all four of the child injury domains (intentional injury prevention, water, road and home safety).

There was diversity across the four domains of injury in terms of the number of sectors represented and the relative frequency of actor across sectors. This illustrates the complexity and multi-sectoral nature of the injury issue and the evidence-based interventions being undertaken and suggests the need for a multi-sectoral approach to child injury prevention.

Overall the health sector accounted for 29% of the actors identified, indicating that it has a strong role to play in child injury prevention.

Limitations

As this study was part of a public health project it may be that a certain bias was introduced
by the contributing partners leading to an emphasis of the role of the health sector over other sectors or failure of the mapping to accurately account for the role of other sectors.

In addition, as not all possible interventions were mapped, it is possible that this also lead to other sectors, relevant to injury prevention efforts, not being included. At least, our analysis thus, shows a minimum complexity with regard to the multi-sectoral nature of injury prevention. Probably some more sectors are relevant in some of the domains that did not come up now (e.g. agriculture in home safety).

However, the breadth of interventions and coverage over the four domains suggests that at least for the core sectors the results are likely accurate.

**Lessons learned about the tool**

The results of the sector analysis could be useful for stakeholders working in child safety given that they identify the core sectors relevant for child injury prevention in general and also to get a more detailed overview of all the sectors relevant per injury domain. Once the relevant organigraphs are drawn and the analysis is completed, the results illustrating the complex multi-sectoral nature of interventions can be presented visually and impact statements can be developed to support advocacy efforts, to encourage support for a coordinated multi-sectoral response, including a health in all policies approach.
Figure 2 Sectors implicated in child injury prevention by injury domain
Figure 3 Percentage of core sectors, presented by injury domain
Figure 4 Intentional injury prevention sector frequency
Figure 5 Water safety sector frequency
Figure 6 Home safety sector frequency
Figure 7 Road safety sector frequency
3.4 European Level Comparison

Given the striking lack of consideration of the European level in the organigraphs drawn by regional and national partners, it remains very relevant to scrutinise the European level more in depth. Exploration of the European level and the potential EU added value of child safety governance are of particularly interest given that TACTICS is an EU project.

In the following, the Europe focussed and the organigraphs by regional and national partners are considered. The Europe focussed organigraphs offer added value as they integrate – by request – more relevant European institutions. They thus, also fulfil a function of a reference and, furthermore, help drawing a completer picture of relevant European level actors and activities.

How was the European level considered? All authors of the organigraphs were requested to depict the European level where relevant for the particular intervention they were mapping. The template provided had 25% of the space allocated for this level. Only 28 of the 40 organigraphs drawn by national and regional partners (70%) have considered the EU / European level.

The domain with the least consideration of the EU level is clearly the domain “home”. However, when specifying the question and describing who has considered more than one actor and connector on the European level, it becomes clear that even less authors have (exhaustively) depicted processes and actors on the EU/EU level. Overall (but excluding the Europe focussed organigraphs), only 14/40 (35%) and thus, exactly half of the ones who have utilised the EU/EU level at all of the organigraph have used more than one actor and connector.

What actors have been considered on the European level? First attention is with the European Commission. Only 20% of the organigraphs from the national and regional partners consider this institution. Mostly the Commission was named as a whole, thus, the different sectors that are relevant within the Commission cannot be identified. However, three times DG SANCO is mentioned explicitly in the organigraphs of the regional and national partners (Hungary-water, Spain-road and Hungary-home), once DG Connect (Directorate General for Communications Networks, Content and Technology), namely in Slovakia-intentional. DG Mobility and Transport is additionally mentioned in Europe-road.

The Council of the European Union is depicted in the Europe focussed organigraphs except in the “intentional” one. Within the organigraphs by regional and national partners, the Council is only mentioned in the Hungarian organigraph on “road”. Also, the European Parliament is not much considered. Among the regional and national partners’ organigraphs, the European Parliament is only considered in the (again) Hungarian and Polish organigraphs on road safety.
The “European Economic and Social Committee” was considered a relevant actor in the Europe focussed organigraphs. By Poland and Hungary it was considered for the domain “road”.

NGOs on the European level were considered always by the Europe focussed organigraphs. Twice the ECSA was mentioned explicitly, twice NGOs were mentioned generically. Other countries in the different domains mentioned NGOs in some instances (so that overall 70% of the organigraphs considered NGOs on the European level). The organigraphs from national and regional partners mentioned the ECSA regularly and it was the single most often mentioned NGO. From the NGOs, the ECSA was overall mentioned in 10 (and thus 23%) of all organigraphs.

The industry sector is hardly mentioned on the European level. Only the Europe focussed organigraphs refer generally to industry in the “road” and “home” domain. The CEN is considered in the Europe focussed organigraphs in all domains except “intentional”, however, it is only shown in two further organigraphs. Therefore, it is only considered in 5/44 (= 11%) of all organigraphs. Or, if the main focus would be on the three domains except “intentional” as being relevant for this, it would be 5/35 (14%) organigraphs.

Again, in the Europe focussed organigraphs the Committee of Regions is introduced as relevant for all domains but “intentional”, however, this Committee of Regions only visualised in two of the other organigraphs (Hungary-road, Poland-road).

The WHO was counted 14 times. Not everyone made explicit if the main organization or WHO Europe was meant. The Council of Europe was only once mentioned with relation to one report in the domain “intentional” but nowhere else. Interestingly, this report on teenage and child suicide (“Child and teenage suicide in Europe: A serious public-health issue”) was not mentioned in the context of policy advise (for which the connectors “advise”, “educate”, “inform” or “motivate” could have been use) in any other organigraph.

Further organisations that were mentioned are: UN (Spain and Sweden in “intentional”, Hungary for “road”) and the WorldBank (from Poland for “road”). Furthermore, two Australian initiatives were mentioned as collaborating with ECSA in the domain “home”.

What policies and interventions have been considered on the EU/EU level? In the Europe focussed organigraphs there are several directives and regulations listed. An overview of policies is given in Table 16. However, very few come back in the other organigraphs. Overall, only 5 non-Europe focussed organigraphs have European directives and regulations considered (5/40 = 12.25%).

Standards have been rarely mentioned as well. Only the Europe focussed organigraphs, again, mention two concrete standards for “road” and so does Germany and Czech Republic. Thus, in 5 of 44 organigraphs (11%) standards are mentioned at all. Standards include: EN 1078:1997 (“Helmets for pedal cyclists and for users of skateboards and roller skates”), EN 1080:1997 (“Impact protection helmets for young children”) and 1 ECE 44/04 on child safety restraints. The low number also has to be
seen in the light of organigraphs depicted a domain more in general (among them the four Europe-focussed ones).

Table 14 Consideration of European level in the organigraphs of regional and national partners

<table>
<thead>
<tr>
<th>Consideration of EU / European Level</th>
<th>Intentional</th>
<th>Water</th>
<th>Road</th>
<th>Home</th>
<th>Overall (incl. rounded percentages)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consideration of EU / European Level</td>
<td>7/8 = 87,5%</td>
<td>6/8 = 75%</td>
<td>9/11 = 82 %</td>
<td>6/13 = 50%</td>
<td>28 / 40 = 70%</td>
</tr>
<tr>
<td>More than 1 actor and connector</td>
<td>1/8= 12,5%</td>
<td>4/8= 50%</td>
<td>2/11 = 18 %</td>
<td>3/13= 23%</td>
<td>14 / 40 = 35 %</td>
</tr>
</tbody>
</table>

Table 15 What actors are how often considered on EU / European level?

<table>
<thead>
<tr>
<th>Actors</th>
<th>Intentional</th>
<th>Water</th>
<th>Road</th>
<th>Home</th>
<th>Overall (incl. rounded percentages)</th>
</tr>
</thead>
<tbody>
<tr>
<td>European Commissi (as a whole or DGs)</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td>13 / 44 = 30 %</td>
</tr>
<tr>
<td>DG SANCO (explicit)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>3 /44 =7 %</td>
</tr>
<tr>
<td>DG Connect (explicit)</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1/44 = 2 %</td>
</tr>
<tr>
<td>DG Mobility and Transport (explicit)</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>4 (+1 text)/44 = 9%</td>
</tr>
<tr>
<td>Council of the EU (text)</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>4 (+1 text)/44 = 9%</td>
</tr>
<tr>
<td>European Parliamen</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>5/44 = 11 %</td>
</tr>
<tr>
<td>Committee of Regions</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>5/44 =11 %</td>
</tr>
<tr>
<td>European Econ. &amp; Social C.</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>6/44 = 14%</td>
</tr>
</tbody>
</table>
### Table 16 European policies and interventions considered in all 44 organigraphs and texts

<table>
<thead>
<tr>
<th>Actors</th>
<th>Intentional</th>
<th>Water</th>
<th>Road</th>
<th>Home</th>
<th>Overall (incl. rounded percentages)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Europe focussed organigraphs</td>
<td>National and regional partner organigraphs</td>
<td>Europe focussed organigraphs</td>
<td>National and regional partner organigraphs</td>
<td>Europe focussed organigraphs</td>
</tr>
<tr>
<td>NGOs</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>ECSA</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Industry</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Committee of Stand. (CEN)</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>WHO (EUROPE &amp; WHO GLOBAL)</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Council of Europe</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intentional</th>
<th>Water</th>
<th>Road</th>
<th>Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>DG Transport</td>
<td>European Road Safety Program</td>
<td>European Road Safety Program</td>
<td></td>
</tr>
<tr>
<td>The European Parliament and Council</td>
<td>TFEU, article 114, 168, 169</td>
<td>TFEU, article 36</td>
<td>TFEU, articles 114, 168, 169, 36</td>
</tr>
<tr>
<td>Intentional</td>
<td>Water</td>
<td>Road</td>
<td>Home</td>
</tr>
<tr>
<td>-------------</td>
<td>-------</td>
<td>------</td>
<td>------</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2003/20/EC</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Regulation European Standardisation 1025/2012/EC</td>
<td>External projections motor vehicles 74/483/EEC</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Regulation European Standardisation 1025/2012/EC</td>
<td>REACH Chemicals 1907/2006/EC</td>
</tr>
<tr>
<td>European economic and Social Committee</td>
<td>Opinion Domestic Violence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Council of Europe</td>
<td>Report child and teenage suicide</td>
<td></td>
<td></td>
</tr>
<tr>
<td>European NGO’s</td>
<td>Safety Guidelines for Service Providers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>United Nations</td>
<td>European child safety action plan program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>World health Organization</td>
<td>2010 WHA 63.13 Global Resolution on Alcohol</td>
<td></td>
<td>EUR/RC55/R9EC</td>
</tr>
<tr>
<td></td>
<td>EUR/RC61/13 European alcohol action plan 2012-2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>WHA 56.24 report on</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intentional</td>
<td>Water</td>
<td>Road</td>
<td>Home</td>
</tr>
<tr>
<td>-------------</td>
<td>-------</td>
<td>------</td>
<td>------</td>
</tr>
<tr>
<td>violence and harm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUPRE initiative for the prevention of suicide</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Table 17 Complete titles of the policies and interventions used in the 44 organigraphs**

<table>
<thead>
<tr>
<th>Titles mentioned in the organigraphs</th>
<th>Official document titles</th>
</tr>
</thead>
<tbody>
<tr>
<td>EU Alcohol Strategy</td>
<td>Communication from the Commission to the Council, the European Parliament, the European Economic and Social Committee and the Committee of the Regions An EU strategy to support Member States in reducing alcohol related harm (2006)</td>
</tr>
<tr>
<td>EURO SAVE</td>
<td>The European Review of Suicide and Violence Epidemiology (2002)</td>
</tr>
<tr>
<td>Opinion Domestic Violence</td>
<td>Opinion of the European Economic and Social Committee on Children as indirect victims of domestic violence (2006)</td>
</tr>
<tr>
<td>2010 WHA 63.13 Global Resolution on Alcohol</td>
<td>Global strategy to reduce the harmful use of alcohol, World Health Assembly (2010)</td>
</tr>
<tr>
<td>EUR/RC61/13 European alcohol action plan 2012-2020</td>
<td>European action plan to reduce the harmful use of alcohol 2012-2020, Regional Committee for Europe (2011)</td>
</tr>
<tr>
<td>WHA 56.24 report on violence and harm</td>
<td>The World Report on Violence and Health, World Health Assembly Resolution WHA 56.24</td>
</tr>
<tr>
<td>SUPRE initiative for the prevention of suicide</td>
<td>SUPRE, prevention of suicidal behaviors: a task for all, World Health Organization</td>
</tr>
<tr>
<td>TFEU</td>
<td>Consolidated version of the Treaty on the Functioning of the European Union (2010)</td>
</tr>
<tr>
<td>Titles mentioned in the organographs</td>
<td>Official document titles</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>Titles mentioned in the organigraphs</td>
<td>Official document titles</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>Decade of Action on Road Safety</td>
<td>UN Decade of action for road safety 2011-2020, ensuring the decade is action, Make roads safe, the campaign for global road safety (2010)</td>
</tr>
<tr>
<td>ECE 44/04</td>
<td>Agreement concerning the adoption of uniform technical prescriptions for wheeled vehicles, equipment and parts which can be fitted and/or be used on wheeled vehicles and the conditions for reciprocal recognition of approvals granted on the basis of these prescriptions, United Nations (2008, 2nd revision)</td>
</tr>
<tr>
<td>UN ECE WP 29 GRSP</td>
<td>Working Party on Passive Safety, United Nations Economic Commission for Europe [several documents]</td>
</tr>
<tr>
<td>EUR/RC55/R9EC</td>
<td>Resolution, Prevention of injuries in the WHO European Region, Regional Committee for Europe (2005)</td>
</tr>
</tbody>
</table>

**Interpretation and discussion**

As already indicated in the previous chapter, actors and actions at the European level were less frequently included in organigraphs of national and regional partners, even though 25% of the template was allocated for this level. That only 28/40 (70%) have included the European level is less than expected. The proportion is even lower if only organigraphs in which more than only one actor and connector on the European level are considered.

The European Commission is only considered in 20% of the regional and national partners’ organigraphs. And often, the description of the Commission is very general, not...
differentiated while specifying different DGs. Given there are many activities and policies coming from the European level that are potentially influencing (as was shown by the Europe focussed organigraphs and some other organigraphs), this seems surprising.

More often NGOs were considered on the European level than e.g. the European Commission. From the NGOs, ECSA was mentioned in 23% of all organigraphs, which could also be due to a “reporting bias”, given the ECSA leads this project and most of the authors are members of the network.

The very little consideration of the Committee of the Regions – in this regionally focussed study – either shows that there is little awareness of the Committee of Regions or their role is in fact quite small. Probably both aspects have to be considered in further discussions and research.

To have WHO only 14 times (14/44 = 31%) reported in the organigraphs seems a relatively and surprising small number as well.

### Lessons learned about the results:

The European (and especially EU) dimension of child safety governance was included in fewer organigraphs than we would have anticipated.

The European Commission is not very prevalent in the organigraphs. When the Commission was included, it was most often depicted as one institution and the relevant individual DGs were not specified.

Other institutions on the European level that were hypothesised to be of particular interest (e.g., Committee of the Regions, Council of Europe, Council of the EU, or the European Parliament) were hardly mentioned in the organigraphs of regional and national partners.

The roles and relevance of European institutions for both the European Union and the broader WHO Europe region appear to be perceived differently by the various authors. This might not only be related to the actual relevance of these institutions with respect to governance processes for the interventions selected and drawn by the authors, but may also reflect limited awareness of the role and function of European institutions in the governance by the authors. This may be an interesting question to explore further in subsequent studies.

The CEN was also included in very few of the organigraphs, implying that either there is relatively little awareness of this organisation and its role, or that standards set outside of the national level are not perceived to be relevant to the adoption, implementation and monitoring of the national and sub-national interventions depicted in the organigraphs drawn for the project.

The Europe focussed organigraphs deliver an overview of different policies formulated on the European level.
Limitations and lessons learned about the tool:

To infer general statements from the organigraphs about the relevance of the individual European institutions – like WHO or EU institutions – in child safety is very difficult to make.

EU institutions were in principle less relevant for a few of the interventions mapped by the authors, e.g. the Israeli and Norwegian organigraphs. Thus, statements on the use of the European level and reference to EU institutions have overall a limited informative value.

3.5 Patterns of Collaboration: Sets, Chains, Hubs, Webs

In the following section, the application of the patterns of collaboration by Mintzberg and van der Heyden (1999) – sets, chains, hubs, webs (here synonymous with: networks) – are described. This can be telling about the governance of processes and helps for a structured analysis, also because Mintzberg and van der Heyden attach clear features to these patterns.

3.5.1 Sets

The salient characteristic of a “set” purposeful for our analysis is that sometimes actors “barely connect with one another, and so they remain just that – sets.” (Mintzberg, van der Heyden 1999, p. 88) Thus, sets are representing entities not directly and actively involved in a concrete process with others.

There are several instances of assemblies of actors that qualify as “sets”: An example can be found in the Europe-intentional organigraph. The WHO (global) is mentioned on the highest level and it implements two policies in the field. Furthermore, the action programme “SUPRE – Initiative for the Prevention of Suicide” is connected to the WHO. However, they remain unconnected to other actors or processes. This is probably also because in the Europe focussed organigraphs it is not focussed on one intervention but map relevant actors.

Similarly, in the Spain-home organigraph, the WHO and the EU are mentioned as giving formal recommendations to the Spanish national Ministry of Health. The Ministry of Health, again, is connected to the Spanish Parliament. However, this set is unconnected to the process that leads to the intervention being mapped in the organigraph (i.e. pediatric advice). However, the regional Catalan Parliament is connected to the process.

Ireland-water has depicted 6 actors on the European level. These are 5 NGOs and the European Standards Organisation. However, these actors are not connected with each other or with other actors on other levels. Indeed, they appear unconnected on the
European level and do not connect with other levels, and therefore also not with the intervention being mapped, an education programme about water safety.

In some organigraphs, e.g. in Slovakia-intentional or Sweden-road the media is depicted but remains unconnected to governance processes (whereas in other organigraphs the media is seen as a partner, e. g. in Scotland-home).

One might consider that connectors qualify as “sets” as well. In several organigraphs, laws and policies are mentioned as influencing factors or side conditions, without being clearly connected to the processes around the intervention being mapped. This is the case in the Czech Republic-intentional organigraph, the Czech Republic-road safety organigraph, the Israel-home safety organigraph, the Slovakia-home safety organigraph and the Sweden-home organigraph.

**In short:** Using the definition of sets put forward by Mintzberg and van der Heyden (1999), in some of the organigraphs sets are depicted. However, they are not that frequent and to find out what their presence really means needs further exploration.

**Interpretation and discussion**

A possible interpretation of the existence of (infrequent) set is that the organisations and policies are seen as relevant without actually being directly connected to processes of governance. However, it could also reflect a lack of knowledge or a missing connector (which was not discussed with the authors of the organigraphs).

<table>
<thead>
<tr>
<th>Lessons learned about the results:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sets – largely un-integrated actors – exist within the governance process of child safety, but were not frequent.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Limitations:</th>
</tr>
</thead>
<tbody>
<tr>
<td>It was not checked with partners to validate whether the identified sets were genuine sets or a result of a missing connector.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lessons learned about the tool:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A special shape or instruction could have been provided to authors in order to clarify what a set is meant to be. Alternatively, the findings and our interpretations could have been validated with the authors, which is not done so far.</td>
</tr>
</tbody>
</table>
3.5.2 Chains

For the purposes of our analysis a chain was defined as a connection of at least three actors where the activity runs in one direction. Chains were found in most of the organigraphs.

The clearest example of a chain appears in the organigraph from Portugal describing the process of how a policy on “Child Restraint System (CRS) tax reduction” was brought about. Here its development is depicted as a clear linear process with several actors (four shapes were used, where one of the shapes represents several ministries). It appears that the intervention was initiated by the NGO APSI (at the same time the author of the organigraph) and went via the lobbied ministries, through the Parliament directly to the government. The chain remains on national level. In the Europe focussed organigraphs there are also depicted chains from the EU level (started by the EU Commission) going down with several connections and collaboration through other levels of governance (national, sub-national), even directly down to the local level (explicit in all organigraphs except the one on road safety).

Other chains were often found in the organigraphs where there appeared to be a *top down process* from a competent national authority (e.g., Ministry of Health) via the sub-national authority in the same sector (e.g., regional Ministry of Health) to the local level health department. This can be a process that involves different forms of connectors. Before crossing levels, chains can stay horizontally within a level – or result after a top down process in a horizontal chain.

Examples of “*top down*” chains (including horizontal aspects) include:
- In the Germany-home safety organigraph where home visitation programmes are depicted: Here the federal Ministry of Family Affairs allocates funds to the regional Ministries of Family Affairs (in some of the states of Germany) who then finance the local Health Departments and Child and Youth Offices.
- In the Spain-home safety organigraph where paediatric advice to prevent scalds is depicted: Here a chain of formal recommendations from scientific and professional organisations from the European level via the national to the regional level is described and the regional level organisations then issue recommendations to the local health services.
- In the Poland-road safety organigraph were increasing proper use of child car seats is depicted: Here there is a chain from the National Road Transport Authority to the Regional Transport Inspection and then to the public.
- In the Sweden-water safety organigraph where bilingual swimming lessons are depicted: Here it is made clear that the national Swedish Life Saving Society works via the regional level and the swimming teachers organised there, to deliver services to the families on the local level.
- Dutch-water safety organigraph on a programme of swimming lessons: Here chains go from the national level directly to the local level, jumping the regional levels.
Chains can also go “bottom up” crossing several levels of governance. There were no bottom-up-chains crossing all three levels found and those crossing two levels were rare. In the Denmark-road safety organigraph in which the “Safe Routes to School Programme” is depicted, the Danish Road Traffic Act motivates the municipality which finances the data collection of a regional hospital. A second example of a data collection process, this time in the Spain-intentional organigraph, a chain of information goes from local level actors (school, health services) to the regional register and from there to the department of social welfare.

An “oscillating process”, that includes both a bottom up and top down chains, can be observed in the Austria-home safety organigraph. The national Ministry of Health motivates – bottom up – European working groups to develop standards, which are then introduced and “enforced” top down to the national level the Austrian Standard institute.

In short: Bottom up chains were rare in the organigraphs drawn for this project. Those identified relate to data collection where there is a central body bringing data from several municipalities together. In most of the organigraphs depicted action is taking place in a top down manner, sometimes crossing multiple levels. Top down processes involve processes when representations of the same function take place in institutions on several levels (e.g., national and regional ministries of health and local health departments). One oscillating chain was found where a national level institution motivates a European level institution which then connects back to a national level institution.

Special attention shall be given to the media: The role of the media can be analysed against the analytic construct of “information chains”. For example, the Hungarian authors in their water safety organigraph depict the WHO as informing the media that is active on the national, regional, and local level. The media then informs the public. This we would consider an information chain. The Hungary-home safety organigraph also depicts an information chain. However, in the Hungary road safety organigraph the information chain starts on the national level initiated by the “Institute for Transport Sciences”, then goes to the media which then informs the public.

Information chains that cross between two levels – coming from the sub-national to the local level (an example can be seen in the Germany-water safety organigraph) or between more than two levels (an example from national to local levels can be seen in the road safety organigraphs for the Czech Republic, Finland and the Europe focussed organigraph, and the home safety organigraphs for the Czech Republic, Israel and Slovenia) were also described.

The role of the media is depicted in several other ways. In some organigraphs the media remains “unconnected”, with no chain or other explicit connection to other actors (Europe-home safety, Europe-intentional, Poland-road safety, Finland-intentional).

In other organigraphs, for example the Croatia-road safety, Austria-home safety and Scotland-home safety organigraphs, media is depicted as “working together” with institutions. However, that the media then informs the public was only depicted in the Scotland example. An alternate is that the media is informed (or: motivated as in England-home) but is not further passing information on again (one can assume, though,
that this happens, yet, this is not depicted). That the media is informed but further information flow is not described is also the case in e.g. Denmark-road, Czech Republic-intentional and Romania-road.

Often the media is also described as motivating / lobbying political institutions (Germany-home, Malta-home).

**In short:** The media is often included in information chains that end with the public. Sometimes the media is depicted as being “motivated” by another actor to take action. But the media was also depicted as motivating and lobbying public institutions and government. The media is also seen as “partner” with whom institutions – like public institutions and NGOs – are working together.

**Funnelled chains** relate to chains “in which a transformation takes place” (Mintzberg, van der Heyden 1999, p. 90). In these chains several actors are connected to a single actor who then continues a chain.

An example of a funnelled chain can be found in the Spain-water safety organigraph. Here, several actors from the European and national level collaborate with and mandate responsibility to the Spanish national Ministry of Health. The Ministry of Health then starts a top down policy process to the public health agencies on the regional level who enforce the policy on the local level. This is a clear top down, multi-level governance and collaboration process in the form of a “funnelled chain”. It includes the national Ministry as an important “transformer”, transforming interests and advice into legislation, handing it on to the next level to the agency concerned with enforcement on the local level.

Another example can be found in the German-road safety organigraph. Here, the intervention that is the focus of the organigraph (a road safety programme) acts as a funnel from which a chain starts. Several NGOs, the Federal Highway Research Institute, and the German Road Safety Council contribute in various ways to the programme “Child and Traffic”. These actors are directly connected with different connectors to this national level programme. The national programme then, again, connects to local level programmes “Child and Traffic” by informing the local level programme and educating moderators of the local level programme.

**In short:** Funnels can start chains. They then transform different inputs “within one organisation” from which a linear chain then starts. This was mostly found in top down processes.

Chains with **one “function”** (1 connector type): Most of the chains described have transformed communication between the actors. For example, actor A might motivate actor B who then recommends something to actor C. However, there are chains that only depict one form of connector. This is the case for example in the clear top down chains which can be observed in organigraphs in which educational processes are depicted (e.g., Sweden-intentional, Netherlands-water safety), in information processes including the media (e.g., Hungary-water safety), or in implementation processes (e.g. EU-home, even across all four levels). In these examples there is no transformation of communication, but rather just a continuation – maybe including translation – of communication. More
frequent, however, are the **transformative chains with several functions** (e.g. in Czech Republic-road safety, Spain-intentional, EU-intentional etc.).

**In short:** Chains can have one form of connectivity only. But chains can also have a transformative function: A chain has different forms of connectors. These transformative chains are more frequent than those with only one form of connector.

Chains can take place **within and across several sectors**. An example of a chain in the same sector can be found in the Norway-home safety organigraph where action stays within the health sector. Often, chains were depicted as ending with the public which belongs to no sector. This is illustrated in a sub-chain in the Hungary-road safety organigraph, where the national transport authority communicates with the regional authority, which then communicates with the public. Example of chains involving two different sectors (even across levels) can be found in the Hungary-water safety and home safety organigraphs. Examples involving more than two sectors were less frequent but were found (e.g., Romania road safety).

**In short:** Chains involving two or more sectors are less frequent, compared to chains within one sector or within one sector and ending with the “public”.

**Interpretation and discussion**

That the Portugal-road organigraph is depicted as being so linear is an outlier. With respect to governance levels, some chains go top down suggesting that mandated responsibilities go top down. However, top down chains did not appear in every organigraph. Top-down processes seem to most often begin on the national level. However, European standards might also be considered a starting point for top down processes in a number of interventions mapped, but this was not reflected. Interesting to note is also that levels are jumped over when two actors are connected on e.g. the national and the local level. Bottom-up processes and oscillating processes were rare in the interventions mapped.

The media is often involved in chains, however, several different roles for media in the governance of child safety were illustrated.

**Lessons learned about the results:**

If there are linear chain processes, they most often go top down (with regard to levels), however, in this report the organigraphs drawn by the authors suggest they start less often at the European level than at the national level.

Bottom up processes are not so prevalent in the organigraphs. Neither are oscillating structures, which go bottom up and top down.

Chains seem to signify a certain form of control. Nevertheless, most chains include
“transformative processes”, rather than being one-dimensional with regard to the use of connectors, suggesting complex structures and ways of collaboration between actors.

The media is often included in information chains that end with the public. However, the role of the media was depicted differently in the governance processes illustrated, where it was a partner; a lobbyist; or a multiplier for public institutions.

Limitations:
Chains appear as clear and straightforward connections of actors. In reality, these connections might still be more complex.

Lessons learned about the tool:
The Portugal-road organigraph suggests that governance processes can be both very clear and straightforward or that the organigraph tool can be used in a reduced way to illustrate key processes. However, it also highlights the variance in the level of detail and depth in how processes are described across the organigraphs.

3.5.3 Hubs

Hubs are coordinating centres. A hub is “any physical or conceptual point at which people, things, or information move.” They “depict movement to and from one focal point” (Mintzberg, van der Heyden 1999, p. 89). The actor that is in the middle of the hub seems to have the most important managerial role (even if there is no formal authority).

In this analysis, “coordinating centres” are included that at least have four connections and are thus, communicating with at least four other actors, without only involving “working together”, which would be a web. With our strict definition of ‘hubs’ – that includes movement of information to and from – not many ‘hubs’ could be identified:
- No hubs were found in the organigraphs mapping interventions in the intentional injury prevention domain.
- The European Commission was depicted as a hub in the Europe-water safety organigraph. It receives advice from the Committee of the Regions and the European Economic and Social Committee and then initiates and co-decides with the Council of Europe and the European Parliament who established directives that again inform national market surveillance authorities or outline actions which have to be implemented on national level.
In the Finland-water safety organigraph the Ministry of Transport and Communication (almost) fulfils the criteria of a hub. It has to follow a decree from Parliament, but it also gives recommendations to Parliament. It both initiated and developed the legislation being described in the organigraph and is accountable for the agency that is mandated with implementing the legislation.

In the Spain-water safety organigraph, the national Spanish Ministry of Health is the hub for the pool fencing legislation. It receives advice from several national level bodies and recommendations from European level organization and NGOs and then communicates to institutions at the regional and local level.

In the Europe focussed organigraphs the EU Commission is seen as the central actor, and at least in the Europe-home safety it qualifies as hub. That the Commission is an essential centre institution or even hub that often initiates chains (Europe-intentional, Europe-water safety) is not reflected by other organigraphs.

In the Germany-home safety organigraph the national “Centre on Early Prevention” qualifies as a hub. It funds the national NGO in the child safety field (author of the organigraph) and connects with other national and regional actors, however, not with a local or European actor.

In the Slovenia-home safety organigraph the National Institute of Public Health are depicted as a hub that on the one hand, develops and implements the home visiting programmes being mapped and on the other hand, receives funds and supervision from the national Ministry of Health.

For the most part the hubs found were located on the national level. The European Commission is only depicted as a hub in Europe focussed organigraph. No hub, as defined in this research, was found at the regional level in the interventions mapped.

In short: There are fewer hubs than expected, though this may reflect the stricter definition used. It is striking that most of those depicted are on the national level and for the most part included ministries or public institutions.

Interpretation and discussion

A very strict definition of a “hub” has been applied here. This might be a reason why fewer hubs were found. The finding that most hubs that were depicted occur at the national level reconfirms that the national level has relevance for child safety. That the hubs are for the most part government institutions shows that “public health” is still mainly run and governed by public institutions.

Given Mintzberg and van der Heyden (1999) describe “hubs” as being relevant for the management of processes, one could ask if the lack of hubs overall and the lack of one clear hub within each of the organigraphs says something about the leadership and governance of processes in child safety. It may be that child safety governance processes are missing “focal points” and maybe also a lack of leadership.
Lessons learned about the results:

To point out hubs is very relevant, because the actor that is in the middle of the hub is viewed by Mintzberg and van der Heyden (1999) as having the most important managerial role (even if there is no formal authority). It is very relevant when looking at the governance processes to be aware of hubs, as hubs “can explode or implode if not managed correctly” (Mintzberg, van der Heyden 1999, p. 94).

The few hubs found in the organigraphs seem to hint that “focal points” in governance processes are either not that present or that “focal points” are not connected to many relevant actors in the field and thus, could not easily be identified. It may also be indicative of a lack of leadership.

That most hubs are on national level may say something on the relevance of the national level, as hubs are coordinating centres.

Limitations:

The self-representation of authors’ organizations as being the “hub” might lead to a question of bias because authors might describe the processes of child safety governance from their point of view and therefore see themselves “in the middle”.

Lessons learned about the tool:

Based on the findings we recommend that the authors’ guide should be edited to define and include hubs, to facilitate interpretation of governance processes within organigraphs.

3.5.4 Webs

Webs “allow open-ended communication and continuous movement of people and ideas.” (Mintzberg, van der Heyden 1999). Webs reflect that institutions and individuals often work in networks. In the definition used for our analysis a collaboration of actors is said to be a “web” (with significant network characteristics) if the connector “work together” is used, and thus, does not show superiority of one actor over another. Moreover, to be considered a “web”, the collaboration needed to have at least three actors working together.

To characterise and categorise the webs, we used the network dimensions of Alter and Hage (1993) interpreting and adjusting them as follows for the purpose of describing webs / networks within the organigraphs (for the relevance of such characterisations see chapter 2.1):
<table>
<thead>
<tr>
<th>Adapted definitions of dimensions of webs/ networks</th>
<th>High</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Centrality</strong></td>
<td>One actor is clearly in the middle of the web, like the “spider in the web”, with at least two connections (“working together”). This actor also has more “working together”-connections than all others.</td>
<td>This condition is not met. Actors have the same number of connections.</td>
</tr>
<tr>
<td><strong>Size</strong></td>
<td>Four or more connections</td>
<td>Three actors (which would be a chain if this would have connectors showing superiority / initiation, etc.)</td>
</tr>
<tr>
<td><strong>Complexity</strong></td>
<td>Several structures are shown. Partners of the web do have other relations than “work together” to other actors of the web and actors outside the web.</td>
<td>This condition is not met.</td>
</tr>
<tr>
<td><strong>Differentiation</strong></td>
<td>More than two different types of actors are involved (maybe even from different disciplines or sectors [government, public institutions, non-government]).</td>
<td>Two or less types of actors are involved.</td>
</tr>
<tr>
<td><strong>Level inclusion</strong></td>
<td>Two or more governance levels are included.</td>
<td>One governance level is included.</td>
</tr>
</tbody>
</table>

When the organigraphs are reviewed, several webs can be identified. In the **intentional domain**, only four of the nine organigraphs (Finland, Germany, Greece and Slovakia) show webs. This suggests that more than half of the organigraphs, including the European focussed one, do not include any webs.

**Finland** shows one web consisting of two triangular webs, crossing the national and regional level. The National Supervisory Authority for Welfare and Health (national level) and the Regional State Administrative Agency both constitute an axis of both triangles. One web includes the national Alcohol Programme, whereas the other one includes the (regional) police. All actors are public institutions, however they represent different sectors.
<table>
<thead>
<tr>
<th>Finland-Intentional</th>
<th>High</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centrality</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Size</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Complexity</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Differentation</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Level inclusion</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**Figure 8** Characterisation of web: Finland-intentional

The **German-intentional injury prevention** organigraph is a relatively complex one. It involves 10 shapes from different categories and sectors. Several actors have two or three connections. The web seems to be very wide and involving most actors involved in the processes (almost 2/3 of the actors are part of the web). The web crosses from the national level to the local level, including an actor on the regional level.

<table>
<thead>
<tr>
<th>Germany-intentional</th>
<th>High</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centrality</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Size</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Complexity</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Differentation</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Level inclusion</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**Figure 9** Characterisation of web: Germany-intentional

The web in the **Greece** organigraph is small with four actors, one clearly in the centre. Moreover, the other actors of the web are not connected with each other. The centre institution (author of the organigraph) has also been identified as a hub. The web extends over two levels (national / regional) and includes more than two sectors and two forms of actors.

<table>
<thead>
<tr>
<th>Greece -intentional</th>
<th>High</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centrality</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Size</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Complexity</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Differentation</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Level inclusion</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**Figure 10** Characterisation of web: Greece-intentional
The **Slovakia** organigraph has a small web made up of three ministries (Interior, Health, Education). They are all on the national level.

<table>
<thead>
<tr>
<th>Slovakia -intentional</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Centrality</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Size</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Complexity</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Differentiation</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Level inclusion</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**Figure 11 Characterisation of web: Slovakia-intentional**

In the *water safety domain* four organigraphs show webs.

The **Finland water safety** organigraph shows a web on the national level consisting of three ministries. The Ministry of Justice works together with both the Ministry of Transport and Communication and the Ministry of the Interior. The Ministry of Transport and Communication has the most other connections — and also initiated the intervention (legislation) being mapped in this organigraph.

<table>
<thead>
<tr>
<th>Finland-Water</th>
<th>High</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centrality</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Size</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Complexity</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Differentiation</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Level inclusion</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

**Figure 12 Characterisation of web: Finland-water**

The **German-water safety** organigraph shows a two-level network consisting of only NGOs. Three actors are involved, with the national German Life Saving Association (DLRG) in the middle. The DLRG is the only one connected to all three other actors.

<table>
<thead>
<tr>
<th>Germany water</th>
<th>High</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centrality</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Size</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Complexity</td>
<td>X</td>
<td></td>
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<tr>
<td>Differentiation</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Level inclusion</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

**Figure 13 Characterisation of web: Germany-water**
The **Hungarian-water safety** organigraph includes a web of minimal size on one level (national). A foundation and NGOs work together with the “child safety committee”, which is also connected with other actors, in the middle.

<table>
<thead>
<tr>
<th>Hungary-water</th>
<th>High</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centrality</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Size</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Complexity</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Differentiation</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Level inclusion</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

**Figure 14 Characterisation of web: Hungary-water**

The **Irish-water safety** organigraph is populated with a large number of actors. Many of them are situated within a larger shape again. This is here interpreted that they build a web because they have no other connectors among them. All activity takes place on the national level. Actors come from different sectors and types of actors. The “set” of NGOs on the European level is not connected to the national level. The whole web has one central figure, the Irish Water Safety.

<table>
<thead>
<tr>
<th>Ireland-Water</th>
<th>High</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centrality</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Size</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Complexity</td>
<td>X</td>
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</tr>
<tr>
<td>Differentiation</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Level inclusion</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

**Figure 15 Characterisation of web: Ireland-water**

In the **road domain**, 9 of the 12 organigraphs include webs.

The **Croatian-road safety** organigraph has a web across three levels, involving authorities and police and connecting police with media. The police directorate on subnational level can be seen as the “spider in the web”, because it has more “working together” connections than others, even though the local police are more closely connected with the intervention. Even though the “complexity” is not a very exclusive dimension, this is one of the few / only one, scoring high on all 5 dimensions.

<table>
<thead>
<tr>
<th>Croatia-road</th>
<th>High</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centrality</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Size</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Complexity</td>
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<tr>
<td>Differentiation</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Level inclusion</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**Figure 16 Characterisation of web: Croatia-road**
The Denmark-road safety organigraph shows one small web on two levels, with only public institutions involved. The “Odense Municipality” is most relevant in the web, although it is not the most central within the web. This is based on the fact that it has more connections compared to other actors and also developed, funded and implemented the intervention being mapped.

<table>
<thead>
<tr>
<th>Denmark Road</th>
<th>High</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centrality</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Size</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Complexity</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Differentiation</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Level inclusion</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

Figure 17 Characterisation of web: Denmark-road

The Finland-road safety organigraph has one web on the national level, which involves different ministries. The way it is drawn suggests that all ministries work with each other.

<table>
<thead>
<tr>
<th>Finland-road</th>
<th>High</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centrality</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Size</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Complexity</td>
<td>X</td>
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</tr>
<tr>
<td>Differentiation</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Level inclusion</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

Figure 18 Characterisation of web: Finland-road

The German-road safety organigraph includes a two-level web made up of only NGOs. Several NGOs are put together in one NGO shape as a cluster, thus can be considered a web (like in the Ireland-water network). The German Road Council then connects to this cluster and the Regional Traffic Associations of Germany (one per Bundesland). The German Road Council has a clear central role – that is also very relevant, as they implement the programme on the national level; whereas the cluster-web of NGOs delivers the programme.

<table>
<thead>
<tr>
<th>German-road</th>
<th>High</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centrality</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Size</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Complexity</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Differentiation</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Level inclusion</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

Figure 19 Characterisation of web: Germany-road
The **Hungary-road safety** organigraph has a web on the European level. It is a network of European Union institutions, involving the European Council, the European Economic and Social Committee, and the European Committee of the Regions. Interestingly, this web does not appear in the Europe-road safety organigraph.

<table>
<thead>
<tr>
<th>Hungary-road</th>
<th>High</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centrality</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Size</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Complexity</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Differentiation</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Level inclusion</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

**Figure 20 Characterisation of web: Hungary-road**

The **Poland-road safety** organigraph also has the same web on the European level, but indicates it also includes the WHO and the World Bank. A second web can be seen between a national council and two ministries on national level. Here, although not central, the Ministry of Interior with its policy board has the most relevant position of the web actors.

<table>
<thead>
<tr>
<th>Poland-road (1 - EU)</th>
<th>High</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centrality</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Size</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Complexity</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Differentiation</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Level inclusion</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**Figure 21 Characterisation of web: Poland-road (1 – EU)**

<table>
<thead>
<tr>
<th>Poland-road (1 - national)</th>
<th>High</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centrality</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Size</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Complexity</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Differentiation</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Level inclusion</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**Figure 22 Characterisation of web: Poland-road (1 - national)**
In the **Romania-road safety** organigraph, almost all actors (except the media and the actual intervention being mapped and children/parents) are part of a large web over three levels. It is a very complex web with a central most and presumably also very relevant role for with the Ministry of Education and Research. This organigraph also has a high “web score”.

<table>
<thead>
<tr>
<th>Romania-road</th>
<th>High</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centrality</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Size</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Complexity</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Differentiation</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Level inclusion</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

*Figure 23 Characterisation of web: Romania-road*

The **Spanish-road safety** organigraph has a two level (national/regional) web. It is connecting the two regional ministries (Interior and Health) with each other and with the Ministry of Health on the national level. The Ministry of Health is also connected to the national Ministry of Interior. Moreover, the national Ministry of Interior is connected to the regional Ministry of Interior. However, this connection is not a “work together connection” but rather uses a “law” connector.

<table>
<thead>
<tr>
<th>Spain-road</th>
<th>High</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centrality</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Size</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Complexity</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Differentiation</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Level inclusion</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

*Figure 24 Characterisation of web: Spain-road*

Even though the **Swedish-road safety** organigraph has not used the “work together” connector, it combines several actors on 3 levels together via a huge round shape, which we have interpreted a indicating a form of collaboration and thus a web. The “Helmet Initiative Group” seems to have a central role.

<table>
<thead>
<tr>
<th>Sweden-road</th>
<th>High</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centrality</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Size</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Complexity</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Differentiation</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Level inclusion</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

*Figure 25 Characterisation of web: Sweden-road*
Nine of the fifteen organigraphs from the domain home safety include webs.

The **Austrian-home safety** organigraph shows a web over three different levels, and mainly incorporating NGOs. The NGO “Grosse schützen Kleine” (from which the author of the organigraph comes) is at the centre of the web. It also developed the intervention being mapped. This organigraph has a high web-score.

<table>
<thead>
<tr>
<th>Austria-home</th>
<th>High</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centrality</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Size</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Complexity</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Differentiation</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Level inclusion</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

*Figure 26 Characterisation of web: Austria-home*

**England-home safety** organigraph includes a complex web that covers all levels except the European level and involves several sectors.

<table>
<thead>
<tr>
<th>England-home</th>
<th>High</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centrality</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Size</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Complexity</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Differentiation</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Level inclusion</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

*Figure 27 Characterisation of web: England-home*

The **Finland home safety** organigraph shows a classic triangle web covering two levels and seems to stay mainly within the sectors of welfare and health and all three organisations are public institutions.

<table>
<thead>
<tr>
<th>Finland-home</th>
<th>High</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centrality</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Size</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Complexity</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Differentiation</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Level inclusion</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

*Figure 28 Characterisation of web: Finland-home*
The Germany-home safety organigraph shows two different, minimal webs, both involving two levels. The first one involves only public institutions and the second web includes an NGO and two public round tables. With regard to the different dimensions, both webs have the same consistency and thus score.

<table>
<thead>
<tr>
<th>German-home 1 (ministry)</th>
<th>High</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centrality</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Size</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Complexity</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Differentiation</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Level inclusion</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

Figure 29 Characterisation of web: Germany-home (ministry)

<table>
<thead>
<tr>
<th>Germany-home (2)</th>
<th>High</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centrality</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Size</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Complexity</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Differentiation</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Level inclusion</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

Figure 30 Characterisation of web: Germany-home (2)

The Hungary-home safety organigraph includes one minimal web on the national level, mainly between two public institutions; neither of which is clearly identified as having a special role, even though the “National Institute of Child Health” is in the middle of the web.

<table>
<thead>
<tr>
<th>Hungary-home</th>
<th>High</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centrality</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Size</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Complexity</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Differentiation</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Level inclusion</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

Figure 31 Characterisation of web: Hungary-home
In the **Israel-home safety** organigraph has one web that consists of a collaboration of the NGO Beterem (author of the organigraph), the “National Committee for Home and Leisure Safety” and the “Children’s Rights Committee” at the Knesset. The latter is the most connected one of the three.

<table>
<thead>
<tr>
<th>Israel-home</th>
<th>High</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centrality</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Size</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Complexity</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Differentiation</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Level inclusion</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

Figure 32 Characterisation of web: Israel-home

The **Norway-home safety** organigraph has a web on the local level that involves several actors.

<table>
<thead>
<tr>
<th>Norway-home</th>
<th>High</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centrality</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Size</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Complexity</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Differentiation</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Level inclusion</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

Figure 33 Characterisation of web: Norway-home

The **Scotland-home safety** organigraph has a web in the middle of which the campaign, the intervention being mapped, is the focal point.

<table>
<thead>
<tr>
<th>Scotland-home</th>
<th>High</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centrality</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Size</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Complexity</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Differentiation</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Level inclusion</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

Figure 34 Characterisation of web: Scotland-home
The **Slovenia-home safety** organigraph has a web made up of 4 actors. Three of them are public institutes on two different levels and the fourth is the media.

<table>
<thead>
<tr>
<th>Slovenia-home</th>
<th>High</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centrality</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Size</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Complexity</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Differentiation</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Level inclusion</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**Figure 35 Characterisation of web: Slovenia-home**

**To summarise**, based on the definition of webs used, 26 of the 44 organigraphs (59%) clearly include webs.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Number of organigraphs with webs described</th>
<th>Number of webs described</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intentional</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Water</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Road</td>
<td>9</td>
<td>10 (two webs in Poland)</td>
</tr>
<tr>
<td>Home</td>
<td>9</td>
<td>10 (two in Germany)</td>
</tr>
<tr>
<td>Overall</td>
<td>26 /44 (59%) organigraphs</td>
<td>28 webs described</td>
</tr>
</tbody>
</table>

**Table 19 Number of organigraphs with webs and number of webs**

| Summary of the 28 described webs / networks | | |
|--------------------------------------------| | |
| **High** | | **Low** |
| Centrality | [I =2, W = 4, R = 6, H = 4, Sum: 16] | [I = 2, W =0, R = 4, H = 6, Sum: 12] |
| Size | [I =2, W = 2, R = 7, H = 5, Sum: 16] | [I =2, W = 2, R = 3, H = 5, Sum: 12] |
| Complexity | [I =3, W = 4, R =9, H = 10, Sum: 26] | [I =1, W = 0, R = 1, H = 0, Sum: 2] |
| Differentiation | [I =2, W = 2, R = 3, H = 6, Sum: 13] | [I = 2, W = 2, R = 7, H = 4, Sum: 15] |
| Level inclusion | [I = 3, W = 1, R =6, H = 7, Sum: 17] | [I = 1, W = 3, R = 4, H = 3, Sum: 11] |
The most striking finding is that most webs are very complex (26 of 28). They are “high” in centrality and size. The level of inclusion of the majority (17 of 28) is high. The pattern of the webs – i.e. if the different criteria are met as being “high” or “low” and how the “high” and “low” is distributed among the five criteria – show that 7 of the 28 webs have an individual pattern (Slovakia-intentional, Hungarian-water, Irish-water, Hungary-road, Hungary-home, Israel-home, Norway-home). Other webs share their patterns as follows:

<table>
<thead>
<tr>
<th>Pattern (1) – 2 times</th>
<th>Intent.</th>
<th>Water</th>
<th>Road</th>
<th>Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>Low</td>
<td>Finland</td>
<td>Spain</td>
<td></td>
</tr>
<tr>
<td>Centrality</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Size</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complexity</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Differentiation</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level inclusion</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 36 Characterisation of webs: Returning Pattern 1

<table>
<thead>
<tr>
<th>Pattern (2) – 2 times</th>
<th>Intent.</th>
<th>Water</th>
<th>Road</th>
<th>Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>Low</td>
<td>Germany</td>
<td>Slovenia</td>
<td></td>
</tr>
<tr>
<td>Centrality</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Size</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complexity</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Differentiation</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level inclusion</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 37 Characterisation of webs: Returning Pattern 2

<table>
<thead>
<tr>
<th>Pattern (3) – 3 times</th>
<th>Intent.</th>
<th>Water</th>
<th>Road</th>
<th>Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>Low</td>
<td>Greece</td>
<td>Finland</td>
<td>Poland</td>
</tr>
<tr>
<td>Centrality</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Size</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complexity</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Differentiation</td>
<td>X</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Level inclusion</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 38 Characterisation of webs: Returning Pattern 3

<table>
<thead>
<tr>
<th>Pattern (4) – 2 times</th>
<th>Intent.</th>
<th>Water</th>
<th>Road</th>
<th>Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>Low</td>
<td>Germany</td>
<td>Germany</td>
<td></td>
</tr>
<tr>
<td>Centrality</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Size</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complexity</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Differentiation</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level inclusion</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 39 Characterisation of webs: Returning Pattern 4
<table>
<thead>
<tr>
<th>Pattern (5) – 5 times</th>
<th>Intent.</th>
<th>Water</th>
<th>Road</th>
<th>Home</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High</td>
<td>Low</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Centrality</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Size</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complexity</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Differentiation</td>
<td>X</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Level inclusion</td>
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</tbody>
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Figure 40 Characterisation of webs: Returning Pattern 5

<table>
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<tr>
<th>Pattern (6) – 2 times</th>
<th>Intent.</th>
<th>Water</th>
<th>Road</th>
<th>Home</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High</td>
<td>Low</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Centrality</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Size</td>
<td>X</td>
<td></td>
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<tr>
<td>Complexity</td>
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<tr>
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<td></td>
</tr>
<tr>
<td>Level inclusion</td>
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Figure 41 Characterisation of webs: Returning Pattern 6

<table>
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<th>Intent.</th>
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<tr>
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<tr>
<td>Size</td>
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<td>Complexity</td>
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<tr>
<td>Differentiation</td>
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Figure 42 Characterisation of webs: Returning Pattern 7

<table>
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<tr>
<th>Pattern (8) – 2 times</th>
<th>Intent.</th>
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<th>Road</th>
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<tbody>
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<td>Differentiation</td>
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<tr>
<td>Level inclusion</td>
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Figure 43 Characterisation of webs: Returning Pattern 8
Interpretation and Discussion

Almost 60% of the organigraphs include one or more webs. That most webs are very complex is an interesting result and underlines the overall complexity of child safety governance described earlier in this report. A stand out example of a complex web is the one in the Romania-home organigraph; it has the widest web with 18 actors on three levels.

Looking at the patterns of distribution how the different criteria of webs are met as being “high” or “low” should be interesting to see in international comparison if there are similar structures. To compare structures of webs with each other and with a typology can be useful because actors’ knowledge of the network structure is a precondition to their choosing a more effective or efficient form for a network, especially if tasks (e.g., design and implementation of other interventions) will change for the network (Warner & Gould, 2009). Furthermore, collaboration structures using webs indicate that this collaboration “can take you every which way. That can leave you flexible or flustered – and often both.” (Mintzberg, van der Heyden, 1999, p. 94) To know more about webs and other comparable network structures in governance approaches in other countries and other domains might be very helpful for advocates for in depth comparisons and mutual learning.

However, when excluding the new criterion “level of inclusion”, neither of the patterns found were identical with the four types that were given in the typology (while interpreting “moderate centrality” as “low centrality”). Only when it would be accepted that “moderate centrality” could be interpreted as “high centrality”, it is possible to identify the frequent pattern 5 as belonging to type 4 of Hage’s and Alter’s (1993) typology. But this would probably stretch any definition of “moderate” too much. Thus, no connection can be drawn to the conclusions of the previous governance discussions following these characteristics. (Warner & Gould, 2009) Yet, to know about the network structure is a precondition of the actors to compare with one another and discussing more effective or efficient forms of a network. One could consider an own typology based on this analysis, e.g. including more frequently returning patterns (3) and (5) representing own types of a new typology. However, then there is a need to investigate further, if, e.g., these types of networks are particularly effective or efficient to give attributes to the typology.

When there were same patterns, it is in some but not in all cases the case that they come from the same countries or from the same domains. One cannot clearly see a pattern of patterns.

The most webs and networks were found in the organigraphs concerned with the domains road and home. It could be further discussed if this has a particular relevance.
Lessons learned about the results:

Webs are a frequent feature in the child safety organographs. Though, most organographs that have webs do only have one web. Webs are, unlike “hubs”, “grids with no center ... they allow open-ended communication and continuous movement of people and ideas” (Mintzberg, van der Heyden 1999, p. 89). The centeredness of hubs and the lack of centres for webs is important for the context of governance and advocacy. Whereas webs allow for open-ended communication, it is possible to interact at different stages with different stakeholders.

Webs are often considered as being important in processes, thus, it is interesting that not all organigraphs include webs.

The child safety webs are overall relatively complex. The biggest and most complex webs, those extending over more levels of governance (pattern 5) with high centrality and differentiation, can be found in the road safety and home safety domains.

Limitations:

There could be a bias if the author institutions see themselves in the centre of an organigraph or web. This could also be attributed to their subjective perspective.

Lessons learned about the tool:

To have identified webs within the organigraphs drawn is interesting. However, whether in practice they really mean what Mintzberg and van der Heyden have assigned to them, is another question which the current analysis cannot address.

3.6 Mandated Responsibility

Finding out who has responsibility in child safety with regard to developing, adopting and implementing, monitoring, and enforcing interventions, the actors that are connected to other actors with regard to connectors signifying these concepts are described. It is then also described in how far processes can be seen to be rather top down or bottom up in the system of multi-level governance.

3.6.1 Mandates for developing, implementing and monitoring

In this section it is described how the connectors “develop”, “adopt / implement” and “monitor quality” are used in the organigraphs.
Who is (giving mandates to) developing an intervention? Given the Europe focussed organigraphs shall show the whole domain and not explicitly examine individual interventions, they do not provide much information about the “development” of interventions. Only in the Europe-intentional organigraph the connector “develop” plays a role. Here, the ECSA is described as developing the Child Safety Action Plan Program. The ECSA again has projects funded by the European Commission.

In the Finland-intentional organigraph, the Ministry of Social Affairs and Health funds the Alcohol Programme, which developed the intervention being mapped. The Greece-intentional organigraph shows that the CEREPRI – a centre for research in the field – developed the intervention being mapped, however, it is accountable to the Ministry of Education and Religious Affairs, Culture and Sports. The Spanish organigraph for intentional injury prevention shows that the regional Department of Social Welfare is developing the intervention (a child abuse registry).

In the Finland-water organigraph, the Ministry of Transport gives mandate to formulate legislation, the Ministry is also responsible for the implementation of this. In the German-water organigraph, the campaign is developed by an NGO on the regional level, this is done at least in collaboration (not necessarily mandated) with the national branch of this NGO (the DLRG). In the Sweden-water organigraph, the life-saving society develops the intervention, which is funded by a sustainability foundation and advised by the Swedish contingency agency. In the Denmark-road organigraph, the Odense Municipality is developing the intervention on the local level. In the Finland-road organigraph, the Local Council develops the Municipal housing policy and maintenance which then develops the intervention. In Germany, the Federal Ministry of Transport, Building and Urban Affairs funds the German Road Safety Council which develops the intervention.

In the Austria-home organigraph, the NGO “Grosse schützen Kleine” develops the intervention. “Grosse schützen Kleine” works together with the Austrian Standard Institute who is enforced to implement EU standards. The German-home organigraph shows that the Federal Initiative on early prevention develops the Local Home Visitations Programmes. The intervention is also developed by the Roundtables of Health and Child / Youth Services community-based platforms which are working together with the NGO “Safe Kids Germany”. In Malta, the Technical Committee develops the Playground Safety Standard. The Slovenia-home organigraph shows that the national Institute of Public Health develops the intervention “home visiting programme”.

Summary on developing an intervention: Often, interventions and policies are developed by ministries on the national or municipal/local level. Or even if the development is then done by an NGO like RoSPA (the Royal Society for the Prevention of Accidents) or a national institute of health, the ministries are still responsible for providing funding. Thus, the majority of the interventions mapped are funded by public money. Only in one case was the intervention privately funded with funding coming from a foundation.

Who is mandating the adoption and implementation of an intervention? Who is adopting and implementing an intervention? On the European level, EPHA describes the European
Commission as an essential actor giving mandates to adopt and implement policies and interventions (e.g., Europe-intentional). This is also acknowledged in co-decision with the Council and the European Parliament (e.g., Europe-water safety, -road safety, -home safety).

In the Finland-water safety organigraph, the Finnish Transport agency implements the legislation together with the national Ministry of Transport and Communication, to which the agency, again, is accountable to. The Ministry again, gets its mandate via a decree from the Parliament. In the Germany-water safety organigraph, an NGO is (developing and) implementing the intervention being mapped (on regional and local level). It is a regional level NGO that is working together with their national umbrella NGO. However, the finances then again come from the regional Ministry of Environment and Health. In the case of the France-water safety organigraph, the mandate to implement a national law comes from the Parliament (which was triggered to establish the law by a public institution).

In the Croatia-road safety organigraph, local-level police departments adopt/implement the intervention (the campaign “Respect our signs”) in collaboration with companies who are responsible for the maintenance of the road. It is not clear who is mandating responsibility, however, the police and the companies, who are on the local level, are working together in a large “web” with local, regional and national level governments and authorities. In the Poland-road safety organigraph, the Ministry of Transport funds the National Council of Road Safety which adopts/implements the Association Road and Safety Partnership which adopts/implements the intervention. In the Romania-road safety organigraph, the national level intervention – a partnership programme – is adopted / implemented by various national actors: General Inspectorate of Romania Traffic Police; Ministry of Transport, Construction & Tourism; Interministerial Council for Road Safety; Ministry of Education and Research; and Traffic Crashes Victims Association. This is, as in the Croatia-road safety organigraph, a large web from which the intervention is first adopted and then implemented. In the Denmark-road safety organigraph, the Odense Municipality implements the intervention. In German-road, the Federal Ministry of Transport, Building and Urban Affairs funds the German Road Safety Council which implements the intervention. In the Portugal-road safety organigraph, the government implements the CRS-tax reduction.

The Finland-home safety organigraph shows that the Health Center implements the intervention. The Health Center, again, is given its mandate by the National Institute for Health and Welfare. In the Slovenia-home safety organigraph, the National Institute and the Health Center/Community Nurses Unit collaborate to implement the intervention.

In other organographs the adoption and implementation processes and who is giving mandates for those actions is less clear.

**Summary on mandates to adopting and implementing an intervention:** The Commission plays a central role in giving mandates on the European level, for European activities. However, in the other organographs, often ministries (mandated by Parliament) or local level authorities are behind adoption and implementation processes. Even if not directly responsible for adoption and implementation, for example when an NGO takes
on this role, public institutions are still often involved as the funding body. Often, the ministries work together in webs with other governmental bodies and authorities.

Who is mandating to monitor an intervention? Who is monitoring an intervention? In the Finland-intentional organigraph, monitoring plays a role in several instances. However, directly related to the policy being mapped, one can say that the “Regional State Administrative Agencies” which work together with the “National Supervisory Authority for Welfare and Health” which again is accountable to the Ministry of Social Affairs and Health do the quality monitoring. Thus, the national Ministry and its arm’s length authorities are essential in monitoring the intervention. In Slovakia-intentional organigraph, the Ministry of Interior and the Research Institute for Child Psychology and Pathopsychology monitor the quality of the intervention. The three ministries involved in a “web” (health, interior, education) and the research institute – appointed by the Ministry of Education – are therefore in charge. They again are mandated by the Slovakian National Parliament. In the Germany-water safety organigraph, universities and an NGO monitor (and evaluate) the intervention, however, it is not clear from where they get the mandate. In the Sweden-water safety organigraph, the county boards monitor the intervention and they do this in collaboration with the Swedish Contingency Agency. In the Denmark-road safety organigraph the responsibility and who mandates it is clearer; the Funen County funds the Odense University to monitor the quality of the intervention. In the Finland-home safety organigraph the Health Centers that implement the intervention are monitored by various actors who are all accountable to the Ministry of Social Affairs and Health. In the Scotland-home safety organigraph, the intervention is monitored by a Steering Group and the RoSPA (the Royal Society for the Prevention of Accidents). RoSPA is funded by CMO/Public Health and Sport Directorate and by the Justice Directorate/Community Safety Unit. In the Germany-home safety organigraph, the intervention is monitored by Universities, German Institute for Urbanistic and Research Institutions who work together with the National Center on Early Prevention. This Center itself is funded by the Federal Ministry for Family Affairs.

Summary on monitoring an intervention: Most frequently, national ministries at the appointment of Parliament play a role in mandating responsibility for the monitoring of an intervention. Other governmental institutions also play a role in mandating responsibility and funding monitoring institutions. Furthermore, when ministries and their arm’s length agencies are involved in monitoring, they work sometimes together as “webs”. The organisations most often doing the actual monitoring and evaluation are universities, NGOs and state funded institutions.

Interpretation and discussion

It is probably no surprise that it is often public institutions like ministries or municipalities that develop policies, however, other types of interventions (e.g., programmes, campaigns) often are developed by public institutions. Often ministries (mandated by Parliaments) are behind adoption and implementation processes. Public
institutions are mostly behind the funding of interventions. Often, the ministries work together in webs with other governmental bodies and authorities.

From the organigraphs one can often see who is monitoring, but who has given the mandate to do that monitoring is less often evident. Even though a European level institution is involved in one chain leading to the monitoring of an intervention, one cannot infer from this that this European institution is giving the mandate.

**Lessons learned about the results:**

Based on the organigraphs in this study, national ministries and local municipalities are most often initiators of the interventions being developed, adopted and implemented. In the interventions mapped ministries are often working in inter-sectoral webs.

National ministries and local municipalities also appear to be most relevant in funding initiatives. In the interventions mapped as part of this study, funding of interventions or related activities by other sources (e.g., foundations, industry/private sector or other charities) was only cited once.

Monitoring of interventions was most often mandated by national ministries and their arm’s length organisations, with the actual monitoring done by public institutions, universities and NGOs.

**Limitations:**

We had not pre-defined the connectors in detail. E.g., after the pre-pilot when we dropped the time dimension, we have decided to use one connector “adopts / implements”. This could have been better defined in advance and two connectors should be used in the future.

From the organigraphs – and accompanying texts – it was often difficult (or impossible) to discern who is giving the mandate to monitor interventions.

In addition, it was difficult to differentiate the difference between adoption and implementation of interventions.

**3.6.2 Actors and levels of governance**

*On which level are most actors when governance of a local level intervention is considered?* Some of the organigraphs show the interventions extending across more than the local level (e.g., Sweden-intentional, Sweden-water, Ireland-water, Germany-water)
or that an intervention is split in several level-specific interventions (e.g., Germany-road). However, in the “intentional” domain, the Finland organigraph a local level intervention is mapped where most actors are on the local level. Other examples where the intervention is on the local level but most actors are depicted on the national level are Finland-home safety and Germany-home safety. Some organographs in which it is depicted that local level interventions also do have the focus and most actors then only on the local level (e.g., Denmark-road safety). In other words, most actors and connectors are on the local level of these organographs. Spain-road is an exception: there the intervention is on the local level; however, most actors are on the regional level. 

Summary: When an intervention is delivered on the local level, often it also takes place on other levels (with a branch / mirror intervention or directly extending over several levels). Most actors are usually on the national or local level.

On which level are most actors when governing a regional level intervention? Even when the intervention is taking place on the regional level, it is often the national level on which most actors are located (Germany-intentional, Slovakia-intentional, Ireland-water, England-road, Sweden-road). In some organographs the local level also has many actors when the intervention is on the regional level (Spain-intentional, Scotland-home). The regional level has many actors in Spain-intentional (along with the local level), in Germany-water and Austria-home, the regional level has most actors. Summary: It varies what level has the most actors when the intervention is on the regional level. However, the regional level has often many actors when the intervention is also on the regional level.

On which level are most actors when governing a national level intervention? When the intervention is on the national level, most actors are also on the national level. An exception is the Netherlands-water safety organigraph, where most actors in the swimming lesson programme that was mapped are on the local level. In the road safety organigraphs from Sweden and Slovenia most actors are again on only the national and local level. Summary: The national level has most actors when the intervention is on the national levels.

On what level are NGOs involved? In the Europe-organigraphs, only on the European level NGOs are mentioned. However, in the other organigraphs all four levels are covered in all four domains. From the regional and national authors’ organigraphs, NGOs most often appear on the national level where 21 of 40 organigraphs have NGOs on the national level. This is followed by the European level (14/40), the regional level (9/40) and lastly the local level (8/40). Summary: NGOs are more likely to be on the national and European levels.

Summary: On what levels actors are located compared to the level on which the intervention is delivered: The national level plays an essential role for most interventions. The regional level is important when the intervention is located on the regional level and in one exceptional case also when the intervention is delivered on the local level (Spain-home). When the delivery of the intervention is on the regional level, the amount of actors is the largest on the regional level, but again the national level is essential even
here, as far as it comes to the quantity of actors. NGOs are mostly represented on the national level.

**Interpretation and discussion**

The national level remains a very relevant level even when the intervention is delivered on the regional level. Yet, the regional level often has actors, not only when the intervention is also delivered on the regional level. Countries that are known for decentralisation in public health and have a strong regional level public health structure (Austria, Germany, Spain) show also many actors on the regional level.

**Lessons learned about the results:**

If we look at the number of actors and their role, it seems that the national level is a strong level of governance for when interventions are delivered also on other levels of governance than the national one.

The regional level is particularly strong when the intervention is also delivered on the regional level, and in countries with a strong regional structure.

**Limitations:**

The relevance and importance of the level of governance is inferred now based on the question if there are relatively many actors. These statements, however, are considered to have only heuristic value.

### 3.6.3 Governance of Enforcement

*How often is “enforcement” (shown via the respective connector) reflected?* The Europe focussed organigraphs do not describe a particular intervention; rather, they map the whole domain. The enforcement connector is used once, namely in the intentional injury domain organigraph. The enforcement connector goes from “National Action Plans for Child Safety” to “Injury Prevention Safety Promotion” programmes in schools on the local level. Within the intentional domain, in addition to the Europe focussed organigraph, there are three other organigraphs out of eight that include “enforcement” connectors.

In the intentional domain the following can be observed: In the Czech Republic-intentional organigraph the local police “enforces” the public. The Finland-intentional organigraph which maps the implementation of legislation related to underaged drinking and reducing alcohol harms has the highest number of enforcement connectors. Three of the enforcement connectors come from the local police and connect with the intervention.
 (“alcohol policy”). The author of the organigraph has added the term “supervision” to the connector and shows that the police enforces and supervises those actors selling alcohol (restaurants, retail trade etc.) and the families and children. Two other connectors of “enforces / supervises” come from a regional agency and a national supervisory authority to the alcohol industry – where the local police also has the same function. Thus, the national supervisory authority, the regional authority and the local policy all are involved in enforcing the policy and connect with those selling alcohol.

Lastly for this domain, in the organigraph of Slovakia on cyberbullying, the state police and municipality police enforce anti-bullying policies at schools in the context of cyberbullying. Here, “enforcement” by the author of the organigraph is understood as monitoring cases of cyberbullying at schools. **Summary intentional**: The police have in the intentional injury context an enforcing function.

In the “water safety” domain, three of the eight organigraphs focussing on individual interventions use the enforcement connector. In the Finland-water safety organigraph it is the classic use of the term “enforcement” which is shown. Here, the Finnish Border Guard is enforcing the legislation on personal flotation devices (the intervention being mapped). Similarly in the France-water safety organigraph, the regional “Ministry of the Equipment” is described to be enforcing the national legislation “mainly by giving advice to pool owners” (Claire Weber). Further, it is described that the mayors can – but rarely do – use their “enforcement power that could enable them to issue a summons if pools are not (correctly) secured.” (Claire Weber). This is quite similar to the Spanish organigraph that also deals with swimming pool legislation. The pool legislation is enforced via the regional Department of Public Health and its public health agency at the local level, directed at the swimming pool owners. At the same time the municipalities can also enforce the legislation. It is said that the municipalities are “co-responsible for enforcement and control” (Josep M. Suelves) **Summary water**: In water safety, it is not the police that enforces legislation but government authorities – at the regional and local levels – that are seen to be enforcing, sometimes complementarily or in cooperation with each other.

The highest frequency of enforcement connectors are found in the “road safety” domain. In absolute terms, 19 connectors were found, but in relative terms (without the Europe focussed one), six of eleven organigraphs have enforcement connectors. The Czech Republic-road safety organigraph, which looks broadly at cycling safety (no single intervention is at focus in this organigraph) illustrates enforcement similarly to how it was illustrated in the Czech Republic - intentional organigraph. It is again the police that enforce the intervention with the public with regard to bicycle helmet usage. It is described in the text as “control” in general and “education” of pupils (Veronika Benesova & Pavel Sulc). Finland describes many enforcement activities when focussing on the intervention being mapped: “increasing bicycle helmet usage”. In this organigraph, the special thread on enforcement is highlighted (in violet). “The Ministry of the Interior is responsible for the guidance and supervision of the police. The National Police Board operates under the Ministry of the Interior and it directs and guides operational police activities. Within its’ direct purview are the local police departments (24, with a total of 180 service points) and the national police units, such as the National Traffic Police
(specialized in surveillance in traffic). One of the aims of police traffic surveillance is to increase the use of seat belts and other safety equipment. In case of bicycle helmets police can give an admonition, not a fine.” (Jaana Markulla)

Hungary has integrated six enforcement connectors in their organigraph about child passenger restraints (again this organigraph looks more broadly at strategies in this area and does not focus on a single intervention). Here, the public is “enforced”, presumably to use CSR (explanatory text is missing). The local enforcement is described to take place by regional authorities (on transport and consumer protection respectively) but also at the national level by the “auto research laboratory”. Further, the two committees on the national level are included, each of which enforce and action plan and strategy on safety.

In Poland, the intervention mapped is a campaign and even though there is no direct link to enforcement, in the overall aim of raising the uptake of proper use of child passenger restraints the regional transport inspection is depicted as enforcing child restraint use with the public. In Romania, enforcement relates directly to the intervention being mapped: “partnership program for prevention and control of road traffic crashes”. Here, the Romanian road authority – manifested on the regional level in cooperation with the Ministry of Transport Construction and Tourism – plays a pivotal role in enforcing the partnership. In the enforcement it works together with other partners, particularly the Romanian Automobile Register, but also other departments, including the police, such that in this organigraph there is a “web” involved in the enforcement of the programme. The Spanish organigraph also maps interventions related to bike helmet use. Here, the Ministry of Interior enforces “road safety regulations directly or through municipalities” (Josep M. Suelves) with the public as the target audience. Summary road: Safety measures are enforced by different actors, among them police and ministries and other public institutions.

Five of thirteen organigraphs by national and regional partners mention enforcement in the home domain. In Austria, with direct connection to the intervention being mapped, the “child safety house”, there is an enforcement role for “government bodies dealing with building regulation”, which in this context translates into monitoring (Peter Spitzer & Gabriele Blaschitz). In the Czech Republic-home safety organigraph, the local police is said to enforce the public. But also on the national level, the Ministry of Health is enforcing two relevant action plans and a national strategy, respectively. In the Finnish organigraph on health counseling – which is the intervention being mapped – this is implemented by the “health center” on the local level. The “health center”, again, is monitored and enforced by the “National Supervisory Authority for Welfare and Health”. It is also monitored and enforced by the “regional state administrative agency”, which again is working together with the national supervisory authority and is also enforced by it. Thus, here there are “chains” of enforcement. The Hungary-home safety organigraph also shows what could be described as a “chain of enforcement” that is also “top down”. A national Parliament’s Act on “Health Visitors’ Networks” plays a role in the enforcement of home visitor programmes. This Act aims at the Ministry of Human Resources and the “State Secretariat for Healthcare” that is integrated there. Here, the “Chief Medical Officer’s Office” including the “Chief Health Visitor Officer” is enforced.
From here to the regional level – via the “regional and subregional Public Health Authority” to the “Local Authority” on the municipality level the chain of enforcement goes to the “Health Visitor Network”. With regard to “enforcement” the Israeli-home safety organigraph on “voluntary standards for safe homes”, the national Ministry of the Interior is enforcing policy requiring local authorities to educate the public about the standards. **Summary home:** There are important enforcement activities in the home domain. However rather than being a role of the police, here enforcement is more likely the role of ministries and public institutions which are enforcing policies and standards.

**Summary on enforcement:** In the organigraphs of the national and regional partners, police sometimes has an enforcement function, for example when it is about local alcohol policy. In the water domain, government bodies are working together to enforce legislation.

In the road-domain, “enforcement” was (in relative and absolute terms) most often considered in the organigraphs. Here, the police played a special role and were in the foreground when it was about enforcing safety legislation. In one case, enforcement was the role of a “web” of government institutions and there were also examples of top down “chains of enforcement” across levels.

**Interpretation and discussion**

Enforcement is a particular important aspect of governance for child safety, so it was dealt with here in an extra subchapter. Yet, looking across the organigraphs, it is clear that “enforcement” not only relates to what is traditionally thought of “enforcement” – i.e. police enforcing laws. There is also a very important role for ministries and public institutions like road authorities that involves enforcing policies and interventions.

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<tr>
<th>Lessons learned about the results:</th>
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<tr>
<td>Enforcement comes back in many of the organigraphs (45 connectors are used in the 40 organigraphs of national and regional partners).</td>
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<tr>
<td>Police, public and government actors are mainly described as enforcing interventions and policies.</td>
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<tr>
<th>Limitations and lessons learned about the tool:</th>
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<tr>
<td>To have “enforcement” only represented via one connector is a limited way of depicting enforcement because enforcement can have several meanings (and partners also used the terms “monitoring” or “supervising” along with the connector “enforcement”).</td>
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3.6.4 Top down and bottom up governance

Are processes described in the organigraphs more to be seen as top down, bottom up, or oscillating—in focusing on connectors transcending any of the four levels? The four Europe focused organigraphs, which are drawn from a European perspective—and focus the “highest” level of governance—show a clear picture: processes depicted can be described as top down.

In the “intentional domain”, there are very clear top-down directions to be observed. In the Greek and Spanish organigraphs there are connectors going from the regional to the national levels and, local to regional levels, however, these connections are not depicted as being relevant to the development or implementation of the respective interventions. Rather, they address data reporting as part of the intervention (Spain).

Scrutinising the water safety organigraphs, most striking is that in Finland, almost all actors are on the national level. Thus, no bottom up or top down movement can be seen there. All the other organigraphs include top down processes. Top down processes are clearly dominant in the organigraphs.

In the road safety organigraphs, the intervention being mapped in the Portuguese organigraph is mainly depicted on the national level. However, all others are again clearly top down except the Romanian organigraph. Here one can see two bottom up connections. The Romanian regional actors related to motorways and automobile directly motivate and lobby the intervention being mapped (“Partnership Program”) and at the same time are enforcing this intervention.

In the home safety organigraphs, the Austria organigraph shows several bottom up activities. The national Ministry of Consumer Safety is depicted as undertaking motivational activities aimed at the EU “EN Standard” working groups”, whose actions set standards which the Austrian Standard Institute must enforce on the national level, an activity again is linked to the respective Ministry; thus, this seems to be an “oscillating chain”. In addition directly related to the intervention being mapped (“Child Safety House”), a regional department of the government finances the intervention which is actually depicted on the national level. The “child safety house” also educates the local level schools as well, thus, there is a second “oscillating process” visible. Another exception from the otherwise top down focussed organigraphs is the one from Malta. The media and the public on the local level are depicted as motivating and lobbying than the “Malta Standard Authority” to take action.

Summary with regard to top down / bottom up: For the most part all interventions mapped appear to be top down activities, although there are a few exceptions where a bottom up activity is present. This is confirming the findings with regard to chains.

Interpretation and discussion

Overall, top down activities are the most frequent and mostly end with “the public”. Some bottom up activities can also be seen, e.g. in Austria and Malta. Bottom up processes appear to involve motivating and lobbying.
Even though here a clear picture is presented, the organigraphs have the level of evidence of case studies. Thus, the generalizability of the statements is limited while still having an important prima facie and heuristic value.

**Lessons learned about the results:**

Most processes in child safety seem to go top down.

In some organigraphs of countries with a strong regional level and where the intervention being mapped is on the regional level, one can see some limited bottom up (and oscillating) activity from regional to national level.

**Lessons learned about the tool:**

Whether processes are top down or bottom up with regard to the levels of governance can be well explained by the organigraphs.

### 3.7 Intra-country Comparison

*Finland* has drawn organigraphs for all four domains. In each of these organigraphs a particular intervention is depicted. In all four organigraphs the European level appears to be of relatively little relevance, at least with regard to numbers of actors and input it gives to the national level. Most striking is that the water organigraph only considers the national level. None of the other levels are represented (except the ECSA as informing NGO on European level). Even though in this organigraph legislation on national level is mapped, its relevance for the regional and local level is not further depicted. In the “home safety” organigraph, there are some actors on the regional level, however, in three of the four organigraphs the regional level is skipped so that most actors are on the national and local levels reflecting the governance structure in Finland. The organigraphs show some larger “webs” than found in other countries and some chains are included. All four of them seem particularly complex, which may reflect the level of detail that has been mapped, or may reflect that Finland recently completed the development of a detailed action plan for Child Safety and thus, have recently reviewed child safety activities.

There are three organigraphs for the *Czech Republic* (intentional, road safety, home safety). In none of them a single intervention is described, but rather overall mandated responsibility with regard to one particular aspect (child violence prevention, bicycle helmet use, child home safety) is depicted. All three of them show very limited activity on, and a minor role for, the European level. Moreover, the organigraphs suggest
a similar pattern for the remaining levels with the main activity shown on the national level, but active involvement of the regional level, at least through the actors depicted. All connectors go top down. Chains can be observed in all three organigraphs; however, there are no webs or hubs (or sets). There is no description/explanation regarding monitoring (except that the parliament controls the ministries, as is written in “road safety”) – maybe because there is not one specific intervention in focus. On the regional level there are always competent actors described that advise the institutions on the local level. In summary while the main activity is show at the national level, the expertise appears to be more on the regional level.

All four of the German organigraphs include webs. The collaboration is especially strong in the intentional organigraph. The European level includes no actors, neither in the intentional organigraph nor in the road safety organigraph. Processes in all four organigraphs are mainly top down. NGOs are involved in all of them. Nevertheless, quality monitoring is only considered in one of them, the water safety organigraph. Whereas implementation is always considered, development of the intervention is only clearly depicted in two of the three, which focus on a particular intervention. Funding in all four organigraphs is made explicit and is designated to different ministries. Finally, in all organigraphs there is a role for the regional level.

There are three Hungarian organigraphs, for water safety, road safety and home safety. As with the Czech Republic organigraphs, none of the Hungarian organigraphs is mapping a specific intervention. The influence of the European level on the national level is depicted in similar ways across all organigraphs. While they show more activity on the national level, the interaction between European actors is more clearly depicted. Nevertheless, this interaction still suggests a limited role at the European level. The three organigraphs each contain a “web” and one “chain”. Activities are mainly presented top down. The regional level is always considered, but always has fewer actors. Quality control is considered; for example in the home safety organigraph one institute on the national level monitors the quality of a national action plan.

Comparing the four Spanish organigraphs, one can see that there is a limited recognition of EU/European level. Even though the interventions were at different levels, the regional level always is very actively involved. For all organigraphs, the author describes some chains, however, no hubs and sets can be found and only the road safety organigraph has a web. Similar to other country organigraphs, activities are mainly top down. The media is not described in any of the organigraphs. While, development of the intervention is only mentioned in the Spain-intentional organigraph, quality monitoring is not considered in any one of them. Several chains can be observed in the organigraphs. However, on the one for road does have a web like structure incorporated.

The Swedish organigraphs show some similarities. Interventions are mapped in the domains: intentional, water safety and home safety. The road safety organigraph does not describe a specific intervention. The interventions encompass different actors across the three levels: national, regional, local. Moreover, in each of the three organigraphs, at least some actors are linked to the European level actors (but the European level is described very concisely). For all four organigraphs the connector “monitor” is important, and in the organigraphs with the interventions, these are governmental bodies monitoring
(twice county level, once national level). The three organigraphs in which a specific intervention is depicted can clearly be called top down.

Summary: One can observe similar patterns across the organigraphs of one country. However, this could also be due to the fact that the same person was drawing them.

**Interpretation and discussion**

One can observe that if a country has little / or something described of the European level of one organigraph, this was the case for all organigraphs of the very country. This might show that the author maybe has the same level of consideration of the European level. One can see similarities in the way organigraphs are described (e.g. Germany is in all organigraphs attentive to the funding question).

Such a comparison is of limited use. Even though the advantage is that this is written always by the same author, sometimes in co-authorship, the interventions are so different that one can tell very little in a comparative manner. Still, some basic patterns could be described.

<table>
<thead>
<tr>
<th>Lessons learned about the results:</th>
</tr>
</thead>
<tbody>
<tr>
<td>There are some similarities between the organigraphs for the different domains drawn by one author. However, they do not seem striking, that much for the whole country’s child health governance could be inferred. This is not surprising given they are describing different domains. Yet, it supports the hypothesis that child safety governance is a multi-sectoral and complex undertaking.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Limitations and Lessons learned about the tool:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The intra-country comparison has delivered fewer insights than expected.</td>
</tr>
</tbody>
</table>

### 3.8 Comparison of Countries Describing the Same Intervention

Some partners from different countries have described similar interventions and can be compared. Germany, Hungary and Slovenia all describe “home visiting programmes” in the domain “home safety”; Spain and France both mapped legislation around swimming pools in the domain “water safety”. Hungary also had their organigraph build around the issue of pool fencing. However, they did not describe one particular intervention (like the pool fencing law), which makes it difficult to compare. In addition, although some
countries had seemingly comparable interventions, at a close view, they were not sufficiently comparable (e.g. Czech Republic, Finland, Spain and Sweden address “bicycle helmets” with their organigraphs).

The comparisons are made using the relevant criteria and methods described in the previous sections.

<table>
<thead>
<tr>
<th>Table 21 Comparison of similar interventions in the water domain</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Domain</strong></td>
</tr>
<tr>
<td>Country</td>
</tr>
<tr>
<td>Number of Actors involved</td>
</tr>
<tr>
<td>What / Number of sectors involved?</td>
</tr>
<tr>
<td>Number of connectors involved</td>
</tr>
<tr>
<td>What levels are involved?</td>
</tr>
<tr>
<td>Development of the intervention</td>
</tr>
<tr>
<td>Adoption of the intervention</td>
</tr>
<tr>
<td>Implementation of the intervention</td>
</tr>
<tr>
<td>Monitor of the intervention</td>
</tr>
<tr>
<td>Top down / bottom up?</td>
</tr>
<tr>
<td>Governance forms: webs, chains, sets, hubs</td>
</tr>
<tr>
<td>Who has special responsibility for the intervention?</td>
</tr>
<tr>
<td>What else / noticeable?</td>
</tr>
</tbody>
</table>

**Comparative Summary:** Most activities for both pool legislation interventions are on the national level. The regional and local levels have institutions involved in the enforcement. The EU, the WHO and European NGOs were considered to be influential (or at least there in the background) in Spain, but not in France. Despite the special role of the Prime Minister for France – that is unique for all organigraphs that there is one so central figure – the organigraphs do not show large differences, even if the adoption processes as described are different. However, there are differences in the adoption and also in the monitoring; namely that adoption and monitoring are not included in the French one at all. In the Spanish organigraph the national Ministry of Health is the central actor, the funnel of a governance chain. In a strongly decentralized country, such as Spain, this is striking
given the national law is normative for the regional level and the regional Ministry of Health. The amount of different sectors represented is not that different between the two organigraphs, yet, these are different sectors (except for “health”) in the two countries.

Discussion: The Spanish and French organigraphs on pool fencing legislation are fairly similar. France shows the – unique but seemingly effective – strategy of having one leader involved. Both processes are described at top down in this case of such a law. But different ministries are in charge on the regional level – Health [Spain] vs. Equipment [France]. It would be interesting to investigate if this results in differences with regard to the health focus of the policy. The enforcement for both is supported on the local level by the local authorities. One has to consider that the comparison is limited. The information is not standardized and the organigraphs could be incomplete and have bias. It is interesting that only Spain has considered European level institutions but not France.

One can recognise a few sectors in the organigraphs. Some more could be implicit in Spain-water, when there “other governmental agencies” are described. It is interesting to observe that the sectors identified are different, except for the “health sector” that is mentioned in both organigraphs.

<p>| Table 22 Comparison of similar interventions in the home domain |
|---|---|---|---|
| Domain | Home | Germany | Hungary | Slovenia |
| Country | | | | |
| Intervention | Home visiting programme (Pilot) | Home visiting enhancing home safety [Focusing on: Home visitor Network] | Home visiting programme |
| Number of Actors involved | 11 | 16 | 8 |
| What / Number of sectors involved? | 5: health, media, social/welfare services, research, emergency services | 2: health, social/welfare services | 2: health, media |
| Number of connectors involved | 42 | 29 | 17 |
| What levels are involved? | All but EU/ Europe | All | All but EU/ European |
| Development of the intervention | “Federal initiative on Early Prevention” which again is implemented by the “National Centre for Early Prevention”; on the local level “roundtables of health and child / youth services” are involved in the development | -- | National Institute of Public Health |
| Adoption of the intervention | Further initiation and funding stems from the local health departments and local child and youth offices. | -- | The national Ministry of Health funds the National Institute of Public Health which again was involved mainly in the adoption process. |</p>
<table>
<thead>
<tr>
<th>Domain</th>
<th>Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country</td>
<td>Germany</td>
</tr>
<tr>
<td>Implementation of the intervention</td>
<td>The “health visitor network” is enforced by the local authorities of the municipalities.</td>
</tr>
<tr>
<td></td>
<td>Hungary</td>
</tr>
<tr>
<td></td>
<td>Slovenia</td>
</tr>
<tr>
<td></td>
<td>National Institute of Public Health with the local level health centres, which are again educated by the national programme.</td>
</tr>
<tr>
<td>Monitor of the intervention</td>
<td>Universities and public research institutes are monitoring these programmes. These institutions are again collaborating with the national centre on early prevention.</td>
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<td></td>
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<tr>
<td>Top down / bottom up?</td>
<td>Top down</td>
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<td>Top Down</td>
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<td></td>
<td>Top Down</td>
</tr>
<tr>
<td>Governance forms:</td>
<td></td>
</tr>
<tr>
<td>webs, chains, sets,</td>
<td>Smaller web like collaborations are visible, some chains.</td>
</tr>
<tr>
<td>hubs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The national Institute of Public Health is involved in a web with other institutes, and the media that is mentioned here.</td>
</tr>
<tr>
<td>Who has special responsibility for the intervention?</td>
<td>The Federal initiative on Early Prevention&quot; which again is implemented by the “National Centre for Early Prevention” seems to play a special role. Otherwise, the local health departments and child and youth offices are very relevant and responsible in this process.</td>
</tr>
<tr>
<td></td>
<td>The national level “Chief Medical Officer’s Office” that includes the “Department of national Chief Health Visitor Officer”. Thus, this very function is established on the national level. The regional level is passed – via regional public health authorities – down to the local level authorities who, again, then complete this enforcement chain by</td>
</tr>
<tr>
<td></td>
<td>The National Institute of Public Health.</td>
</tr>
<tr>
<td>What else / noticeable?</td>
<td>Many programmes on national and regional level are involved. They are indirectly involved in the programmes and themselves again depending on the regional (and national) ministries.</td>
</tr>
<tr>
<td></td>
<td>Striking is the clear enforcement strain from the Ministry of Human Resources (incl. the state secretariat for healthcare) via the “Chief Medical Officer’s Office” that includes the “Department of national Chief Health Visitor Officer” in a chain of enforcement via the national and local level authority to the health visitor network. A Chain of European intuitions influences the “national child and youth safety</td>
</tr>
<tr>
<td></td>
<td>The regional level is not very relevant in this process.</td>
</tr>
<tr>
<td>Domain</td>
<td>Home</td>
</tr>
<tr>
<td>--------</td>
<td>------</td>
</tr>
<tr>
<td>Country</td>
<td>Germany</td>
</tr>
</tbody>
</table>

*Comparative Summary:* For Hungary and Slovenia, the media plays a role (not for Germany). In Slovenia – a comparably small country – the programme takes place on the national level. Germany has many more connectors compared to the number of actors, partly due to their many programmes. For Germany – where health visitors do not exist everywhere – this was a pilot of a programme compared Hungary which has a long tradition and well established network of health visitors. In all three cases the national level appears to be the most active.

The top down policy and initiation perspective is prevalent in all three organigraphs. The number of actors varies – Hungary includes the EU level and thus twice as many actors as Slovenia. Slovenia also has the fewest connectors, but again are a much smaller country. With the amount of actors, the amount of different sectors made explicit is corresponding. Germany has five different, Slovenia only two different sectors.

*Discussion:* The national level plays a special role and most processes are top down. In none of the countries does the EU level appear to play a significant role. The intervention is mainly in the hands of the health sector in all three countries. In this regard there are some similarities. Otherwise, pathways of implementation of the intervention are different; which also has to do with Germany being in an initiation phase and others had more established traditions.

As with the pool legislation example, different sectors are depicted as being involved. This is of course also depending on number of actors and level of depth the author has drawn. There is the health sector as common denominator in all three of them.

*Lessons learned about the results:*

Across the examples one can see some similarities. For example, similar actors are in place, all top down, less depiction of the role for regional and EU level than may be expected.

Processes are described similarly to be top down, but different ministries are in charge on the regional level in the examples from the water-safety organigraphs: health [Spain] vs. equipment [France].

Different sectors seem to be involved or – given that not all is always explicitly drawn by authors – at least in the forefront it different countries. In the diversity of sectors, it seems only “health” is the common denominator.
4. Discussion

4.1 Discussion of Findings

This explorative study aimed at studying phenomena which have not previously received much study in the context of child safety in Europe. The phenomena referred to are the responsibilities and structures of the implementation of child safety interventions at and across the European, national, regional and local levels. In other words, this study attempted to document the diverse forms of multi-level child safety governance in Europe. It was conducted to refine hypotheses, to formulate further research questions, to further develop and learn about tools that can be used for advocacy in the field, and to test research methods and data collection for further studies. However, given the breadth of interventions mapped across the many participating countries, it was also anticipated that with early insights and cautiously drawn conclusions about shared structures, evidence of the complexity of child safety governance and forms of governance in the field could be explored. A case study approach was used to study in-depth examples of child safety governance in the different participating countries and on the European level.

Many of the findings are no surprise (e.g. that actors work in webs together, that there are more than two dozen sectors involved in child safety, and that public and government institutions are funding child safety interventions). However, there are now – for the first time – some reliable descriptions and further evidence based findings on case studies for describing the (minimum) complexity of child safety governance and common patterns of child safety governance in Europe. The analysis of the organigraphs supports the hypothesis that child safety governance is a multi-sectoral undertaking involving many actors. It is indeed very complex and extends – to some degree – over four different levels of governance – European, national, regional and local.

More concretely, here is an overview of the most relevant findings put into context:

4.1.2 Actors and their Collaboration

Many different policy documents and standards from the European Union were considered in some organigraphs, especially the Europe focussed ones. The Europe focussed organigraphs, on average, show 10 actors for the European level. Overall, however, in this study it becomes clear that the European level – with the EU but also other supranational institutions – is not considered as being relevant by all authors in their organigraphs. Only 28 of the 40 regional and national authors’ organigraphs (70%) have considered the European level. It is not clear from our analysis if this is an intended message from the authors – that European and EU institutions are less relevant in the governance processes they describe – or if it is an oversight. The level of differentiation on the European level – e.g., if one should look at the European Commission as one actor or several actors (separate DGs with different responsibilities) – varies among those who have populated the European level of the organigraph template. In general, the European Commission is not very prevalent in the organigraphs. Only 20% of the regional and
national partners’ organigraphs (including non-EU countries Israel and Norway) have depicted European level actors. Other institutions on the European level that were hypothesised to be of particular interest (e.g. Committee of the Regions, Council of Europe, Council of the EU, or the European Parliament) were rarely included in regional and national partners’ organigraphs. The CEN, that is expected to be of utmost relevance in at least some of the domains where standards are important, is also not considered very often. The roles and relevance of European institutions (from the EU but also WHO) is considered differently by the different authors. This might not only be related to the perceived or factual levels of relevance in the respective governance processes, that certainly likely plays a role – but might also be due to limited awareness of their role and function in the governance. This is not investigated with the authors of the organigraphs, yet.

Looking at all levels, many different actors are shown to play a role in the governance of child safety. On average 17 actors can be identified for each of the individual case studies offered here. That there are more actors in water safety than in home safety does not necessarily say much about the complexity of the domain, but may indicate diversity of settings and delivery mechanisms.

Most actors are active on the national level, the least on the European and regional level. Local level actors are considered even if the intervention and policy takes place on the national or regional level. The local level appears to play a very relevant role irrespective of the initiation level of a particular intervention.

27 different sectors from a list of 28 predefined sectors were identified in our analysis of the organigraphs. Eight sectors of these were identified as “core sectors” as they were applicable to all four of the child injury domains. Much diversity was found across the four domains of injury in terms of the number of applicable sectors and the relative importance of each sector. This indicates the complexity of the issue and the need for a coordinated approach to child injury prevention at all levels. Overall the health sector accounted for 29% of the actors identified, indicating that it has a strong role to fulfil in child injury prevention and makes it a natural lead sector to push for a more coordinated approach. Thus, this analysis helps stakeholders to identify partners in other sectors than their own.

The results of the sector analysis could be useful for stakeholders working in child safety to identify the core sectors relevant for child injury prevention in general and also to get a more detailed overview of all the sectors relevant per injury domain.

The media, which is also a sector and included as one actor in our organigraph manuals, is often included in information chains that end with the public. Yet, the media is viewed and involved differently across the governance processes mapped. The media was depicted as a partner, a lobbyist, or a multiplier for public institutions. These different roles could indicate to leading actors in the field how the media can be used in advocacy and governance processes.

Also, the connection between the actors in the governance processes is diverse. On average, 8.5 different forms of connection can be identified. These different forms of communication are expressed in on average 23 connectors used per organigraph. This underlines the complexity of the governance process – although some outliers show very
“simple” governance structures (and some outliers even more complex one). The average use of different connectors per domain (incl. the Europe focussed organigraphs) was relatively similar (around 8.5; yet, varying from 5 to 13 in individual cases). Despite the availability of many more connectors (16) in the drawing process, it is striking that the use of different connectors was so similar. Whereas, all the connectors were used, the most infrequently used connector was “assess” (which for some maybe also understood to be redundant with “monitor” or may have been used less after the decision to drop the time aspect of the projects was made). This connector was only used 18 times. The connection “working together” was the most frequently used. This is a non-hierarchical, network- or web-like connection that is relatively unspecific but shows collaboration. This connection will be further analysed with regard to “webs”.

When observing the frequency of the connectors used, it becomes obvious that fewer connectors are related to a hierarchical mode of governance, such as “accountable”, “enforces” and “law/directive”. The organigraphs show that in the area of child safety soft law governance structures are more frequent. This is in line with Brown’s and Harrison’s findings within their report Governance for health equity in the WHO European Region (2013), in which they conclude that “[g]overning is becoming more fluid, multi-level, multi-stakeholder and adaptive in nature” (Brown & Harrison, 2013, p.21). Forms of soft law include self-regulation and alliances, as well as networks (in our terminology similar to: webs) and methods of coordination.

Even though enforcement and monitoring are relevant characteristics in child safety, not every organigraph does show connectors related to these functions. It remains essential, thus, to pronounce that one should further emphasise the relevance of both – because an unenforced policy or intervention can be useless and when they are not monitored, quality assurance is lacking.

Often, governance processes can be expressed in chains, webs, sets and hubs. All forms of collaboration could be identified in the organigraphs. Sets are very infrequent. Hubs are present but less often than one might have thought, given they represent centres of governance. To point out hubs is very relevant, because who is in the middle of the hub seems to have the most important managerial role (even if there is no formal authority). It is very relevant to be aware of hubs when looking at the governance processes, as hubs “can explode or implode if not managed correctly” (Mintzberg, van der Heyden 1999, p. 94). Thus, hubs also have a special role in child safety governance and advocacy processes therein. The method of depicting or identifying hubs is thus potentially helpful for policy advice processes and advocacy.

There are fewer chains in the organigraphs than expected. This indicates that if one wants to influence processes – e.g., in terms of advocacy for child health – one cannot only advocate towards one individual actor within one “chain of command” but has to approach the process at different actors and stages as actors and their decisions are not linearly related. The role which advocacy can play throughout the policy-making process could be acknowledged at any of these stages (Versluis, Keulen & Stephenson, 2011; Ruzza 2004).

The biggest and most complex webs extending over more levels of governance with high centrality and differentiation can be found in the road and home domain. A
typology of webs for child safety governance could be developed based on our analysis. This typology could then be applied and investigated focusing on if the same web types share, for example the same effectiveness or efficiency with regard to the intervention development or implementation.

To be aware of these structures of collaboration represented in organigraphs is very relevant for the understanding of governance and reflecting about entry points for advocacy. To recall what Mintzberg and van der Heyden (1999, p. 94) conclude about these structures: “Follow a chain and you know where you will end up. Just don’t try to go anywhere else! Find a hub and you know where to begin or end. This is not so for the set. This can start and end in different places. The web, by contrast, can take you every which way. That can leave you flexible or flustered – and often both.”

4.1.3 Levels of Governance
Multi-level Governance processes are mainly top down, and there was very little bottom up action in the interventions mapped. National ministries and local municipalities are often found to be actively involved in interventions and policies being developed, adopted and implemented. Often ministries are working in webs in this context. This inter-sectoral collaboration is widely present. National ministries and local municipalities are also most relevant in funding initiatives. It seems seldom – actually, only once in the interventions mapped – that foundations or other private funding mechanisms (e.g., charities) are found to fund activities. Monitoring is often mandated by national ministries and their arm’s length organisations, with the monitoring itself is being done by public institutions, universities and NGOs.

Overall, the regional level is seemingly less relevant than the national and local level. Yet, there were several instances where the regional level plays a role. That no hub can be found on the regional level might also relate to the interventions mapped or be due to the case that most of the organigraph authors are active on the national level possibly resulting in a selection or reporting bias. As would be expected, the regional level is particularly strong when the intervention being mapped is also on the regional level. In some organigraphs of countries with a strong regional structure (e.g., Germany) and when the intervention being mapped is also on the regional level, one can see some limited bottom up (and oscillating) activity from regional to national level.

With a focus on the mandated responsibility, it becomes clear that public and government institutions play essential roles in funding, developing, adopting, implementing and monitoring interventions and policies. This is no big surprise in a field that can be considered as being a part of ‘public health’.

When organigraphs of similar interventions or organigraphs within one country are compared one sees some similarities in governance. Overall, direct comparison is difficult given organigraphs describing different interventions, but there is still utility in the exercise.

Across the examples of the cross-country comparison of the same intervention, one can see some similarities. For example similar actors are in place, less role for regional and EU level than maybe expected and processes are for the most part top down.
However in at least one example different ministries are in charge on the regional level – health (Spain-water) vs. equipment (France-water). It would be interesting to investigate if this results in differences with regard to the health focus of the policy. The enforcement for both is supported on the local level by the local authorities.

**4.2 Comparison against the Governance for Health Framework**

In how far is there a (realized) whole-of-government and whole-of-society approach of governance for health, when following the governance for health approach of Kickbusch and Gleicher (2012)? Table 23 compares their concept with the findings of this report. The conclusion emphasises that there is a lot of room and potential to fulfil effective governance for health – or said differently: good health governance – in child safety governance in the explored countries and at the European level when taking the health governance definition of Kickbusch and Gleicher as a normative reference.

<table>
<thead>
<tr>
<th>Table 23 Comparing the concept of governance with the findings of this study</th>
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</thead>
<tbody>
<tr>
<td><strong>Governance for health</strong></td>
</tr>
<tr>
<td>Kickbusch / Gleicher 2012</td>
</tr>
<tr>
<td>whole-of-government</td>
</tr>
<tr>
<td>Several sectors of the government institutions play a role. Interministerial collaboration could be identified in some organigraphs, especially on the national level. Yet, that all sectors (“whole”) of the government or administration would be represented cannot be concluded. Sometimes, “the Parliament”, the “Prime Minister”, the “European Commission” or the “Council of the European Union” are generically mentioned, however, this begs the question if here really the “whole” government or, better, whole administration is active.</td>
</tr>
<tr>
<td>Thus, an overall prevalent “whole-of-government” approach cannot yet be observed.</td>
</tr>
<tr>
<td>whole-of-society</td>
</tr>
<tr>
<td>Not all actors, sectors, and branches of society are represented (which was also not expected). Few charities, several NGOs but not too many and not too diverse in scope were mentioned.</td>
</tr>
<tr>
<td>Thus, a “whole-of-society” approach cannot be observed.</td>
</tr>
<tr>
<td>joint action of health and non-health-sectors</td>
</tr>
<tr>
<td>Overall, 27 different sectors were found to play (at least a minor) role in the four domains of child safety investigated. The health sector is the most dominant sector of these within the organigraphs. In all organigraph domains there are more sectors mentioned than only health. Yet, not all organigraphs show intensive collaborations between the health sector and different other sectors. Even where similar interventions are compared (see chapter 3.8 Comparison of Countries Describing the Same Inter</td>
</tr>
</tbody>
</table>


Governance for health

<table>
<thead>
<tr>
<th>Kickbusch / Gleicher 2012</th>
<th>Findings of TACTICS organigraphs</th>
</tr>
</thead>
<tbody>
<tr>
<td>vention), one sees that different sectors are involved. And relevant sectors of one organigraph are not reflected in the other organigraph of the same intervention. Even though it seems plausible that they would have appeared.</td>
<td></td>
</tr>
<tr>
<td>Thus, <em>joint actions of health and non-health-sectors can be found in the organigraphs, yet, more sectors could probably get involved in the child-safety-governance.</em></td>
<td></td>
</tr>
<tr>
<td>joint action of public and private actors</td>
<td>The industry is less frequently mentioned in the organigraphs, yet, does play a role in some of the descriptions. Private charities are not so frequently mentioned. However, in some organigraphs private sector agencies are mentioned.</td>
</tr>
<tr>
<td>Thus, <em>not that many joint actions of public and private actors can be observed.</em></td>
<td></td>
</tr>
<tr>
<td>joint action of citizens</td>
<td>Citizens (represented as “the public”, “families” etc.) are represented in almost all organigraphs. But, the “citizen” (“the public”) is seen as nothing else but an “inactive recipient” of interventions. Almost all arrows go towards the public, hardly any go from the public / citizen bottom up. Not many joint actions of actors from the health- and non-health sectors, in other words participatory processes and co-governance of the citizen, can be observed. Exceptions are scarce: In Ireland-water, “Irish Water Safety” seems to work together with the citizens. Also, in England-home the public (here “families”) are working together with private and public sector actors. In Slovakia-intentional the public is working together with schools. Yet, in Malta-home, the public indeed is motivating and lobbying the Maltese Standards Authority and thus has the only described clear active and initialising role in child safety governance of 44 organigraphs. In most other cases – except the “work together” – the citizen (the public, parents, children, or society) is: assessed, educated, informed, advised, enforced, and monitored.</td>
</tr>
<tr>
<td>Thus, <em>the role of the citizen in the governance of child safety can be further developed. So far, the citizens are mainly seen as (passive) recipients of interventions. This supports the impression that child safety is a paternalistic endeavour.</em></td>
<td></td>
</tr>
<tr>
<td>It requires a synergistic set of policies, many of which reside in sectors other than</td>
<td>28 different sectors were identified in general as being potentially relevant for child safety and 27 of them return in the organigraphs. However, the health sector is the most often</td>
</tr>
</tbody>
</table>
Governance for health

<table>
<thead>
<tr>
<th>Kickbusch / Gleicher 2012</th>
<th>Findings of TACTICS organigraphs</th>
</tr>
</thead>
<tbody>
<tr>
<td>health as well as sectors outside government, which must be supported by structures and mechanisms that enable collaboration</td>
<td>mentioned sector. This study shows where and how sectors are already working together. Thus, towards a synergistic set of policies and collaborations, this study gives important hints for the assessment of the situation that can be the base for further policy and intervention development.</td>
</tr>
<tr>
<td>It gives strong legitimacy to health ministers and ministries and to public health agencies, to help them reach out and perform new roles in shaping policies to promote health and wellbeing.</td>
<td>That the health sector is so prominent in child safety governance, as this study suggests, and often ministries of health on the national and regional level or departments of health on the local level are involved, both in hubs and networks, shows that the health sector plays a dominant role in the networks of child safety governance. In how far the health institutions are taking the lead, cannot ultimately be determined from this study. Thus, this study helps to reflect the role of health sector institutions and gives hints how the leading role of the health sector in inter-sectoral collaboration can be improved.</td>
</tr>
</tbody>
</table>

4.3 Limitations

It is important to be aware of several limitations related to the organigraph method and how this exploratory case study was conducted.

Based on our methods, some actors were doubled in organigraphs and consequently were counted more than once – thus, the number of actors can only be a rough indication. Furthermore, if an actor or connector crosses two levels, or even more, it was counted once for every level, in the analysis of actors and connectors with regard to levels only; not in all of the analysis (see indications above).

Any inference from the quantitative analysis of actors and connectors as our proxy indicators, for example what governance of what domain is the most complex one, is very difficult to make given that the organigraphs were drawn by different authors and focus on different interventions. Relevance and importance of the level of governance can, however, be inferred based on the examining the question of whether there are relatively more actors on the respective levels. Statements derived from this analysis, however, should be cautiously considered and have mainly heuristic value. The number of actors on one level is not in direct correspondence with the relevance or importance of the level. Similarly it is unknown what relevance the number of connectors is to the complexity of the governance as may also be the result of the eagerness of the authors to provide a high level of detail. Nevertheless, the number of actors and connectors are
possible indicators. This becomes most clear in the organigraphs where a level is not populated by any actor at all. Here, it is certainly possible to infer that the level is, at least from the authors’ perspective not relevant to the intervention being mapped or authors are not aware of it. Also, if actors are mentioned, it can be said that at least they play a certain role in governance (even if other actors were forgotten or ignored). Thus, there is what can be called *casuistic evidence of a minimum of the complexity of and sectors involved in child safety governance.*

Another issue related to the validity of this study could be seen with regard to the levels of governance: Even though the European, national and local levels leave less room for interpretation, the regional level means something different to different European countries based on their governance structures and accordingly makes comparisons across countries more difficult. However, comparisons of countries with similar structures might be useful.

A further potential limitation relates to potential bias introduced by the authors of the organigraphs. Amongst the NGOs, ECSA was mentioned 23% of all organigraphs, which in addition to reflecting the role they play, may also be the result of a reporting bias given its members were the ones drawing the organigraphs. Whether the self-representation of authors’ organizations as being in the “hub” – and, thus, in a very central and influential position of governance – might lead to a bias, remains an open question. Again given who many of the authors were – leaders of injury prevention in their own country often initiating interventions – this depiction may be accurate, and thus reflect a selection bias in the interventions mapped, however, there is the possibility that it is also a reporting bias based on the authors’ subjective perspective. In addition, the organigraphs are drawn by different authors who worked differently and have offered different levels of depths when describing the organigraphs, moreover, they might have interpret actors and connecters etc. differently. Thus, the inconsistencies in drawing styles cannot be disregarded but nevertheless some general assumptions can be made. For future work with the tool one could consider to include a validation process within the country; e.g. an agency or expert that was not involved in the drawing process could check the organigraph.

The fact that this study was part of a public health study may mean that a certain bias is introduced by the contributing partners to emphasise the role of the health sector and not properly account for the role of other sectors.

Finally, with regard to limitations it is possible to see that this exercise has the validity and level of evidence of a series of case studies. The generalizability of the statements is limited, indeed, the universality of the conclusions have to be seen modestly.

### 4.4 Lessons Learned about the Organigraphs Method as Tool

To date there has been no systematic evaluation on the usefulness of the tool from the perspective of the authors of the organigraphs. This shall be done in future research when partners also have the chance of reviewing and reflecting on the findings of this report. A positive indication, however, that such a tool might be useful also for other areas but
child safety governance became evident when two supranational health institutions and one National Health Service institute approached the research for permission using this tool after having seen preliminary results. Furthermore, individual partners provided feedback that the drawing exercise was – despite labour intensiveness and challenging – helpful to self-reflection of their work and to improving their advocacy strategies. However, further structured follow up is required with all partners having drawn organigraphs. A final verdict of the project partners involved in this study and if they found it a useful and efficient method is pending and should be investigated further in a systematic fashion.

Here, some conclusions about the usefulness of the tool and aspects to be improved in further research are provided from the perspective of the researchers:

Counting actors and connectors twice or three times, to make statements about the activities on the respective levels, makes the measurement on the quantitative side weaker. That the least used connector is used 18 times shows that the choice of connectors was at least not too diverse that it became irrelevant. The “publishes” connector added by an author, is an interesting addition for the future design of organigraphs.

To say something about the relevance of the individual institutions – like WHO or EU institutions – is very difficult. It is not known if the non-consideration of some of them in many organigraphs is a lack of awareness or because they were in fact considered but found to be irrelevant in mapping the interventions selected. Some authors might also just have mentioned them because they are relevant to the TACTICS project (e.g. as funder or project leader). This can be further investigated in a follow up study.

Summarising shapes for sets could have been provided in order to make them better identifiable. To point out hubs in organigraphs and to include them in the authors’ guide might be very relevant for future use of this tool. Learning more about several responsibilities, including mandated responsibilities for enforcement or monitoring, is best done by organigraphs that do focus on one particular intervention. Thus, in future studies the use of one intervention should be clearer right from the beginning. Often it is not differentiated in the organigraphs and the accompanying texts if there is a difference between adoption and implementation.

In how far are organigraphs complete and comparable with each other? It becomes obvious that there is some variation in the level of detail and depth on how processes are described in the different organigraphs. This could have been more standardised if the organigraphs were drawn or supervised by one person. More standardisation in future research would be very helpful for, among other things, comparative reasons. Moreover, the intra-country comparison has delivered fewer insights than expected and could have been offered maybe a higher potential for comparison if more standardisation was offered (e.g. a “neutral” methodologist involved, a computer programme that is developed for drawing organigraphs etc.).

With regard to the tool and the question if this tool is offering an added value for actors in the field (incl. actors on the sub-national level) regarding understanding the multi-sectoral nature of child injury prevention, a positive answer is provided. With this
tool it was in fact even possible to come up with a relevant list of sectors that did not yet exist. Now there is a list of 28 sectors that can be used for further work in advocacy and research, including a core list that appears relevant in all domains. This list would not have existed without the inductive method which was included in synthesising the list: the depiction of governance in the organigraphs showed that the existing lists of sectors are insufficient and it was possible to – validated within the researchers’ team – develop a more comprehensive and practically helpful overview of relevant sectors. The quantitative analysis, furthermore, shows how often sectors are involved. This also offers a base for further research on the role and relevance of different sectors in child safety governance. Yet, it is clearly shown that child safety governance in Europe is of multi-sectoral nature, mainly taking place top down. Moreover, certain forms of governance and management can be observed.

Thus, this tool has the potential to improve the “Health in All Policies” approach in Europe, given it points out that and what different sectors are working together on health relevant (in this case child safety relevant) topics – and what sectors not, yet. The tool also can be used to enhance the use of limited resources by comparing the governance of child safety of one country and another country intervention, policy makers and NGOs can get hints on other (and maybe more efficient) forms of governance from which they can learn. If and in how far other forms of governance indeed would be more efficient (or even only effective) is a question which needs further investigation. Yet, with results coming from the organigraphs, one has a promising starting point for these investigations.
5. Conclusions

This report describes the first study on multi-level child safety governance in Europe and is based on a case study approach using a modified organigraphs method. In fact, the organigraphs identify how action on child safety works in practice, the many sectors involved in prevention and at what level relevant action takes place. The organigraph method provides a tool for professionals to assess their own activities and networks, and fosters collaborations among relevant stakeholders in the field. The organigraph method provides a method to gain in-depth insight into the varying approaches of child safety governance. It can also be applied to other health policy fields. Multi-level child safety governance is indeed a multi-sectoral undertaking with many actors with at least 27 sectors covered in our 44 organigraphs in the domains intentional injury prevention, water safety, road safety and home safety. Actors are mainly found on the national level and the local level is also, in most instances, important. The European level was not very prevalent in the organigraphs completed as part of the project and there was great diversity in what was described for the regional level. On the different levels, the actors work in different forms of collaboration. This has been well described in this exercise and thus entry points for advocacy can be identified with this tool. It was possible to show the interaction of different governance levels in injury prevention. The relationships – and thus also the governance of these processes – is complex. While here the national and local levels are the most relevant, the regional level does play a role and not only when the policy and intervention is taking place on the regional level.

Moreover, it becomes clear that for the most part public and governmental organisations play central roles in mandating responsibilities and funding child safety interventions and governance processes are mainly top down.

The method employed here using the organigraphs tool is helpful for understanding the multi-sectorial nature of child-safety governance. That this method has the potential to help improve the “Health in All Policies” approach and advocacy work in this field seems very possible. Yet, this conclusion can only be preliminarily drawn, as a systematic evaluation with the partners who have drawn these organigraphs is pending and should involve their consideration on this report. Comparing the findings with the normative concept of governance for health by Kickbusch and Gleicher (2012) which is focussing on a “Health in All Policies” approach, the conclusion is that there is still more potential to fulfil effective (good) health governance in child safety governance in the explored countries and at the European level, also including citizens actively.

However, despite some limitations of the tool, which can be improved further for later research and community action in the field of child safety, some of the results delivered by this analysis have significant heuristic value and are of added value for multi-level child safety governance and advocacy therein.
6. References


7. Acknowledgements

Contributors to the work:
Martina Abel, Christine Baluci, Veronika Benešová, Andreas Bergmeier, Ivana Brkić Biloš, Gabriele Blaschitz, Ine Buuron, Daniel Carlsson, Anna Essing, Rita Ferreira, Patricia Gerakopoulos, Miron Huljak, Shira Kislev, Aida Laukaitienė, Elizabeth Lumsden, Johan Lund, Marta Malinowska-Cieslik, Jaana Markkula, Zoltán Massay-Kosubek, Stefanie Märzheuser, Sheila Merrill, Hanne Møller, Gabriella Páll, Eleni Petridou, Jana Potuckova, Mary Roche, Diana Rus, Mateja Rok-Simon, Peter Spitzer, Josep M. Suelves, Pavel Sulec, Roger Sweeney, Dóra Várnai, Claire Weber.

We would also like to thank the TACTICS projects’ Scientific Committee for their advice and review.
8. Appendices

8.1 Author’s Guide

8.2 Organigraphs and text descriptions

8.2.1 Intentional Injury Prevention

8.2.2 Water Safety

8.2.3 Road Safety

8.2.4 Home Safety
National Partner Guide to Mapping

A project lead by the European Child Safety Alliance
Grant 2010 1212

Co-funded by the Health Programme of the European Union
Welcome TACTICS partners!

Thank you very much for your participation in this project so far.

This document provides information on the methodology, purpose and format for the organigraphs.

We have used a PowerPoint presentation for this document as it is the easiest program to use the shapes and connectors necessary to map an intervention.

If you have any questions as you review the process and get started do not hesitate to contact us.

Peter Schröder-Bäck,
Maastricht University
TACTICS WP 6

Peter.Schroder@maastrichtuniversity.nl
www.inthehealth.eu

http://www.childsafetyeurope.org/tactics/index.html
<table>
<thead>
<tr>
<th>Topic</th>
<th>Slides</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome</td>
<td>Slide 2</td>
</tr>
<tr>
<td>Instructions</td>
<td>Slides 4 - 7</td>
</tr>
<tr>
<td>Shapes, connectors</td>
<td>Slides 8 - 10</td>
</tr>
<tr>
<td>Template</td>
<td>Slides 11 - 12</td>
</tr>
<tr>
<td>Checklist</td>
<td>Slide 13</td>
</tr>
<tr>
<td>Example from the Regional Partners</td>
<td>Slides 14 - 15</td>
</tr>
</tbody>
</table>
Instructions: Mapping for National Partners

1. Partners will draw one organigraph, the intervention mapped can be the same as for the national case studies.

2. The organigraph should depict the mandated responsibilities for the adoption, development, implementation, enforcement and monitoring (if possible) of the chosen intervention.

3. The organigraph should contain relevant institutions, organisations, central laws, campaigns, action programmes etc. their relationships towards each other and how they work together.

4. The organigraph should be accompanied by a written description to guide the reader and to add a chronological dimension.

5. The description should explain the chronological process of implementing the intervention from adoption through to monitoring, describing how each organisation was involved (see slide 6).

* It is recognised that in some countries there will only be three level of governance due to organisation of services.
Key questions to help with the drawing process

The following *key questions* are designed to help you to approach the drawing of the organigraph:

1. Which institutions are involved in the adoption, development, implementation, enforcement (as appropriate) and monitoring of the chosen intervention?

2. How do these institutions relate to each other and/or work together?

3. Which EU Directives and/or national laws regulate or required the setting up of the intervention? And which organisations are involved?

We urge you to do the necessary research to ensure that the organigraph you draw is as accurate as possible.
Accompanying Text

• When writing your text please think about the way you want the reader to understand your organigraph.
• Try to write your description in a step by step way to indicate which steps were taken first and how the problem was approached chronologically.
• Limit description of the problem – i.e. injury rates, instead focus upon how and why the issue gained prominence
• Describe which stakeholders were involved in the implementation of the intervention and how.
• If you used published sources to obtain information please include references in the text.
• Please include your text as a word document
During the drawing process please keep this overall goal in mind:

“An organigraph is intended to map processes in order to understand critical interactions, the relationships and responsibilities that exist and how information spreads through the system and the individual levels.”
Shapes, Connectors and Example

• To maintain comparability please use only the shapes and connectors outlined in slide 9. If you find that you need to represent an institution or process not listed here please contact us and we will advise further.

• Please place the shape for the *intervention at stake* at the level (National, regional etc) at which it was implemented and indicate which organisations were involved in the direct implementation.

• Please place the name of the connector above the corresponding arrow or line, if your organigraph is very complex please name only the most important connections.
Legend: Shapes

<table>
<thead>
<tr>
<th>Government</th>
<th>(other) Public Institutions</th>
<th>Non-Government (Associations, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ministry / EU Council / Directorate General</td>
<td>Action Programme</td>
<td>Regional / Local Health Authority</td>
</tr>
<tr>
<td>Parliament</td>
<td>Roundtable / State Platforms</td>
<td>Hospital / Laboratory</td>
</tr>
<tr>
<td>Government Bodies (Committees etc.)</td>
<td>Public Institute for Safety / Health; Associations Etc.</td>
<td>(Public) Expert Committee</td>
</tr>
<tr>
<td>School</td>
<td>The Media</td>
<td>NGO</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Local Charity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The Public</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Intervention being mapped</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Intervention at stake</td>
</tr>
</tbody>
</table>
Legend : Connectors

- Accountable
- Advises
- Appoints
- Assesses
- Develops
- Educates
- Enforces
- Formally recommends
- Implements
- Informs
- Invites/Initiates
- Law/Directive
- Monitors quality
- Motivates/Lobbies
- Funds
- Work together

Please use connectors together with the action it signifies written above and adjust font / connector size accordingly.
Template

• Slide 12 is the template. Please draw your organigraph directly onto this slide using the connectors and shapes copied and pasted from slides 9 and 10. For further instructions on how to use shapes and text in PowerPoint please see: http://office.microsoft.com/en-us/powerpoint-help/CH001049390.aspx

• Do not move the horizontal lines in the template. They should be the same distance apart for all organigraphs to aid comparability.

• Try to draw the organigraph as neatly as possible in black and white and avoid too many crossing arrows. We understand that this may not always be possible but it can really improve the clarity.

• If your organigraph is particularly complex you could try to layer the different processes or sectors involved by using more than one template. Please see the example on slide 20.

• Any questions? Peter.schroder@maastrichtuniversity.nl
Mandated responsibility for [the intervention] in [region / country]

<table>
<thead>
<tr>
<th>EU / European Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Level</td>
</tr>
<tr>
<td>Regional / Subnational Level</td>
</tr>
<tr>
<td>Local Level</td>
</tr>
</tbody>
</table>
Checklist

• Please check this list before you send your documents
  ✓ Have you included your organigraphs?
  ✓ Have you included the descriptive texts?
  ✓ Does your description include information about the chronological process?
Example Organigraphs

(Work in progress! Please do not circulate. Publication planned for 2013. Contact us for official versions.)
Mandated responsibility for road safety at European / EU level

EU Commission
Committee of the Regions
European Economic and Social Committee
Council of the EU
European Parliament
DG Transport

Political Agreement
‘codecision’

EU / European Level
TFEU Articles: 114, 168, 169

National Level
National Legislation based on TFEU Art. 36
National Plans
Integrated Child Restraint Systems
National Competent Authorities

Regional / Subnational Level
The Media

Local Level
The Public (Children, Parents)

The Public (Children, Parents)

Lobbies ALL relevant EU actors

BAC Recommendation 2001/115/EC
Road Safety Recommendation 2004/345/EC
Safety belts 76/115/EEC 91/671/EEC 2003/20/EC
Interior fittings of motor vehicles 74/408/EEC
External projections of motor vehicles 74/483/EEC
European Road Safety Program
Regulation European Standardisation 1025/2012/EC
CEN
EU STANDARDS EN 1078:1997 EN 1080:1997

The Media

Civil Organisations, Stakeholders, Industry

NATIONAL STANDARDS EN 1078:1997 EN 1080:1997

Author: EPHA
Mandated responsibility for passenger child restraints in Hungary

EU / European Level

- UN Commission MWG
- EU Council
- European Economic and Social Committee
- European Committee of the Regions
- COM(2010) 389: Towards a European road safety area
- Hungarian Parliament

National Level

- TÜV Nord KTI KFT.
- Institute for Transport Sciences Non-Profit Ltd. (KTI).
- NGOs (GRSP, Hungarian Auto Club, Great Coalition Of Car Owners Etc...)
- National Road Safety Strategy 2010-2013
- National Committee of Injury Prevention (OBB)
- Ministry of National Development
- Hungarian Parliament

Regional / Subnational Level

- National Transport Authority
- Police
- National Institute of Child Health (OGYEI)
- Child Safety Committee
- Ministry of Interior

Local Level

- Regional Transport Authority
- Regional Authority of Consumer Protection
- Local Authority (Municipality)
- School
- The Public (Children, Parents)

TACTICS

Author: Gabriella Páll
Mandated responsibility for water safety through education of bilingual swimming teachers in Sweden

**EU / European Level**
- United Nations-/WHO

**National Level**
- The Swedish Post Code Foundation
- The Public Order Act
- Defense Committee report

**Regional / Subnational Level**
- The Law on Protection against Accidents
- Bilingual Swimming Teachers
- Swedish Child Safety Council

**Local Level**
- Families
- Children with socioeconomic difficulties and/or non Swedish background

**Author**: Daniel Carlsson
Annex – Background on Organigraph method from which our method derived
Organigraphs

Organigraphs were developed as a new approach to charting how organisations work.

An organigraph is intended to map processes in order to understand critical interactions, what relationships and responsibilities exist, how information spreads through the organisation.

… all at a glance!
The old approach: Organigramms

[Image of a newspaper organizational chart with roles such as publisher, general manager, editor, and managing editor, along with titles like human resources VP, production/operations VP, circulation director, ad director, finance/planning VP, managing editor, and deputy editor.]

Organigraphs: Drawing How Companies Really Work

HENRY MINTZBERG AND LUDO VAN DER HEYDEN

Harvard Business Review

TACTICS
The new approach: Organigraphs
Organigraphs elsewhere adopted – e.g. in health care marketing

“Mintzberg and Van der Heyden’s Organigraph [method] provides marketers with a powerful tool for achieving a thorough understanding of their organizations, the products offered, the markets sought, and associated environmental relationships. The diagram’s flexibility allows marketers to illustrate virtually any institutional relationship. By understanding the many inter- and intraorganizational relationships of entities, marketers are better prepared to develop appropriate, success-generating marketing strategies.”

Appendix 8.2.1

Intentional Injury Prevention – Accompanying descriptions and documentation regarding organigraphs (unedited) followed by organigraphs
1. Czech Republic – Violence Prevention .................................................. 2
2. European Public Health Alliance (Europe / EU) – Intentional Injury Prevention 5
   2.1 WHO action at European level ...................................................... 5
   2.2 Background of the EU action ....................................................... 7
   2.3 EU action ................................................................................. 7
   2.4 European Commission ............................................................... 8
   2.5 Council of the European Union .................................................. 9
3. Finland – Local Alcohol Policy ........................................................... 12
5. Greece – “Suicide and self-harm prevention among adolescents in Greece” . 17
6. Lithuania – Antbullying Campaign .................................................... 19
   6.1 CHILD LINE ANTI BULLYING CAMPAIGN .................................. 19
   6.2 National Case Study .................................................................... 19
   6.2.1 The list of activities: ................................................................. 20
7. Slovakia – Cyberbullying ................................................................. 25
   7.1 Chronological description ............................................................ 25
   7.2 CYBERBULLYING: ................................................................. 27
   7. 3 Partners on cyberbullying issue: ................................................. 33
8. Spain – Early detection of child abuse ............................................... 36
9. Sweden – Mental Health First Aid Training ....................................... 38
1. Czech Republic – Violence Prevention

Description

• **EU level**
  - Declaration of Human Rights Law No.23/1991
  - Resolution 56.24 on Implementation the recommendations of The World Report on violence and health

• **National level Laws :**
  - Fundamental Law No.1/19
  - Family Law No.94/1963
  - School Law No.561/2006
  - Civil Code No 40/1964
  - This range of basic laws have incorporated the right of children for safety and mandated responsibility of caregivers.

  - Ministry of Health – health care services - preventive visits to new-born child families, methodology for paediatricians to identify, detect and intervene in case of CAN syndrome
  - Ministry of Interior – Council for crime prevention, the police instructs in personal safety education in schools
  - Ministry of Education, Sport and Youth - injury and violence prevention in school curricula include violence and crime prevention and personal safety education
  - Ministry of Labour and Social Affairs- social welfare, regulations and recommendations in family violence prevention, social care services visits to margined groups of population, safety of children in deprived families
National strategy for child violence prevention - working group of the Ministry of Health: tasks, goals and responsibilities clearly stated across sectors

- National coordination centre for child injury and violence prevention and safety promotion –coordinates preventive activities
- National child and youth parliament. Peer program-bullying, cyber bullying, sexual abuse
- National campaign 2009 against violence in children-public discussions and meetings with professionals
- Child help line-national

- **Regional level**
  - Child help line regional
  - NGO’s regional
  - Crisis centres regional
  - Regional child and youth parliaments

- **Local level**
  - Schools – teachers and preventive personnel at schools-social pathologic behaviour including bullying
  - Schools child parliaments
  - Healthy schools projects in basic schools and preschool – prevention of all forms of violence
  - In socially excluded and marginal communities - prevention of sexual abuse-police and social assistants
  - Child help line-national and regional-consults for children, parents and schools organizes campaigns
  - Crisis centres region based (in bigger towns), organize campaigns, offers consulting services
  - NGO’s regional-positive parent ship, prevention of violence in family
o National appeal for schools, hospitals and other institutions caring for children to prohibit all forms of violence against children including physical punishment.

Veronika Benesova, Pavel Sulc
2. European Public Health Alliance (Europe / EU) – Intentional Injury Prevention

2.1 WHO action at European level
At its fifty-third session in 2003, the WHO Regional Committee for Europe established **child and adolescent health** and development this as a top priority. The Environmental and Health Ministers adopted the **Children’s Environment and Health Action Plan for Europe (CEHAPE)**\(^1\) in 2004 in which Ministers reaffirmed their commitment to attaining the Regional Priority Goals referred to in the CEHAPE.

The European Regional Office was charged with developing a European strategy on the issue to be presented at the fifty-fifth Session of the Regional Committee, and the Regional Director was asked to support Member States in their endeavours to improve the health of children and adolescents. The European Regional Office for Europe of the World Health Organization has adopted the **European strategy for child and adolescent health and development in 2005**, which gave an impetus to and influenced the respective European decision making process concerning child injury.

Thus, the purpose of this strategy was to assist Member States in formulating their own policies and programmes. It identifies the main challenges to child and adolescent health and development and, most importantly, provides guidance based on evidence and the experience gathered over recent years.

The strategy for child and adolescent health and development is designed to help Member States achieve the following objectives:

1. to develop a framework for an evidence-based review and improvement of national child and adolescent health and development policies, programmes and action plans, from a lifecourse perspective;

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\(^1\) [http://www.euro.who.int/__data/assets/pdf_file/0006/78639/E83338.pdf](http://www.euro.who.int/__data/assets/pdf_file/0006/78639/E83338.pdf)
2. to promote multi-sectoral action to address the main health issues related to child and adolescent health;

3. to identify the role of the health sector in the development and coordination of policies and in delivering services that meet the health needs of children and adolescents.

According to that strategy, **WHO supports Member States** in their endeavours to improve child and adolescent health and development. This includes advocacy at the highest level, both internationally and nationally.

The Regional Office built on existing international partnerships with the European Union, and it **worked closely with NGOs** to promote a coordinated approach to child and adolescent health.

By way of technical assistance, the WHO Regional Office has produced a **toolkit** of resources for use by Member States. The toolkit includes guidance on the assessment and review of existing policies and strategies. It highlights the essential elements in promoting child and adolescent health and directs decision-makers to technical advice and evidence-based action plans. WHO also manages a very efficient information and surveillance system that can be used to assist Member States in identifying current and emerging priorities.

Specifically, the WHO Regional Office supports Member States in the following areas:

- reviewing and developing comprehensive child and adolescent health policies and strategies;
- building capacity for and supporting the implementation of child and adolescent health strategies and integrated intervention packages at national and regional levels;
• developing and providing standards and guidelines for child and adolescent health policies, strategies, interventions and services;
• providing technical support in surveillance, monitoring and evaluation;
• facilitating the development of inter-sectoral collaboration and structures.

2.2 Background of the EU action

The Commission first work on injuries begun within the framework of the Injury Prevention Programme which started in 1999 and ended in 2003 when the Public Health Programme came into force.

According to the available data in 2007, every year, about 235 000 citizens of the EU died as a result of an accident or violence. Injuries were, after cardiovascular diseases, cancer and respiratory diseases, the fourth most common cause of death in the Member States. In children, adolescents and young adults accidents and injuries were the leading cause of death.

Many survivors of severe injuries suffered life-long impairments. Accidents and injuries were a main cause of chronic disability among younger people leading to a heavy and largely avoidable loss of life years in good health.

On average, injuries accounted for about 6.8 million hospital admissions, which represented 11 % of all hospital admissions in the European Union. Injuries represented a huge financial burden on health and welfare systems, causing about 20 % of sick leave and constituting a major factor for reduced productivity. ²

2.3 EU action

European NGOs, alliances and organisations play an important role in the EU decision making process, although their role is merely informal. They use advocacy strategies and lobbying tools to influence the European decision makers (European Commission, Council, European Parliament). However, their role is more than just

influencing the political decision: due to their expertise, NGOs can influence the
general public at European and national/regional/local level concerning the
importance of child injury prevention.

2.4 European Commission

The major directions for the injury related actions under the Public Health Programme
are now being provided by the Communication on 'Actions for a Safer Europe'
that the Commission has adopted in May 2006. This communication focuses on the
prevention of accidents and injuries in Europe by public health actions. It is intended
to provide a strategic framework which is needed in order for all Member States to
prioritise their actions to reduce accidents and injuries.

This communication identified safety of children and adolescents, as one of the
seven priority areas. Children and adolescents have been chosen as a priority
because injuries and their disabling consequences have a tremendous impact on
health in this age group in particular.

The Commission supported this initiative and campaigns on the priority areas through
the Public Health Programme.

Under a project of the Community Public Health Programme, the European Child
Safety Alliance currently facilitates the establishment of national action plans for
child safety in the majority of Member States. The main priority is to integrate the
remaining Member States and candidate countries into the process and to prepare
the implementation of the national child safety action plans. The implementation of
these plans must be evaluated and further enhanced.

EU wide campaigns are being conducted on priority issues. These EU public health
campaigns inform the public about the quantity of the problems, demand for better

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3 COMMUNICATION FROM THE COMMISSION TO THE EUROPEAN PARLIAMENT AND THE COUNCIL on Actions for a Safer Europe
primary prevention, disseminate good practices, support networks, provide health administrations of Member States with policy tools for national action.

In order to be successful in injury prevention, an **EU network of stakeholders** has been established which enables the consolidation of expertise, efforts and outputs to deal with the immediate needs for preventing accidents and injuries effectively in the EU. The Commission works with the authorities of the Member States, in particular the Ministries of Health and Consumer protection, to enhance public health actions in favour of injury prevention and to ensure synergy with other relevant policy domains.

### 2.5 Council of the European Union

Following this Communication, the **Council of the European Union** has adopted a **Council Recommendation on the prevention of injury and the promotion of safety on 31 May 2007**.\(^4\)

The Council Recommendation recommends Member states to

1. Make better use of existing data and develop, where appropriate, representative **injury surveillance** and reporting instruments to obtain comparable information, monitor the evolution of injury risks and the effects of prevention measures over time and assess the needs for introducing additional initiatives on product and service safety and in other areas;

2. Set up **national plans** or equivalent measures, including the promotion of public awareness of safety issues, **for preventing accidents and injuries**. Such plans and measures should initiate and promote interdepartmental and international cooperation and use funding opportunities effectively for preventive actions and promoting safety. In their implementation, particular attention should be paid to gender aspects and to vulnerable groups such as children, elderly people, persons with disabilities, vulnerable road users, and

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to sports and leisure injuries, injuries caused by products and services, violence and self-harm.

3. Encourage the introduction of injury prevention and safety promotion, in schools and in training of health and other professionals, so that these groups can serve as competent actors and advisors in the field of injury prevention.

The Council Recommendation invites the European Commission to

1. **Gather, process and report Community-wide injury information** based on national injury surveillance instruments.

2. **Facilitate the exchange of information** on good practices and on policy actions in the identified priority areas and the dissemination of the information to relevant stakeholders.

3. **Support Member States** in the inclusion of injury prevention knowledge into the training of health and other professionals.

4. Carry out **Community actions** as outlined above by using the resources provided for in the Community Public Health Programme and successor programmes, the general framework for financing Community actions in support of consumer policy\(^5\), the Framework Programme for Research\(^6\) and any other relevant Community programmes.


5. Carry out an evaluation report four years after the adoption of this Recommendation to determine whether the measures proposed are working effectively and to assess the need for further actions.

EPHA
3. Finland – Local Alcohol Policy

Mandated responsibility for implementing legislation related to underage drinking by local alcohol policy in Finland

The Local Alcohol Policy project (PAKKA was implemented from 2004 to 2007. The project aim was to develop a local co-operation model for the prevention of alcohol-related harms, with particular focus on regulating the availability of alcoholic beverages. The Finnish legislation (The alcohol act, 1994/1143) forbids retails and providing alcohol drinks to minors and to those clearly intoxicated. The idea of the project was to implement national law to local level. The availability of alcohol to minors decreased clearly in all project regions. The decrease was achieved both in terms of the actual sale of alcohol and the unofficial (unlawful) supply of alcohol to minors by friends and family. The drop in availability also stemmed from residents’ viewpoints and attitudes with regard to the acceptability of drinking among minors. A decrease was also observed in licensed serving to persons under the influence of alcohol, in one region, violent incidents in restaurants decreased, as did night-time visits by local young men to the emergency clinic, compared to the control group.

The Alcohol Programme, funded by the Ministry of Social Affairs and Health, was launched by the Government in 2004. It was preceded by a Government resolution on alcohol policy. The current Government decided to continue the implementation of the programme. One of the aims of the programme is to reduce harm to wellbeing of children and families caused by alcohol. One measure related to this is limiting the access of underage children and young people to alcoholic beverages. From the beginning the programme has emphasized the importance of local action. In its’ second programme period (2008–2011), the Alcohol Programme took the model of local alcohol policy work as part of their action proposals that were promoted nationally. The National Institute for Health and Welfare (THL) is the principal coordinator of the programme, helping municipalities to implement the programme. Nowadays the Alcohol programme is coordinating the implementation of local alcohol

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7 According to law, under 18-years-olds are not allowed to drink any alcohol, at the age of 18 you are allowed to
policy work and develops it together with the local level. The implementation to other regions started through the network of alcohol prevention coordinators in the regional and local level (Regional State Administrative Agencies, communities).

Further support to the model of local alcohol policy work was given also from other national strategies. In 2009 the National action plan for injury prevention among children and young people included the promotion and adoption of the model nationwide to its’ action proposals. In 2012 the Internal Safety Programme (2012–2014) with a cross-sectional minister-level steering group included the policy to their programme. This programme has regional experts of internal safety in each Regional State Administrative Agency, and it is their task to implement and follow-up the situation at the local level.

One important aspect of local alcohol policy is the supervision done in cooperation with the National Supervisory Authority for Welfare and Health and six Regional State Administrative Agencies. The National Supervisory Authority for Welfare and Health grants the licences for wholesaling and manufacturing of alcoholic beverages. The Regional State Administrative Agencies foster regional parity by executing all legislative implementation, steering and supervision functions in the regions. They grant the retail and serving licences of alcoholic beverages, supervise serving and retail sale of alcoholic beverages and prevent alcohol harms. National Police Board working under the Ministry of Interior has its’ role in enforcing the legislation (The Public order act, 612/2003) with the help of regional and local offices by taking hand in the drinking of underage people in public places and solving acts of violence when needed.

Most of the action in practice happens at local level. Key actors are restaurants, retailers, young people and their parents, local police units, representatives of the media, voluntary actors in NGOs and, indirectly, all residents of the region as well as schools, youth centres and alcohol workers guided by the local council. All of these do their part in implementing the local alcohol policy. Preventive alcohol workers coordinate the action at local level and motivate different actors in their own work. Moreover, they try to increase media attention related to this subject. Teachers in
schools educate pupils on harms related to alcohol use and in school health counselling the alcohol use is brought up. Youth centres and NGOs do the lobbying “no alcohol to minors” in their activities. Retail trade, restaurants and Alkos\(^8\) do not sell alcohol to minors and those intoxicated. This is supervised by the Regional State Administrative Agencies and monitored by purchase checkups / tests done in cooperation with the Regional State Administrative Agencies and local preventive alcohol workers. Media affects by its’ news both the general public at the local level as well as families of young people, so that they would not pass alcoholic beverages to minors.

Jaana Markkula

\(^8\) Alko is independent limited company wholly-owned by the Finnish Government and administered and supervised by the Ministry of Social Affairs and Health. Alko has the exclusive right to the retail sale of alcoholic beverages containing more than 4.7% of alcohol by volume. Alko is an essential element of the Finnish alcohol system, which aims to regulate alcohol consumption and curb its adverse effects.
Chronological description „Berlin Rapid Alert and Intervention on Child Maltreatment“ (Violence Prevention)

In the 1980s the Charité University Hospital Berlin founded a child protection working group which addressed the issue of child maltreatment and sexual abuse. Its aim was to offer maltreated children the best possible therapy and support by cooperating institutions in the Federal State of Berlin and elsewhere. The group also aimed at clearing, if injuries treated in the hospital resulted from unintentional accidents or from violence against the child. The working group was the root of the later Child Maltreatment Action Programme, the so called Rapid Alert and Intervention on Child Maltreatment.

In 2007 the working group was refreshed and a new structure was built. The members started to set up a clinical algorithm for a multidisciplinary approach to suspected child maltreatment. Contact with other organisations in the field of intentional injury prevention and help were enhanced. On the regional and local level a standardized process of rapid alert, assessment and case management was developed. On this basis also preventative measures to protect children from (further) violence have been discussed and implemented. The long-term close relationship to many regional and local services led to a deep sustainable co-operation with the State’s professional youth and family agencies and with the various and numerous services of NGO’s and charities in this field.

On the national level contacts to leading NGOs grew during the years of involvement in child protective work. So a close contact to the Children’s Committee of the German Parliament, to the German Children’s Help, to the Task Force Child Protection in Medicine (AG KiM) and to the database “RISKID” arose.

Since 2008 the standardisation of the internal and external co-operation regarding suspected child maltreatment of children proceeded continuously. In the Charité University Hospital co-operation of the emergency staff (paediatrician and paediatric...
surgeon) and a psycho-social team was established. When diagnostic clearing and case assessment – including risk factors of the family – are finished, a case conference is held. In this case conference all relevant services meet to consult the future measures.

All case related steps are based on a fixed procedure which was worked out by the child protection group of the Charité University Hospital. The program “Rapid Alert and Intervention on Child Maltreatment” was completed and is applied in this form since then.

Since 2009 the Berlin Child Emergency Alarm (violence prevention hotline) works together with the program Rapid Alert and Intervention on Child Maltreatment. So the chances to focus on prevention have increased.

01.01.2012

The new German Child Protection Act came into effect. Moreover, early intervention on intentional injuries is now mandatory. The law requires a close co-operation and networking of health and youth services, especially on the local level. Preventative measures should be included. The Charité Rapid Alert and Intervention on Child Maltreatment model is a model of good practice on how to work effectively together in Berlin.

Martina Abel & Dr. Stefanie Märzheuser
Chronological description ‘Suicide and self-harm prevention among adolescents in Greece’

Established in 1991 by the Public Health Department of the Hellenic Ministry of Health, Welfare and Social Securities (OJ Hellenic Parliament 1050/91), CEREPRI (Center for Research and Prevention of Injuries) aims to reduce the number of people who sustain injuries in Greece and contributes to international injury research and safety promotion. CEREPRI plays a central role in the field of injury prevention in Greece as well as is the main centre representing Greece nationally and internationally regarding injury prevention. It not only conducts epidemiological and statistical programs, but also goes beyond facts and figures to accurately develop prevention and communication strategies in many areas that have not previously been dealt with. The Centre operates on the premises of the Department of Hygiene and Epidemiology of the Medical School at the University of Athens, collaborates with governmental and non-governmental agencies and institutions who share the same aims in the field of injury prevention. In this context, CEREPRI motivates and lobbies the Hellenic Ministry of Health, invites and initiates governmental and non-governmental agencies and institutions such as SOCPED, and the General Secretariat of Youth while working together with the Mass Media and informing continuously the Public. CEREPRI also works together with the two Academic Adolescent Units in the greater Athens area, namely (1) the Center for Adolescent Medicine (CAM) of the 1st Department of Paediatrics, Athens University Medical School located at the «Aghia Sophia» Children’s Hospital since 2005, also hosting the UNESCO Chair in 'Adolescent Medicine and Health Care' and (2) the Adolescent Health Unit (A.H.U.) that operates in the premises of the 2nd Dept of Paediatrics, Athens University Medical School at the «P. & A. Kyriakou» Children’s Hospital since October 2006. Since their inauguration, continuous efforts to screen, diagnose, consult and treat families with an adolescent at high risk for suicide attempt and self-harm are among the main priorities of the two Units; yet, lack of funding precludes
proper monitoring of the efficiency of the intervention provided free of charge to the youngsters. Building capacities and basic operational support are covered by governmental resources provided through the 1st and the 2nd Department of Paediatrics of the National and Kapodistrian University of Athens. The Adolescent Units operate on a local, regional and national level, with a team of experts, paediatricians, psychiatrists, psychologists, social workers and other specialists (a group of minimum 6-8 people in each Unit) on every day and on an annual basis offering their services to the well-being and support of adolescent visitors and their families from all over Greece. The non-salaried personnel is motivated to run committed routine services, solely on account of career building initiatives, with the exception of a minimal part of time allotted by one of the two paediatricians in charge of one of the Units. Both Adolescent Units are also providing training opportunities for scientists interested in the delivery of holistic care for Greek adolescents. In 2011 CEREPRI developed the Suicide and Self-harm Prevention among Adolescents Initiative introducing the academic study of mental-health services provided to adolescents at risk by the 2 Units, in order to explore existing preventive structures, difficulties and potentials of improvement. Since then, CEREPRI continues efforts focusing on a) maintaining the enthusiasm regarding the continuation of the Suicide and Self-harm Prevention Among Adolescents Initiative by both Units to the Public and the Primary Health sector, b) the dissemination of observations and reports to its list of contacts and collaborators to the Ministry of Education, other governmental and nongovernmental agents, and c) providing information and referral for education to health professionals and to the public via academic announcements in conferences, university seminars and lectures to students. In times of financial crisis, research initiatives on behalf of academic institutions and scientific agents aiming to contribute to preventive interventions of suicidal and self-harm behaviours among adolescents appear very important and, under these circumstances, a working start material towards understanding how existing structures work and filling the gaps in substantially similar health and prevention services.

Dr. Patricia Gerakopoulou
6. Lithuania – Antibullying Campaign

6.1 CHILD LINE ANTI BULLYING CAMPAIGN
CHILD LINE Lithuania is an NGO, and one of its functions is to spread a message about the harm of bullying through an anti bullying campaign. It collaborates with quite a number of Institutions: national, regional and local level. For example, when the Center of Health Education and Diseases Prevention chose this campaign as a good practice of injury prevention for TACTICS project, they collaborated.

Moreover, sometimes the National Mental Health Center and Institution of the Ombudsman are also working together for bullying prevention tasks.
A few years in a row now (this year will be the 4th) the Child Line organises Anti bullying week in the end of March. In 2010, the first year of this event, the President of Lithuania participated at the opening ceremony, said an introductory word and opened the event.

Furthermore, many schools are involved in the Anti bullying week by participating in different activities.
Child Line is the main body of bullying prevention and there are some local level projects and programmes, which are being implemented by taking good example or advised by Child Line.

6.2 National Case Study
In February of 2004 the Child Line Lithuania initiated the campaign „Stop bullying“. The goal of campaign is to encourage the amity between children, adults and to create a secure school environment without bullying and violence.

- The main purposes of the campaign are to
  - turn society’s attention to bullying among children and teenagers,
  - motivate to research for bullying prevention methods.
- The campaign consists of implementing anti-bullying tools in schools in Lithuania,
  - arranging trainings for school personnel,
  - publishing the informative material for children, school staff and parents, publishing the information on the website.
- It’s a national level campaign.
- The approach is educational.

6.2.1 The list of activities:

1. Bracelets “Without bullying”:
   • The purpose of bracelets’ release has been to attract and gather together people working in different sectors as for instance
     - social workers, politicians, enterprisers, schoolchildren etc. to join the campaign
   • “Stop Bullying”. The bracelet is the symbol of friendly environment creation.
   • The presentation bracelets’ release. All participants of the presentation had the possibility to put on the bracelets and say a few words why they think it is worth to support this idea.
   • Later, everybody had the possibility to order the bracelet or to receive it at Child Line’s office for free.

2. Cards with famous people in Lithuania
   • The purpose of the cards’ release has been to invite famous people of Lithuania to join the campaign “Stop Bullying”.
   • The cards include the childhood picture of the persons and on the other side of the card – the short story or situation related to bullying from their childhood’s period.
• Cards were released three times with seven famous people.

• Cards were distributed to all schools in Lithuania. The phone and some information about Child Line were also present on the cards so that children could see where they can turn to if they have any difficulties or problems.

3. Books for schools about Bullying:
   • “Bullying prevention in Schools”
   • “Let’s create the school without bullying”
     - Both books are directed to school personnel and talk about bullying in schools and methods how to reduce it as well as to create friendly and tolerant school’s atmosphere based on respect to each other. It is possible to download these books on Child line’s web page:
       ▪ (http://www.vaikulinija.lt/index.php/skaitiniai/prevencija/)
       ▪ (http://www.vaikulinija.lt/index.php/nustok/mokykla-be-patyciu/)
     - The books are for free and can be ordered at the Child Line’s office by phone or email.

4. Other kind of issues and printed materials
   http://www.vaikulinija.lt/index.php/leidiniai/
   • Information about Child Line
   • Information for children about bullying
   • Information for parents about bullying
   • Information about friendliness
   • Posters
   • Other
5. Informing people about different kind of films and video material related to bullying as well as the translation two British films into Lithuanian (“Taking Time to Care” and “Don’t suffer in silence”).

6. Arranging trainings for school personnel
- in order to convey the main principles of bullying prevention in schools and empowering them.
- Seminars include 8 to 16 hours lectures held by psychologists-professionals.
  - Members of school community – teachers, students, parents and administration are being encouraged to take responsibilities to deal with school’s problems.

- The bullying prevention program is based on the modern principles of the prevention of bullying in schools in order to create an environment that would not allow bullying to take place.
- The program includes
  - assessment of the prevalence of bullying,
  - sensitizing all school staff, including non-educational staff through seminars,
  - training of staff of appropriate response to bullying situations,
  - periodical sessions for pupils about bullying and related behavior, attitudes, development of school’s anti bullying strategy,
  - organization of school conference,
  - involvement of all school community into preventive activities – administration, teachers, non-educational staff, parents and pupils.

8. Anti-bullying week
- It’s being organized every March 4 years in a row.
- It’s aim is once again to attract public attention to violation in children's relationships, bullying and humiliation, which is rich in children’s and adult’s communication.
- **Evidence base**: Good practice for general community-based child injury prevention.

- There weren’t any **resisters** for this action. However, Child Line gets some criticism once in a while. The most popular is as if they're trying to prevent bullying only for one week. Although, we see that the Campaign is much wider than this action.

- The **timing** was considered as the most comfortable for schools: end of March – no exams yet, not summer holidays yet, the weather is getting warmer.

- Child line is trying to keep the tradition – end of March.

- The main **barrier** is lack of financing. This problem was solved by partners and friends of the initiative: a lot of organizations agreed to work voluntarily: room for seminars, lectors for free, etc.

- The aim of the Anti-bullying week is not to decrease the prevalence of bullying, so it’s rather difficult to **monitor** or evaluate something. Nevertheless, we are glad that the initiative is getting more and more popular – in 2010 – 700 participants, 2011 and 2012 – 1065 participants were registered.

- There are a few **sectors involved**: national organizations, NGO’s, business sector.

- **Resources/ financing**:
  
  - 2010 – Embassy of the USA
  - 2011 – 0 resources... Everything's was based on resources of Child line.
  - 2012 – Ministry of Education and Science

- **Leadership, capacity and infrastructure**:
- The main role of Child line in the initiative is to coordinate and negotiate with all the organizations dealing with this week (mostly schools).
- Leadership, planning and administrating is very important.

- There are no regular sponsors for this action. By now, we don't know if there is enough money for next year’s initiative.

- Lessons learned:
  - There’s an ambition to involve smaller towns and rural areas.
  - Public relations are very important – professional help needed to prepare the promotion plan, organize the opening event.

- Challenges:
  - The main challenge is lack of financing and to find a permanent source of financing.
  - The initiative is getting more and more global – there’s a need of professional help. Child line resources are not enough.
7. Slovakia – Cyberbullying

7.1 Chronological description

First activities aimed at bullying are dated from 2001-2002.

In 2001, under the auspices of the Regional Education Section of the Ministry of Education constituted a working group in the framework of prevention and elimination of bullying and violence in schools. The group conducted a survey in selected districts, tested methodology of psychological interventions in the classroom with an increased incidence of problem behaviour, and develop guidance materials to prevent bullying. Since 2002, this took also place in all regions of the SR training trainers.

During 2002-2006 several campaigns were done:

- Prevention of Bullying in Basic Schools in Bratislava IV District (2003)
- Weekend Stays and Experimental Activities for class groups (2003- 2005)
- Prevention and Elimination of Bullying in Schools (2001/2002)
- “Let’s talk about important things” the cycle of Interactive group meetings (2005)
- International Network on School Bullying and Violence (2007)

In 2007 www.prevenciasikanovania.sk was established. This website provides information on school bullying and violence, and it is supported by the Ministry of Education. Both teachers, students and parents have got their own part on the website. A brochure with information on the web were made and distributed on schools. Since 2008, this includes Cyberbullying.

“Activities of schools in solving of problems with bullying stagnate, problem phenomena are not properly identified, and application of bullying prevention is not integral part of pedagogic-educational process.” (State school inspection- 2004-2005)
The most important legislation, which supports state activities focused on bullying all are:

Act no.245/2008 – The school law, is a school law for the whole country with emphasis on children’s rights, dignity, and moral education. The Behavioural regulations states that: “A pupil who breaks school rules can receive and admonishment or a reprimand from his class teacher … or can be expelled conditionally or unconditionally from school”.

Methodical recommendation No 7/2006-R, produced by Ministry of Education, is the most important document on rights and obligations about prevention and treatment of pupils in schools. Recommendations for prevention of bullying in the school environment include proper information delivery, as well as extending awareness rising about bullying to other situations and activities outside school. It is recommended that directors cooperate with parents and set up rules for anonymity of announcements. An important part of this is clear definition of behavioural rules and ethical code, together with sanctions and objective documentation of identified cases of bullying, ways how to act in the case of bullying, whom to refer to, or where to phone, etc. An important part of the Regulation is concerned with the necessity to adhere to professional standards in the case of more serious cases in need of counselling or psychological help.

Pedagogical and Organizational Instructions for Schools and Educational Establishments and School Authorities which are stated by Ministry of Education recommends about how to manage problems that are social – pathological.

The head-masters together with the Board of the school are responsible for interventions at the school level. The Centres of Educational and Psychological Prevention is also involved in this work. Each school must design a code of behaviour for pupils at the school.

In the context of bullying the curriculum of primary and secondary school is aimed at enhancing legal and civil awareness and promoting human and children’s rights. The
National curriculum emphasis on a competence-based and a pupil centred approach development of pupils. From 2008 onwards attention paid to cyberbullying.

Strategies to prevent crime and other anti-social activities in the Slovak Republic for 1999 -2002,
Strategies to prevent crime and other anti-social activities in the Slovak Republic for 2003-2006,
Strategies to prevent crime and other anti-social activities in the Slovak Republic for 2007-2010,
Strategies to prevent crime and other anti-social activities in the Slovak Republic for 20012-2015.
The main goal of the strategy documents approved by Government was/is to systematically, comprehensively and coordinated influencing causes and conditions that allow crime and other anti-social activities to its prevention, suppression and avoiding.

From 1 September 2011 onwards, Slovakia joined the countries where persecution is dangerous, cyberstalking criminalized and classified as a criminal offense. The penalty for dangerous persecution may be up to one year and in severe cases even up to three years imprisonment.

7.2 CYBERBULLYING:
First project Safely on internet
Microsoft has prepared a project Safely on the Internet in the academic year 2007/2008 with the Tatra Banka support. The main objective is to introduce the basic principles of safety when working with computers, with emphasis on the use of a computer with Internet access and attention to threats that young people may lurk on the Internet. It should also show you what to keep in mind when buying a new computer for the settings and what not to forget when you connect to the internet. The Education Project is dedicated not only to students and teachers, but also parents.
Courses that were part of the project educated, in the first year, 15,000 Slovak children to use the Internet safely. Courses were conducted in primary schools and led them together by 500 trained teachers. Teachers were informed about the purpose for which young people use the internet, but also tips on how to drive lessons to the information safety issue.

eSlovensko, which has been active in the field of IT in Slovakia for a few years now, recognized this dangerous trend among minors, and in 2007 launched an awareness raising project Zodpovedne.sk ("responsibly") with nationwide coverage.

eSlovensko is a non-governmental organization that operates the Slovak Awareness Centre (SAC) under EU Safer Internet Programme. The SAC is a member of Insafe Network which is co-funded by the Safer Internet Programme (part of DG CONNECT) of the European Commission.

The goal of the SAC is to raise awareness among the public, especially children and young people in order to teach them to behave responsibly when using new online technologies such as the internet and mobile phones. It initiates activities and social events for children and produces promotional materials which serve as a source of knowledge and guidance for the wide public in the field of safer use of new technologies.

In 2008 the Research Institute for Child Psychology and Pathopsychology (VÚDPaP) in cooperation with the SAC (e-Slovensko) carried out a research that examined vulnerability of children in respect to modern technologies “The Adolescents in the virtual space”. The research sample consisted of 303 pupils (162 girls and 141 boys) of elementary schools across Slovakia. The average age of the respondents was 14.25 years. In the research a questionnaire had been created and administered through the Internet. Most adolescents were connected to the Internet (99.1 %) of which 67.3 % of them were connected daily, and 19.5 % weekly. Most favourite activities of adolescents on the Internet included chatting (77.2 %), watching videos, Youtube (66.3 %), downloading music, movies, and software (63.7 %) followed by activities in Facebook social network (51.8 %) and playing games (51.5 %).
The results have been taken into account in preparing the child-oriented awareness raising activities of the Centre.

http://www2.lse.ac.uk/media@lse/research/EUKidsOnline/ParticipatingCountries/PDFs/SK%20Adolescents.pdf

In February 2008, the SAC (www.zodpovedne.sk) with the Slovak Committee for Unicef established a national free helpline - Pomoc.sk (www.pomoc.sk). It provides advice about responsible use of the internet, mobile communication and other modern technologies. The organisation cooperates with the Ministry of the Interior of the SR, which provides professional counselling on relevant Slovakian legislation, and significant PR support on their events. The Helpline is available via 3 channels of communication: 24/7 free phone line 116 111, online chat, and e-mail advice at potrebujem@pomoc.sk.

In cooperation with many municipalities across Slovakia and enforcement bodies, such as State police and Municipality police, eSlovensko set up a team of computer scientists and 84 crime prevention officers to train elementary school teachers about threats that internet and mobiles pose on children. Similar training are organised for parents free of charge. Moreover, eSlovensko prepared series of seminars, workshops and discussions at schools and educational centres.

eSlovensko also produced 2 TV spots - “Where is Miro?” and “Cyberbullying”, which were aired on the national TV throughout 2008 and encouraged parents to be actively interested in what their children do on the internet.

In autumn 2009, the SAC launched a big campaign called “Ovce.sk”/ “sheeplive.eu”. The main topic of the campaign is to address topics like paedophilia, racial hatred, grooming and providing personal data on the internet and their misuse, phishing, cyberbullying, etc.

The web platform www.ovce.sk/sheeplive.eu contains the animated stories in multiple language versions. Sheeplive cartoons are translated also to Roma and sign language. Stories are set in a sheep field and the main characters are little sheep, the wise shepherd, his helper, bad wolf and a hunter. The cartoons combine patterns
of Slovak cultural heritage with sensitive up-to-date topics, which are dealt with in an amusing, yet educational way. The main goal of the creators was to reach even the youngest users of the Internet. The environment of sheep has been selected because it not just refers to Slovak folklore but also because sheep are generally attributed with flock behaviour which, metaphorically, can be linked to people who tend to be in lack of critical thinking.

The project team spent many hours in discussions with psychologists, teachers, media experts and partners from law enforcement about the form of the educational resource.

The website includes supporting materials, such as a glossary of internet terms and list of favourite internet acronyms with explanations, sheep-themed games, a list of emoticons with explanations, downloadable items (wallpapers, advice sheets etc). The animated stories could be used as educational resource in classes. The target groups are young internet users starting from 5 years of age but with the strongest focus on pre-teens. The length of an episode is around 3 minutes.

The cartoons were shown on national TV, promoted in kid’s magazines and at locations such as city transport buses and cinemas, supplemented by information leaflets and guides. For example: in 2011 the cartoons were shown on the screens in buses and trams in Bratislava (about 100 screens in 50 vehicles). Passengers viewed the stories using the subtitled versions originally produced for deaf people.

DVDs with animated stories and an accompanying methodological handbook for parents or teachers were produced and disseminated to schools across Slovakia, to policemen-prevention teams and IT-specialists in municipalities. The project was co-financed by the European Commission within the Safer Internet plus programme and is supported by the Ministry of Interior of the Slovak Republic, Slovak Committee for UNICEF and Slovak Television and Broadcast and commercial partners.

Advisory committee: i.e.: The Institute of Information and Prognoses of Education, Internet Media Association, Municipalities, the Union of Towns and Cities of Slovakia, IUVENTA, the League for Mental Health, National Institute for Education, etc.
Independent research "MEDIATION safe Internet use" conducted in 2012 provides interesting findings about which projects are an effective tool in the prevention of negative phenomena on the Internet.

More than a quarter of the children surveyed are aware that the Internet is, and sometimes found themselves, in risky situations. Just a quarter of the children sometimes feels helpless and does not know how to act and would rather be with someone experienced. Useful advice about safe behaviour on the internet is spread especially through parents, school teachers, but also from websites and from friends. The best-known projects on safe use of the Internet in Slovakia, according to research projects and OVCE.sk, is Zodpovedne.sk. Children attend the project site itself, but often learn about them in school and watch the movies with teachers who so greatly contributed to the spread of education in this area. The best-known stories about safe behaviour on the Internet, according to a survey fairy OVCE.sk he knows 92% of 9-year olds and 88% of them saw at least one item. Kids not only know and watch these stories, but are also mentioned to them, especially when they might be at risk or have some fear. They understand that the sheep are children in fairy tales and even the youngest can repeat lessons he remembered. By Sami tales bequeathed by his younger friends: "Be careful about who you're writing, and if you do not know, nestretávajte with him, even if it is about to ask. Do not go!"," Do we actually publish photos on the Internet, we believe that the internet guide for anything.

http://www.zodpovedne.sk/download/Prieskum_Mediacia_EN.pdf

In February 2010, eSlovensko launched the national hotline for Reporting Illegal Content and Conduct Online (www.stopline.sk). The hotline will receive and process information from the public relating to illegal content on the internet which under Slovak legislation can constitute a criminal offence. Monitoring research in 2010, which was conducted by Research Institute of Child Psychology and Pathopsychology in Bratislava in cooperation with eSlovensko, includes information about bullying:
• Young people admit that on the internet they frequently "make fun of others" (59 %), swear or laugh at someone (49.8 %) and upload photographs or record others in embarrassing situations and then publish it (16.5 %).
• Most young people (49.8 %) are met on the internet with swearing and ridicule, and in second place with defamation or dissemination of false information (42.6 %). Cyber bullying itself was mentioned by 5.9 % of research participants.
• 65.4 % of cyber bullying victims know the aggressor. Frequently this is someone they know personally (either from school or other surroundings) or a friend from the internet (18.5 %).
• When teenagers encounter cyber bullying, in most cases they do not tell anyone about it. If they do, it is usually a friend (in 21.1 % of cases). Only 8.9 % of young people would confide in an adult - 6.9 % to parents and 2 % to teachers.

7 February 2012 - eSlovensko has prepared, in collaboration with the Ministry of Education and Slovak Telekom, a new publication titled ‘Children in the network’. The book provides an overview of the basic dangers of cyberspace and gives advice on how to explain these to children. It is the first comprehensive publication on internet threats in Slovakia and it is disseminated by websites, internet book store Martinus.sk and will be distributed to schools.
7. 3 Partners on cyberbullying issue:

- **NATIONAL:**
  
  - E-Slovensko – NGO
  - Slovak Commitee for UNICEF – NGO, work together on helpline-pomoc.sk)
  - Ministry of Interior (state police, crime policemen, police preventionists) – e.i. advise in law enforcement
  - Ministry of Education - disseminates, implements deliverables (to schools, Pedagogical – psychol. counselling centres) and advice in pedagog. issues
  - Research Institute for Child Psychology and Pathopsychology (VÜDPaP) - focused on the complex research of psychological aspects of child and youth development and on the research of conditions that influence this development - monitoring of status, state organisation, appointed by Ministry of Education
  
  - National Institute for Education - set up cyberbullying in curriculum, appointed by MoE
  - The Institute of Information and Prognoses of Education - a budgetary organization with legal personality under founding authority of the Ministry of Education, Main function is production of information to support management and development of areas falling within the management responsibilities of the Ministry of Education.
  
  - IUVENTA - educates, shares information, materials –appointed by Ministry of E
  - Mobile operators – fund
  - Ministry of Culture - funds – cartoons
  - Media – inform disseminate TV spots
  - Ministry of Health - counselling function
• Committee for crime prevention – appointed by Government – advises government and ministries,
• discusses the development and analysis of the state of crime in the Slovak Republic prepared and submitted to the departments and suggest measures for its control and eradication, as well as the control and elimination of other related sociopathic behaviour; initiate legislative measures to prevent, supports scientific research into prevention, provides operators prevention at national, regional and local level methodological assistance in the development of prevention programs and projects, implementing them and evaluating their effectiveness. Members are i.e: MoInterior, Mo Social Affairs, MoEducation, MoHealth, MoFinance, MoDefense, Firemen and Rescuers, representative of Union of Town and Cities of Slovakia, Self-Governmental regions, etc.
• IT companies – fund, support

• Actions:
• www.pomoc.sk
• www.ovce.sk/sheeplive.eu
• Strategies to prevent crime and other anti-social activities in the Slovak Republic for ....-.... – submitted by MoInterior, approved by Government. It determines action plan for stakeholders, mainly ministries.

- REGIONAL:
• Centre for Educational and Psychological counseling and prevention – appointed by Regional Office of Education – methodically coordinated by MoE
• Self – Governmental Region – Education department – formally enforce, methodical guide
• Media – regional TV
- **LOCAL:**

- Network of local IT scientists – established by e-Slovensko/educates in schools
- Schools – cooperate with Parent’s boards, student’s boards, peer groups
- State police – educates teachers, students, parents - monitors cases
- Municipality police - **educates teachers, students, parents** – **monitors cases**

Jana Potuckova
8. Spain – Early detection of child abuse

Child abuse: the problem

According to some studies, the prevalence of children abused or at risk, identified with varying degrees of suspicion is 18.02 per thousand in the Catalan population under 18 years.

Younger children suffer less abuse. After the age of 4-5, an increasing trend begins and is maintained until the age of 10 to 15. Abuse is higher among boys compared to girls (54.1% versus 45.9%).

Early detection and intervention in cases of child abuse

Catalan legislation defines child abuse and the procedures to follow to protect children who are at risk.

The police, social services, schools and health professionals may identify cases of child abuse and report them to the Department of Justice.

Since 2010, police agents, medical examiners, pediatricians, school teachers, social workers and other professionals may report any suspected case of child abuse, thus allowing early detection and intervention.

The main stakeholders

- The Catalan Department of Social Welfare is responsible for child protection, and promotes interventions in cases of child abuse
- Different professionals (police agents, doctors, nurses, social workers, school teachers, etc.) are able to detect cases of child abuse.
- Different departments of the Catalan Government (Social Welfare, Justice, Health, Education) are involved in the implementation of protocols for early detection of child abuse.
9. Sweden – Mental Health First Aid Training

Annex – Background on Organigraph method

NASP is the WHO Collaborating Centre of Mental Health Problems and Suicide across Europe.

NASP is the Swedish state’s expert on suicide prevention. Their goal is to develop and disseminate knowledge about suicide and mental illness, whilst driving, supporting and evaluating suicide interventions.

NASP is a part of Karolinska Institute, who is one of the world’s leading medical universities. Their mission is to contribute to the improvement of human health through research and education.

The Swedish parliament gave NASP the “go ahead” for a project for educating instructors who then educated professionals and members of the public in Mental Health First Aid. The intervention itself has an Australian origin, and was tested in Sweden towards adults in a what came to be a first part in the program, and it has now been evaluated after 2 years in progress. The second part is toward youths 15 - 24 years of age. The instructors will educate about 2000 members of organizations within the project county’s dealing with youths in some respects, such as schools; churches; the police and rescue services.

After being evaluated the program(s) will be implemented throughout in Sweden.
Suicide in Sweden 2010

Number of suicides amongst people in different age groups from 15 years and older.

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-24</td>
<td>199</td>
<td>38</td>
<td>147</td>
</tr>
<tr>
<td>25-44</td>
<td>268</td>
<td>96</td>
<td>364</td>
</tr>
<tr>
<td>45-54</td>
<td>413</td>
<td>166</td>
<td>579</td>
</tr>
<tr>
<td>65+</td>
<td>241</td>
<td>111</td>
<td>352</td>
</tr>
<tr>
<td>Total</td>
<td>1031</td>
<td>411</td>
<td>1442</td>
</tr>
</tbody>
</table>

Data source: Causes of Death Register, Swedish National Board of Health and Welfare.

Suicide Attempt in Sweden

Number of suicide attempts in Sweden (certain and uncertain) amongst people aged 15 and over.

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
<th>Rate (per 100 000 population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>9184</td>
<td>118.6</td>
</tr>
<tr>
<td>2008</td>
<td>9543</td>
<td>125.0</td>
</tr>
<tr>
<td>2007</td>
<td>9231</td>
<td>120.8</td>
</tr>
<tr>
<td>2006</td>
<td>8926</td>
<td>117.2</td>
</tr>
<tr>
<td>2005</td>
<td>8752</td>
<td>116.0</td>
</tr>
<tr>
<td>2004</td>
<td>8231</td>
<td>110.8</td>
</tr>
</tbody>
</table>

Daniel Carlsson
Mandated responsibility for child violence prevention in the Czech Republic

Authors: Veronika Benesova, Pavel Sulc
Mandated responsibility for implementing legislation related to underaged drinking & reducing alcohol harms by local alcohol policy in Finland

EU / European Level

- EU Commission
  - invites / initiates

National Level

- Finnish Parliament
  - law/directive
    - The Alcohol Act (1994/1143)
    - The Public Order Act (612/2003)

- Ministry of Social Affairs and Health
- Ministry of The Interior
- Internal Safety Programme (2012–2014)

Regional / Subnational Level

- National Supervisory Authority for Welfare and Health
- Alcohol Programme
- TTH
- National Action Plan For Injury Prevention Among Children and Youth

- National Police Board
- Police

Local Level

- Regional State Administrative Agencies
- Police
- Local Police Units
- Alcohol Industry: Restaurants, Retail Trade, Aiko etc.
- Local Alcoholic Policy
- NGOs
- Schools (incl Health Care)
- Youth Centers
- NGOs

TACTICS

Author: Jaana Markkula, THL
Mandated responsibility for Berlin Rapid Alert and Intervention on Child Maltreatment (Violence Prevention)

Authors: Martina Abel & Dr. Stefanie Märzheuser
Mandated responsibility for suicide and self-harm prevention among adolescents in Greece: A case study for implementation in poor resource EU countries

EU / European Level

National Level

Ministry of Health and Social Welfare

NGO

Mass Media

University of Athens, Medical School

Ministry of Education, Religious Affairs, Culture and Sports

Regional Level

Adolescent Health Unit

CEREPRI

Center for Adolescent Medicine (CAM)

Agia Sofia Children's Hospital

Local Level

«A. Kyriakou» Children's Hospital

The Public Primary Health Care

The Public Primary Health Care

Authors: Patricia Gerakopoulou
CHILD LINE ANTI BULLYING CAMPAIGN OF LITHUANIA

EU/European level

National Level

Regional/Subnational Level

Local Level

Tactics project (shared as good practice)

Center for Health Education and Diseases Prevention

National Mental Health Center

President of the Republic of Lithuania (opening ceremony)

CHILD LINE activities

SCHOOLS (taking action in Anti-bullying)

Local level projects and programmes
Child Line Anti Bullying Campaign of Lithuania

EU / European Level

National Level

Regional / Subnational Level

Local Level

Tactics project (shared as good practice)

Center for Health Education and Diseases Prevention

National Mental Health Center

Institution of the Ombudsman for Children Rights of the Republic of Lithuania

President of the Republic of Lithuania (Opening Ceremony)

CHILD LINE Activities

SCHOOLS (taking action in Anti-Bullying Actions)

Local Level Projects and Programmes
Mandated responsibility for cyberbullying in Slovakia

EU / European Level

Parliament Government

National Level

Ministry of Health

Ministry Of Interior

Research Institute for Child Psychology & Pathopsychology

Cyberbullying

Regional / Subnational Level

Act 245/2008

Self-Governmental Region

Pedag. – Psych. Counselling Centres

Pedag. – Psych.

Network of IT & Crime Preventionists

Regional / Subnational Level

Towns and Cities

Local Level

Municipality Police

Schools

State Police

Public

Author: Jana Potuckova
Mandated responsibility for Early detection of child abuse in Catalonia, Spain

United Nations
World Health Organization
European Union

Spanish Parliament

Constitution. Child Protection Laws

Deptartment of Social Welfare

Child Protection Legislation

RUMI (Unified Register of Child Abuse)

Deptartment of Justice

Deptartment of Health

Deptartment of Education

Deptartment of Interior

Deptartment of Health Services

School

Medical Examiners

Children

Author: JS
Mandated responsibility for Mental Health First Aid training in Sweden

World Health Organisation (WHO)

EU / European Level

National Level

Regional / Subnational Level

Local Level

Project part I

National Centre for Suicide Research and Prevention of Mental Ill-Health (NASP)

County of Västerbotten

County of Västra Götaland

Adults

Project part II

National Centre for Suicide Research and Prevention of Mental Ill-Health (NASP)

County of Stockholm

County of Jönköping

Youths (15-24 y)

Swedish Parliament

TACTICS

Author: Daniel Carlsson
Appendix 8.2.2

Water Safety – Accompanying descriptions and documentation regarding organigraphs (unedited) followed by organigraphs
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1. European Public Health Alliance (Europe / EU) – Water Safety of Children

1.1 Background information at European level
The respective WHO report made in 2004 demonstrates that drowning was the leading cause of injury deaths in children aged 1–4 and results in over 5000 deaths per year in the Region. Children who survive may be severely disabled through brain damage and require lifelong financial and health care support. Again, inequalities were enormous, with a twentyfold difference in mortality between countries with the highest and lowest rates, and a nearly eleven fold difference in risk for the poorest groups within countries.¹

1.2 EU action tackling water safety

This water safety resource is specifically tailored towards people working in the water recreation and tourism sectors to assist them in offering safe water related activities and services for children and families throughout Europe.

Developed with the support of the European Commission and in collaboration with professional water recreation associations and injury prevention experts across Europe, these guidelines provide informative facts on injuries and hazards, and outline specific safety recommendations for water recreation service providers (hotel managers, rental providers, tour operators, etc.).

The recommendations include: checking the risks linked to the water-related area and activity, particularly for vulnerable users such as children; providing the appropriate equipment, such as floatation devices; communicating the risks and hazards clearly; and having well-trained staff and an emergency plan in place.

¹ http://www.euro.who.int/__data/assets/pdf_file/0003/83757/E92049.pdf
Specific recommendations are also set out for certain water-sports, including snorkelling, scuba diving, sailing, motor-boating and kite-surfing.\(^3\)

### 1.3 European Standards

The following categories shall be taken into account for water safety:

**Drowning prevention:**
- Child care products
- Diving accessories
- Pool and pond fencing, natural barriers, locked gates
- Personal flotation devices
- Swimming pool equipment

For **Child care products**, the **EN13822:2000** standard applies on bath seats.

For **Diving accessories**, the **following** standards apply:

- **EN 1972:1997** - Diving accessories - Snorkels - Safety requirements and test methods
- **EN 13319:2000** - Diving accessories - Depth gauges and combined depth and time measuring devices - Functional and safety requirements, test methods

There are no European regulatory requirements for the provision of pool fencing or other safety equipment and only voluntary standards govern the construction of related products. For **Pool and pond fencing, natural barriers, locked gates**, the **following** standards apply:

- **EN 393:1993/A1:1998** Lifejackets and personal buoyancy aids - Several standards
- **EN 60335-2-60:1997** Safety of household and similar electrical appliances - Part 2: Particular requirements for whirlpool baths and similar equipment

- **EN 1069-1:2000** Water slides over 2m height - Part 1: Safety requirements and test methods
- **EN 1069-2:1999** Water slides over 2m height - Part 2: Instructions

For **Personal flotation devices**, the following standards apply:

- **EN 393:1993/A1:1998** Lifejackets and personal buoyancy aids - Buoyancy aids - 50N
- **EN 395:1993/A1:1998** Lifejackets and personal buoyancy aids - Lifejackets - 100N
- **EN 396:1993/A1:1998** Lifejackets and personal buoyancy aids - Lifejackets - 150N
- **EN 399:1993/A1:1998** Life jackets and personal buoyancy aids - 275 N
- **EN 394:1993** Lifejackets and personal buoyancy aids - Additional items
- **EN 13138-2:2002** Buoyant aids for swimming instruction - Part 2: Safety requirements and test methods for buoyant aids to be held
- **EN 13138-1:2008** Buoyant aids for swimming instruction - Part 1: Safety requirement and test methods for buoyant aids to be worn.

For **Swimming pool equipment**, the following standards apply:

- **EN 13451- 1: 2001** - Swimming pool equipment - Part 1: General safety requirements and test methods
- **EN 13451- 2: 2001** - Swimming pool equipment - Part 2: Additional specific safety requirements and test methods for ladders, stepladders and handle bends
- **EN 13451- 3: 2001** - Swimming pool equipment - Part 3: Additional specific safety requirements and test methods for pool fittings for water treatment purposes
- **EN 13451- 4: 2001** - Swimming pool equipment - Part 4: Additional specific safety requirements and test methods for starting platforms
- **EN 13451- 5: 2001** - Swimming pool equipment - Part 5: Additional specific safety requirements and test methods for lane lines
- **EN 13451- 6: 2001** - Swimming pool equipment - Part 6: Additional specific safety requirements and test methods for turning boards
- **EN 13451- 7: 2001** - Swimming pool equipment - Part 7: Additional specific safety requirements and test methods for water polo goals
- **EN 13451- 8: 2001** - Swimming pool equipment - Part 8: Additional specific safety requirements and test methods for leisure water features

### 1.4 Be Water Wise
Last, but not least, all policy and legal efforts are reinforced by an action called ‘Be Water Wise’, which is a water safety and drowning prevention campaign of the European Child Safety Alliance in partnership with Johnson & Johnson - Europe, Middle East and Africa.⁵

EPHA

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2. Finland – Personal Flotation Device

Mandated responsibility for legislative change related to Personal Flotation Devices in Finland

According to Decree on Water Traffic (124/1997, 2§) motor or over 5 meter long sail boats that are on the move should be equipped with lifejacket, flotation suit, or life suit of the right size for everyone on board. The Ministry of Transport and Communication prepared this decree and it was accepted in the Finnish Parliament. Penalties related to this legislation were legislated by the Ministry of Justice and enforcement of them belong to the duties of the Ministry of Interior and the Finnish Border Guard working under it.

The problem with the existing decree is that it does not require the use of the personal floating devices, only their presence on board. In 2008 this was noted when Finland participated for the first time in the policy assessment done by European Child Safety Alliance as part of Child Safety Action Plan -initiative. The need for developing Finnish legislation related to PFDs was included as one of the action proposals to the National action plan for injury prevention among children and youth. The action plan was initiated by the Ministry of Social Affairs and Health and given to a task of National Institute for Health and Welfare (THL) (formerly known as National Public Health Institute, KTL). The action plan was prepared in wide collaboration with various ministries, research institutes and NGOs (eg. The Finnish Association for Swimming Instruction and Life Saving, FSL). It was launched in 2009 and coordination related to its’ implementation was given to THL by the Ministry of Social Affairs and Health.

On the 8th of March 2010 The Safety Investigation Authority working under The Ministry of Justice appointed an expert investigation team to investigate all deaths related to water that had occurred in Finland between 1.4.2010–31.3.2011. Of these 69% were unintentional injuries, of which 93% were drownings. As the investigation report was launched in 2011, it recommended that the usage of PFDs should be increased especially in small boats equipped with a small motor or those without a motor. According to the report this should be done in cooperation of Ministry of

In 2012 the Advisory board for shipping, and its’ Boating division in the Ministry of Transport and Communications has also considered matters related to PFDs as part of increasing safety of boating done in leisure time. It has considered taking the matter as part of a new Boating and Boating Safety Safety Programme (2012–2016). If this happens, it means that the Ministry of Transport and Communication starts developing the legislative change related to PFDs and invites relevant partners to this recommends the change to the Finnish parliament. Then the decree is given and the Ministry of Transport and Communication starts to implement it in cooperation with other ministries (especially Ministry of Interior and the Finnish Border Guard).

Jaana Markkula
3. France – Swimming Pool Legislation

France has the largest private swimming pool market in Europe and had also the world’s highest rate of infant death by drowning in them: every year, an entire nursery class (between 20 and 30-35 children aged up to five) was killed by drowning. Three quarters of these accidents occurred in private pools.

Following petitions filed by national authorities, the Consumer Safety Commission (CSC) issued recommendations concerning private swimming pool safety in 1990. Unfortunately, apart from occasional awareness-raising campaigns, no progress was made in terms of standardisation and regulating safety equipment and devices during the 1990’s.

In 1997, the Association “Sauve qui veut” (« Save those who want to be saved ») contacted the CSC to draw its attention to the necessity of equipping pools with fencing. At the same time, the association’s President actively lobbied Member of the Parliament Jean-Pierre RAFFARIN, who was personally involved in the subject, on the need of adopting legislation so that the number of drowning accidents could decrease.

In 1998 (then again in 2001), Jean-Pierre RAFFARIN submitted a bill on swimming pool safety, prohibiting the installation of uncovered swimming pools without safety barriers. The following year, the CSC issued another opinion on private swimming pool safety, in which it recommended the implementation of restrictive provisions through the legislative to make it compulsory to install safety equipment around uncovered private swimming pools.

In 2002, Jean-Pierre RAFFARIN was appointed Prime Minister and did everything possible in order to pass the bill he had lobbied over the past years. Thanks to his decisive action as Prime Minister (political will), the official recommendations made by the CSC to the public and official authorities (technical expertise), and the Association “Sauve qui veut” lobbying, the law on private pool safety finally passed on January 3, 2003 (law n° 2003-9). New regulations applied from 1st May 2004 for all privately owned buried or partially buried swimming pools installations and for all rental properties, and had to be fully enforced in January 2006.
The Ministry of Equipment’s regional offices are in charge of enforcing the law, mainly giving advice to pool owners. On the other hand, and even if they can give information too, mayors have enforcement power (although very rarely used in this case) that could enable them to issue a summons if pools are not (correctly) secured.

The first partial report on the impact and the effectiveness of the law was published in 2009 by the French National Institute for Health Surveillance (with the help of local emergency services, which collect data every year) within the context of its 2009 survey on drowning. Indeed, reports on the impact of the law don’t exist strictly speaking but are part of larger reports on drowning.

Finally, the communication is taken in charge by in duty of the National Institute for Prevention and Health Education which has regularly published leaflets on swimming pool safety and has organized prevention campaigns since 2005.

Claire Weber
4. Germany – “Cool & Safe”

Chronological description of the programme “Cool & Safe!” run by the Youth Organisation of the Bavarian Life Saving Association (DLRG-Jugend Bayern)

Based on positive results of former water safety trainings in schools the Youth Organisation of the Bavarian Life Saving Association decided in 2008 to set up a systematic approach to water safety in primary schools and kindergartens. The Youth Organisation is part of the Bavarian Life Saving Association (DLRG Bayern), which is member of the German Life Saving Association (DLRG).

In spring 2009 the Youth Organisation applied for funding of an innovative water safety programme. In 2009 the programme “Cool & Safe!” was started, run by the Youth Organisation of Bavarian Life Saving Association and funded by the Bavarian Ministry of Environment and Health and by the Versicherungskammer Bayern, a Bavarian insurance company. The Bavarian State’s Secretary of Health, Melanie Huml, agreed to be the patron of the Campaign.

The first step of the programme was the development of interactive school lessons in primary schools. The idea was to reach all children communicating the most important water safety rules and to offer exercises independent from the existence of a swimming pool in schools. Since September 2009 trainings were accomplished in schools, up to now approx. 1,000 lessons were realised by the Youth Organisation of Bavarian Life Saving Association. Additionally the local DLRG clubs were qualified and enabled to manage their own school lessons. So the local clubs continuously arranged further school based activities.

The school lessons involve children in an age-appropriate way and teach them the most important rules for safe behaviour near water. In winter the programme focuses on dangers of frozen surfaces on waters. Children can experience the dangers in a course, which is build up in the schools’ gym.

The programme’s further modules are teacher’s education, public relations work, printed materials and the websites www.baderegeln.info and www.eisregeln.info.
The printed materials are distributed during the training lessons and can be ordered for free on the internet.

In 2010 the programme was extended to kindergartens to address children in pre-school age. In the kindergartens the Youth Organisation of Bavarian Life Saving Association offers trainings for the children and Parents' evenings to teach parents about water-related hazards and how to prevent them. For the age group of preschoolers the programme made up new water safety games and songs.

The programme evaluation, which started in 2010, is realised by the University of Würzburg for pre-schoolers and by the University of Applied Science Koblenz for schoolers. Additionally parts of the campaigns quality is monitored by BAG (Safe Kids Germany).

Martina Abel & Anna Essing
5. Ireland – Promotion of Water Safety

5.1 Case Study outline
Lifejackets save lives – it’s a simple fact. What is not so simple is the cultural shift required to instil a public sense of responsibility to wear lifejackets during aquatic activities. This case study examines the facilitators and barriers to adopting, implementing and monitoring lifejacket legislation and focuses on how Irish Water Safety’s (IWS) education and promotion functions as a more effective solution to changing attitudes and behaviour. IWS feels that EDUCATION gives children the skills, attitudes and behaviours to stay safe and that the PROMOTION of water safety best practices instils in children, a sense of responsibility for their own actions.

5.2 Intervention focus
The intervention was focussed at the national, regional and local level.

5.3 Approach
- A combination of education and legislation with a focus, by IWS, on the Education and Prevention programmes that lead to fewer rescues which lead to fewer casualties needing treatment. This places less of a burden on Government rescue services which in turn places less of a burden on Government Health services.

5.4 Setting
The education and promotional interventions took place at national level, in each county, and in schools. Legislation is National.

5.5 Target audience
Parents, teachers and students.

5.6 Resource implications
What is the resource intensity of the intervention?

Using the scale below, estimate the costs of

a) €€€: adoption of the intervention: cost of promotional and educational materials and efforts to get the education interventions adopted;
b) €€€: implementation: cost of implementation and running promotional and educational programmes for one year;
c) €: monitoring: cost of monitoring intervention: Volunteers conduct a survey to monitor the wearing of lifejackets in compliance with legislation.

Where possible include estimates of cost of in-kind support – if this is not possible, please indicate that in-kind cost are not included in estimates.

**Scale**

€ = up to €20,000  
€€ = €20-90,000  
€€€ = €100,000-299,000  
€€€€ = €300,000-999,000  
€€€€€ = €1,000,000 plus

Were the necessary resources to actually do the critical or essential work with respect to adoption, implementation and monitoring available?

Resources for some of the critical work in terms of education and promotion came from public-private partnerships. Limited monitoring of compliance and enforcement of the requirements is undertaken by officers of the Marine Survey Office, in conjunction with the Irish Coast Guard and the Irish Police Force (An Garda Síochána).

### 5.7 Evidence base

Indicate the evidence statement or statements from the Child Safety Good practice guide (or the 2010 amendment) which best reflect the evidence behind the intervention. The documents can be downloaded or viewed online at:


It is estimated that 85% of annual boating-related drowning incidents could be prevented if the victim had been wearing a personal flotation device (Page 13, Ref #49 -  http://www.childsafetyeurope.org/publications/goodpracticeguide/info/good-practice-guide.pdf).
Legislation is most effective when supported by educational activities (Page 13, Ref #29 - http://www.childsafetyeurope.org/publications/goodpracticeguide/info/good-practice-guide.pdf);

Signage is most effective when supported by educational activities (Page 13, Ref #50 - http://www.childsafetyeurope.org/publications/goodpracticeguide/info/good-practice-guide.pdf);

Important elements of community-based approaches are a long-term strategy, effective focused leadership, multi-agency collaboration, involvement of the local community, appropriate targeting and time to develop a range of local networks and programmes. (Page 14, Ref #15 - http://www.childsafetyeurope.org/publications/goodpracticeguide/info/good-practice-guide.pdf).

5.8 Background
Provide the background behind the initiative in terms of getting it ‘on the table’ and adopted. Please include:

- The problem this intervention was trying to address
  
  In the decade to 2000, Ireland averaged 190 drownings every year. Ireland is an island nation with 5,000 Km of coastline and 1,000 Km of navigable inland waterways. Culturally, children were discouraged from playing near water as it was feared by society. Houses were built facing away from water. Lifejacket usage was minimal compounded by the presence of thousands of unregistered vessels. Growing interest in aquatic activities and children’s water safety/swimming education is not mandatory.

- The driving force for the uptake and implementation of this intervention
  
  o What were the driving facts?
    
    An average of 184 drownings in Ireland every year (based on the ten years to 2000), many of which as a result of not wearing a lifejacket.
  
  o Were there pieces of information (data, a report, etc.) that resulted in the initiation of action (created the driving force) and if yes what was the source of that information?
In May 1998, the accidental drowning of three teenagers in Strand Hill, Co Sligo, was a driving force in prompting the reestablishment of Irish Water Safety as a separate entity to promote water safety education and training.

- The important players in making it happen
  - Was there a champion/champions who helped push it through? The offices of the Minister for the Environment.
  - Was the champion the leader or just someone who opened doors to help move it through the system?
  - If the champion was not the leader was there a clear leader in the process?
  - Did the leadership change from the decision making process(es) to adopt the intervention to the decision making process(es) for implementation to those for monitoring?
  - Were there additional people that functioned in key positions who acted to back/support the adoption, implementation and/or monitoring?
  - Were there resisters (people or organisations who were not supportive) to adoption, implementation and/or monitoring that had to be dealt with? If yes, what was done to try deal with their resistance?

- The approximate month and year that:
  - Efforts to get the intervention adopted began: 1998
  - The intervention was adopted: 1999
  - The intervention was implemented: Nov 1999
  - Monitoring of the intervention began: May 2000

- Whether timing was considered as part of decision-making processes to ensure the climate was right to accomplish the goals/objectives for adoption, implementation and monitoring progress. The climate and timing reflected the tragic drownings referred to above and the fact that an average of 184 people drowned in each of the preceding ten years.

5.9 Aims & objectives
Provide the aims and objectives of the intervention
To focus on water safety education and the promotion of messages that encourage best practice in terms of water safety so that more people have the skills, attitudes and behaviour set necessary to be safe in, on and around water.

5.10 Key steps/actions in the intervention
Briefly describe the intervention.

A series of water safety promotion campaigns and education programmes aimed at children. This included the introduction of PAWS (Primary Aquatics Water Safety) a training programme adopted by the Department of Education’s physical education strand of the primary school curriculum. The awareness programmes encourage children and adults to wear lifejackets.

5.11 Facilitators/barriers for adoption, implantation and monitoring
Provide information on facilitators/barriers as appropriate for your intervention. For example if it has not yet been implemented then you can limit yourself to the questions about adoption.

5.11.1 Adoption
- What were the barriers along the way that had to be overcome? What action was taken to overcome the barriers? Were the actions successful?
  - The “Celtic Tiger” environment in the decade to 2010 saw many new users with no safety training taking to water based activities and thousands of unregistered vessels. Lifejackets were also perceived as cumbersome.

- What were the facilitators along the way that helped make it happen? Were the facilitators planned or did they just happen?
  - There was a media focus on marine tragedies. For example the marine tragedies on board the vessel “Pisces” 2002 saw a change in Passenger Boat regulations. The craft was deemed unseaworthy, overloaded and not enough life jackets for the 9 people on board, 5 drowned. The Skipper was cleared of manslaughter and reckless endangerment. More stringent regulations were brought in within 3 months. Another incident that helped to change legislation was an overloaded 4.5metre boat at Dunany Point, Ireland, 1999. 8 people were onboard and no one was wearing a lifejacket. 4 drowned and the public and media outcry led to Personal Flotation

- Lifejackets became smaller/less cumbersome;
- The “visibility” of rescue services rose in that in the 1970’s there were 14 Lifeboats and 1 Helicopter. This rose to 42 Lifeboats, 4 Helicopters and 12 Community Rescue Boat Stations;
- International Guidance, EU and International Conventions facilitated the adoption through organisations such as International Lifesaving Federation; International Federation of Swim Teachers Associations; International Maritime Organisation; SOLAS; European Maritime Safety Agency; International Hydrographic Organisation; International Labour Organisation; International Standards Organisation; CEN and IMRF;

- Was there more than one sector involved in the adoption process (e.g., health and transport)? If so which ones and was this a facilitator or a barrier to the process?

5.11.2 Implementation (as applicable)

- What were the barriers along the way that had to be overcome? What action was taken to overcome the barriers? Were the actions successful?
  - Cultural barriers had to be overcome, reflected in the following attitudes - “Don't wear a lifejacket or it will prolong the agony of drowning!” / “The drowned Fisherman was a hero earning a living for his family from the sea.”
  - Lack of water safety education in coastal communities;
  - Fishermen Bravado;
  - Cultural Acceptance of one’s fate: “I have made my living from the sea—I deserve my fate.”

- What were the facilitators along the way that helped make it happen? Were the
facilitators planned or did they just happen?

- The growth in Marine Leisure and the increase in boat ownership.

- Was there more than one sector involved in the implementation process (e.g., health and transport)? If so which ones and was this a facilitator or a barrier to the process?

5.11.3 Monitoring

- What were the barriers along the way that had to be overcome? What action was taken to overcome the barriers? Were the actions successful?

  - Proliferation of Marine Legislation in Ireland.
  - 40 pieces of Legislation from 1894 to 2008.
  - Little enforcement and virtually no prosecutions.
  - Very difficult to monitor (1,000 KM waterways; 5,000KM Coastline; many lakes and rivers)

- What were the facilitators along the way that helped make it happen?

  - Educational initiatives have contributed to an increase in compliance with Irish Water Safety’s focus on Children through the introduction of the “Primary Aquatics Water Safety” (PAWS) programme in primary schools.
  - Insurance Companies agreed standards, qualifications and criteria for many types of marine insurances with their underwriters. This included discounts on levels of competence and a mandatory survey of recreational craft every five years.

- Was there more than one sector involved in the monitoring process (e.g., health and transport)? If so which ones and was this a facilitator or a barrier to the process?

  - In addition to Irish Water Safety, the Department of Marine and then the Department of Transport and also the Marine Safety Working Group all facilitated.

5.12 Evaluation/monitoring (as applicable)

- Has the intervention been monitored and/or evaluated for its impact?
Yes. Compliance is monitored by Volunteers. On a given day in 2010, 70% of adults and 87% of children were wearing lifejackets.

- How important have monitoring and evaluation of progress been?
  - Were the data necessary to monitor progress readily available?
  - What is the strength of the evidence of impact?
    - In 2010, Ireland had the lowest number of drownings for 58 years at a time when the population increased from 3.8m to 4.5m in the previous ten years.
    - The Drowning rate per 100K population has decreased from 4 to 2.5.
      Marine leisure Coastguard events were down by 20% in 2010.
  - Is it possible to estimate the cost of the intervention? Have cost estimates been done?
    - Has the programme/policy hit its milestones?
    - Is it considered a success and why or why not?
      Deemed successful.

- How important do you think issues such as leadership, infrastructure and capacity have been?
  - Irish Water Safety Head Office and IWS Council has provided strong leadership and guidance which is then complimented by a robust structure of National and Provincial Committees to promote the education promotional programmes however there are challenges in terms of meeting the resource requirements for over 500,000 children nationwide.

- How robust is the activity?
  - Has the programme been effected by government or economic changes?
    - Yes. Budget demands have challenged Irish Water Safety to maintain the level of work expedited nationwide. The voluntary input of Irish Water Safety’s 2,000 Volunteers nationwide has lessened the impact of budgetary constraints as has the commitment of sponsors through public-private partnerships.
  - Does it continue to be supported?
    - Yes. Irish Water Safety continues to promote many awareness
initiatives which are rolled out by Volunteers nationwide. Public-private sponsorships support this work.

5.13 Lesson learned

- What lessons have been learned through the process?
  o Cultural shift to a safety consciousness
  o Education reduces legislation and enforcement needs.
  o Members of the public can be confused by the many laws
    Persuasion through Education – it was possible to persuade the public to
    comply by educating them that irrespective of any laws, they have a duty of
    care to themselves and their families.
  o Campaigns targeted yacht clubs; anglers; canoeists; powerboat clubs.
    Their National Governing Bodies supported the concept of wearing
    lifejackets.
  o Education and Prevention programmes lead to fewer rescues which lead to
    fewer casualties needing treatment. This places less of a burden on
    Government rescue services which in turn places less of a burden on
    Government Health services.

- Are there continuing challenges? If yes what are they?
  o Budgetary constraints.

5.14 Advice to countries/transferability

- What advice would you give / what recommendations would you make to those
  considering transferring the intervention to their country?
  o Irrespective of legislation, the education programs that encourage people
    to wear lifejackets should be prioritised. This will instil a sense of
    responsibility, particularly in children, to adopt the skills, attitudes and
    behaviours necessary to stay safe in aquatic environments.
  o Educate Government Ministers. Include their comments and opinions in
    press releases.
  o Develop complimentary Government/Corporate partnerships that target at-
    risk groups. This will appeal to the Government because it reduces
taxpayer spending and appeals to the private sector because by partnering they reach specific audiences that in turn are the group at-risk of drowning.

- Educate the national and local media so that they support initiatives. Utilise celebrities and sports stars to promote the various safety messages. Create TV campaigns, radio campaigns and press campaigns (e.g. IWS creates approx. 40 press releases every year)

- Actively promote a National School Water Safety Programme. Seek Department of Education recognition. Promote to Government that your water safety programme also helps Government to target obesity and that training children in Self-Rescue skills may help reduce suicides in later years because they will have the skills necessary to save themselves if they experience an “awakening” when they enter the water.

- Create a National Swimming and Lifesaving Syllabus for all and promote the programme as being synonymous with a clean safe and healthy lifestyle in that it keeps people involved and active. Link t to a “Healthy Hearts” campaign for young and older.

- Maintain a statutory separation between the remits of legislation and promotion/education.

- Ensure that the police force and coroners offices record and provide all relevant information about each drowning. Develop analysis tools to research drowning trends to target specific at-risk groups.

5.15 References, additional information

Provide any relevant references and/or links to other related resources:


http://www.youtube.com/watch?feature=player_profilepage&v=cwww4u5Zf8w

http://www.youtube.com/watch?feature=player_profilepage&v=H03C5kPvCQY

Roger Sweeney
6. The Netherlands – “Swim ABC”

Text accompanying organigraph Swim ABC
The NPZ-NRZ developed the Swim ABC programme in the Netherlands. The NPZ-NRZ is the National Platform of Swimming Pools. The Swim ABC programme was introduced to make sure there was unity in the requirements for obtaining the diplomas (no more regional differences) and to make sure the requirements were meeting the necessary needs. NPZ-NRZ monitors the programme’s quality and educates and motivates the swimming pools, private teachers and swim clubs in using the programme. These stakeholders educate the public. The swimming pools, teachers and clubs educate the 5-7 year old children in the Swim ABC programme and give them - if they meet the requirements – the A, B and C certificate. The programme is not mandatory. Still nearly all Dutch children participate in it.

The NPZ-NRZ issues the ABC-certificates. The swimming pools, private teachers and swim clubs providing swimming education purchase the certificates from the NRZ for €2 apiece. This amount is being settled with the fees for the lessons. So indirectly, parents pay for the certificates. With the returns the NRZ pays the supervisors responsible for the quality control of the exams.

Chronological process
Around the 1890s the bourgeoisie decided it was necessary for the less well off to learn how to swim. In the Netherlands the people are surrounded by water since a great part of the country is beneath sea level. People, therefore, live with water in their everyday environment; the sea, rivers, canals, ditches and lakes surround them. In order to protect people against the hazard of drowning the bourgeoisie promoted learning how to survive in the water. There was no specific technique being promoted. People were taught a kind of sideways stroke and they were told to hang on to any floating device they could get their hands on, floating branches for instance or stumps of trees.

In the early 1900’s the Royal Dutch Swim Federation was established. The Federation consisted of local swim clubs that took on the task of learning people how
to swim. Although a national association, the Federation operated at a very local level. There still were many places where people had no opportunity to develop swimming skills.

In **World War II** the German government introduced a school swimming programme. All children at the age of 7 and 8 were obliged to participate in this programme. The aim was the prevention of drowning. Children were taught the breaststroke. The programme had no requirements and no certificates.

In **1985** the National Council Swimming Certificates was established. In this Council the Royal National Swim Federation worked together with the Association of Sports and Health and the Association of recreational pools. Their slogan was: “learning how to swim is not part of sport”. They introduced the A and B certificate aimed at swimming lessons. The requirements for the A and B certificate however were not the same along the country.

In **1998** the current Swim ABC programme was introduced by the NRZ.

In **2005** the National Council Swimming Certificates was transformed in the National Platform of Swimming Pools (NPZ-NRZ). It now has a broader scope of activities, such as educating swim teachers and issuing the label Safe and Clean pools. The main source of income is to issue the Swim ABC certificates.

Ine Buuron
Drowning in swimming pools: the problem

According to ECSA, drowning is one of the main mechanisms involved in child injury deaths.

Most near-drownings admitted in Spanish paediatric emergency rooms in summer occur in non-fenced private swimming pools (Panzino et al, 2012)

It is estimated that in Spain there were 1.1 million private pools in 2008.

Pool fencing legislation: a suggested solution not yet implemented

The most recent national legislation on pools was published in 1961. And only applies to public swimming pools.

Many regions have developed rules on hygiene and safety for pools. In Catalonia, current legislation (dated from 2001) only refers to public swimming pools and does not include the obligation to install perimetral fences.

In 2011, the Spanish Ministry of Health published the draft of a national regulation for swimming pools, including safety measures to prevent drownings (owners were allowed to choose between fencing, alarms or swimming pool covers)

The main stakeholders

National and international scientific organizations providing scientific evidence on child drowning epidemiology and prevention.

Spanish Ministry of Health (and other governmental agencies), which may promote regulations at a national level.

Catalan Department of Health (Public Health Agency), responsible for enforcement, control and the promotion of regulations at a regional level.

Pool builders associations (FAPS / ASOFAP, ATEP)

Building standards’ organizations (i.e. AENOR)
Municipalities, co-responsible for enforcement and control.

Josep M. Suñolés
Annex – Background on Organigraph method

**Background**: Several studies conducted by the Swedish Life Saving Society and the Swedish National Agency for Education show that children and adolescent in Sweden with a non-Swedish background, have a very low swimming ability. This is partly due to the absence of a tradition of swimming in the country-of-origin, but also relates to significant problems to seek and find information about where and when the education or classes are held, due to difficulties in language and ethnic background.

Experiences from incidents involving near-by water activities show that children with a non-Swedish background are exposed to considerable risks when they want to resemble their Swedish equals. The risk of drowning is considerably higher for pre-school children with single parents, for children originating from the Middle East and for children with neurological disabilities, epilepsy in particular. To prevent further drowning, pre-school children need a more intense supervision, immigrant children and their parents need swimming education, and a higher awareness of the increased risks for children with epilepsy is required.

**The United Nations** (through WHO): Describes a sound drowning prevention should, among other things, consist of public risk awareness, water skills and the ability to intervene in drowning accidents should be increased.

**European Child Safety Alliance** (ECSA): Operates within the EU body Eurosafe. ECSA developed a list, based on the WHO guidelines, of recommendations for how countries should prevent drowning.

**The Swedish Post Code Foundation**: The Postcode Foundation's mission is to promote sustainable development for mankind and nature by offering financial support to organizations and short-term projects working for a better world. Projects receiving financial support must fit into the foundation's two main areas: nature, environment, and people's living conditions. In the area of people's living conditions, the focus is on poverty reduction, promotion of human rights and peace building. The
Post Code Foundation sponsored the project with 800 000 Swedish kronor (98 000 Euros).

**The Public Order Act:** The law points out that children's safety in particular are considered.

**The Law on Protection against Accidents** (LSO): Has an emphasis on fire safety and fire prevention. Current legal text requires owners of buildings. This could include the water systems provide lifesaving equipment, but the law does not regulate almost any other preventive measures against drowning. Water safety can, however, be indirectly through the legal requirements for municipalities to others without liability limited work for protection against accidents other than fires and that the action describing risks that can lead to the rescue effort.

**Defense Committee report:** The Committee notes that municipalities under the Law on Protection against Accidents will work for protection even against other accidents than fires. MSB provides support to municipalities on how increased water safety can be formulated as an objective in municipal plans (e.g. reduced impact of accidents, fewer events and increased protection against drowning).

**Child Security:** According to the Regulation (SFS 2008:1002), the MSB coordinates efforts for children and youth safety, when it comes to combat accidents resulting in personal injury. This is a fundamental part of the business, a Child Safety Council with participants from 11 agencies. The Council is a forum for initiative, information and knowledge sharing and inter-agency cooperation. The aim is to increase the safety of children and young people in Sweden.

**The County Board:** Has oversight responsibility over municipal data, which means that it should assess whether municipalities meet the national objectives and the business objectives contained in the LSO and set in local action. Another important task is to provide support to municipalities in terms of regulatory guidance, for example, through information and training sessions. The County Board is also working to municipalities cooperate and helps to create networks.

**Learning to Swim:** Positive is that swimming education is largely offered free of charge for almost all children in primary school and that the school's achievement of
swimming education is largely documented. However, 41% of the municipalities indicate that they have students who do not participate in swimming education because of religious beliefs.

Daniel Carlsson
Mandated responsibility for water safety at European / EU level (3)

**EU Commission**
- European NGOs, ECSA, etc.
- Safety Guidelines for Service Providers

**European Economic and Social Committee**
- lobbies to the relevant actors

**Council of the EU**
- "codecision"
- political agreement

**European Parliament**

**EU Commission**

**WHO Europe**

**TFEU Articles:** 114, 168, 169

**National Market Surveillance Authorities**
- Child care products
- Diving accessories
- Pool and pond
- Personal flotation devices
- Swimming pool equipment

**Service Providers (Water Recreation)**

**CEN**

**EUROPEAN STANDARDS**
- Child care products
- Diving accessories
- Pool and pond
- Personal flotation devices
- Swimming pool equipment

**Consumer Organisations, Industry**

**NATIONAL STANDARDS**

**Regional / Subnational Level**

**Local Level**

**The Public (Children, Parents)**

**BE WATER WISE Water Safety and Drowning Prevention Campaign**

**TACTICS**

Author: EPHA
Mandated responsibility for legislative change related to Personal Flotation Devices in Finland

Author: Jaana Markkula, THL
Mandated responsibility for swimming pool safety legislation (France)

EU / European Level

Author: Claire WEBER

National Level

Prime Minister Jean-Pierre RAFFARIN (2002-2005)

Association "Sauve qui veut"

Member of Parliament Jean-Pierre RAFFARIN (1997-2002)

Consumer Safety Commission (CSC)

Parliament


National Institute for Health Surveillance

Regional / Subnational Level

Ministry of the Equipment (Regional offices)

Member of Parliament Jean-Pierre RAFFARIN (1997-2002)

The Public (Pool Owners and their Families)

Local Level

Mayor

Emergency Services

Educates

Informs

Advises

Advises

Informs

Enforces

Educates

Informs

Enforces

Advises

Informs

Advises

Author: Claire WEBER
Mandated responsibility for Water Safety programmes in Germany: regional programme “Cool & Safe!”

Authors: Martina Abel & Anna Essing (DLRG Jugend Bayern)
Irish Water Safety is mandated with the promotion of water safety in Ireland

**EU / European Level**
- World Board International Life Saving Federation (ILSF)
- European Board International Life Saving (ILSE)
- International Standards Organisation
- International Federation of Swimming Teachers
- International Maritime Rescue Federation
- CEN: European Committee for Standardization

**National Level**
- Irish Water Safety (IWS)
- Marine Casualty Investigation Board
- Health & Safety Authority
- Blue Flag Jury
- Health Service Executive
- Irish Heart Foundation
- Irish Olympic Committee
- Irish Olympic Committee
- Irish Coast Guard
- Irish Sports Federation
- FETAC: Further Education and Training Awards Council
- BIM: Bord Iascaigh Mhara (Irish Marine Fishing Agency)
- Waterways Ireland

**Regional / Subnational Level**
- Irish Marine Search & Rescue Committee
- Met Eireann: the Irish National Meteorological Service
- Marine Institute
- Irish Maritime Development Office
- Inland Fisheries Ireland
- Marine Survey Office
- Department of Marine
- Marine Survey Office
- Department of Agriculture, Food & the Marine
- Department of Justice: Coroner’s Office
- Department of Education and Skills
- Department of Health and Children
- Department of Environment, Community and Local Government
- Environmental Protection Agency

**Local Level**
- Irish Water Safety Education and Promotion Programmes to reduce drownings and promote the wearing of lifejackets
- Mercantile Marine Office
- Pre-Hospital Emergency Care Council
- Department of Agriculture, Food & the Marine
- Department of Justice: Coroner’s Office
- Department of Education and Skills
- Department of Health and Children

**TACTICS**
- The Public
- Schools
- 92 Local Authorities
- 30 Water Safety Area Committees Including Police and Defence Forces training

**Author:** Roger Sweeney
Mandated responsibility for Swim ABC in the Netherlands

EU / European Level

National Level

NPZ-NRZ

Swim ABC Programme

Regional / Subnational Level

educates

motivates

develops

local

Educates

educa
tes

Local Level

Swimming Schools

Swimming Clubs

Public Swimming Pools

The Public

TACTICS

Authors: Ine Buuron
Mandated responsibility for pool fencing legislation in Catalonia, Spain

Scientific Societies, ECSA, etc

AENOR

Pool Builders

Spanish Parliament

Constitution
Ley General de Sanidad

Spanish Ministry of Health

other Governmental Agencies

Municipalities

Swimming Pool Owners

Dept. of Health
Public Health Agency

World Health Organization

European Union

Scientific Societies, ECSA, etc

Spanish Ministry of Health

assesses

Pool Legislation

Catalan Parliament

Stature of Autonomy; LOSC

Spanish Parliament

World Health Organization

European Union

Scientific Societies, ECSA, etc

Author: name
Mandated responsibility for water safety through education of bilingual swimming teachers in Sweden

- United Nations-/WHO

- Swedish Civil Contingencies Agency (MSB)

- Swedish Child Safety Council

- The County Board

- The Swedish Post Code Foundation

- Swedish Life Saving Society

- Bilingual Swimming Teachers

- Children with socioeconomic difficulties and/or non Swedish background

- Families

- The Public Order Act

- The Law on Protection against Accidents

- Defense Committee report

Author: Daniel Carlsson
Appendix 8.2.3

Road Safety – Accompanying descriptions and documentation regarding organigraphs (unedited) followed by organigraphs
1. Croatia – Respect our signs, National Road Safety Program

The National Road Safety Program for Croatia was, at the proposal of the Ministry of Interior, first promulgated by a Decision of the Government of the Republic of Croatia at its session on 16 June 1994.


Since 1994, a series of changes have occurred in the Croatian road traffic. Significant improvements in road traffic safety must be noted. According to the Ministry of Interior, the number of traffic fatalities has been nearly halved (from 804 in 1994 to 418 in 2011), despite the growing number of vehicles, drivers and traffic flows.

The Croatian National Road Safety Program (CNRSP) focuses also on child injuries and fatalities in road traffic. A whole range of activities have been attempting to address this issue. In 1994, an action from the CNRSP titled “Respect our signs” was initiated. The initial idea was to give a short lecture to all first-graders at the beginning of the school year about the suitable, age-specific, traffic behavior as pedestrians. This education has for 18 years been held by police officers from police departments and stations competent in the territories of the respective primary schools. In the early phases of implementation not all schools were included in the project, as this was impossible at the time due to postwar recovery, among other things. Over time, more and more schools joined, and the final rate is virtually 100% coverage (some 800 elementary schools in the territory of Croatia and 40,000 first-grade pupils).

From the very beginning, the ‘Respect Our Signs’ action has been complemented by a media campaign (video clips and radio jingles, CDs, promotional materials intended for children) that has developed and expanded over the years. The present ‘Respect Our Signs’ campaign has a distinct image and recognition. The main protagonist is the adored character from the Croatian animated film: Lapitch the Little Shoemaker.

After a few years of implementation (the last 15 years) ‘Respect Our Signs’ was extended to include parent education for their key role in helping children to adopt the culture of road safety. Parents are educated by police officers, as agreed with the
headmasters of elementary schools, most commonly at PTMs (Parent-Teacher-Meetings).

Eventually, it was concluded that additional measures are indispensable to improve road safety in the immediate proximity of schools by having police officers together with road maintenance professionals inspect the school environment at a local level. Special attention has been given to traffic signalization, traffic signs and other signs. Based on all said, measures of advancing road safety in the vicinity of schools have been identified and undertaken.

Over the years of the ‘Respect Our Signs’ campaign, preventive and repressive police measures have been intensified with special focus on speed regulation in traffic. Over the last two years all vehicles transporting children have been subject to stricter inspection of compliance with the legal requirements concerning child transport.

Described actions have been receiving funding for the media campaign from the very start, and this is expected to continue (% of the vehicle technical inspection funds). The remaining activities have been realized during regular work. CNRSP for 2011-2020 is currently being implemented. It foresees a continuation of the ‘Respect Our Signs’ action, as amended to suit the changing situation and environment.

Miron Huljak & Ivana Bkić
Biloš
2. Czech Republic – Cycle helmet standard requirements

Description

- The Czech Republic adopted EU normative for cycle helmet standard requirements
- National level:
  - Parliament of the Czech Republic
    - Traffic Law 361/2000 obligatory use of helmet for cyclists under 15 years from 2001, 18 years since 2006
    - Law 56/2001 conditions for use of bicycles on road
    - Decree 341/2002 on technical conditions of bicycle
  - Ministry of Transport
    - Department for traffic safety- BESIP, face book, web, education of specialists
    - National Road Traffic Strategy 2004-target 50% decrease between 2002-2010
    - National Road Traffic Strategy 2011-2020-target in 2020 the level of other European countries and decrease of the number of seriously injured by 40 %, helmet obligatory for all ages
    - Museum of Police of Czech Republic-Centre for prevention of traffic accidents under Ministry of Transport and Police of the CR
  - Ministry of Education, Youth and Sport
    - Obligatory traffic safety education, including obligatory helmet use for children up to 18 years of age
  - Ministry of Interior-Police CR -education, control
  - Ministry of Education, Youth and Sport - traffic education in schools
  - National Centre for injury and violence prevention -cycling injuries to head nationally, instruction leaflet for parents and children, education through paediatricians
• Professional organizations -cycle sport producers and vendors, insurance companies (helmet for insured clients), NGO campaigns promoting helmet use
  o Media

• **Regional level**
  o Regional authorities - Regional strategy, cycling lanes, safe crossings
  o Traffic police regional-control and education
  o Media

• **Local level**
  o Local authorities-cycling lanes, traffic calming in the zones with access to school
  o Safe Communities - Study of the use of cycling helmet before the new law implemented
  o Study of the use of helmet after the law implemented
  o Traffic police local, municipal police-control and school education
  o Schools
  o NGO and citizens societies - Campaign On bike only with helmet
  o Posters and leaflets for paediatricians
  o Safe school programmes – Days without injuries, cycling only with helmet
  o Children adolescents-when injured cycling without helmet the insurance is lowered, in case of adolescent may be prosecuted.

Veronika Benesova, Pavel Sulc
3. Denmark – “Safe Routes to School”

Chronological description “Safe Routes to School” in Odense Municipality

Denmark had one of the highest rates of child mortality due to road accidents in Western Europe in the 1970s. Studies showed that 20-30% of children’s road accidents happened on their way to or from school. Changes in the Danish Road Traffic Act during the late 1970s described that "the police and road authorities in consultation with the schools are required to take action in order to protect children from exposure to vehicular traffic on their way to and from school" (1976), and amendments in 1978 opened up for new options concerning traffic calming in local areas. This was the societal background for Odense Municipality to develop one of the first large Safe Routes to School Programmes in the world.

The initial drive sprang from a meeting between three local key figures: The doctor at Odense University Hospital who established the injury registration system and the Accident Analysis Group at the hospital, a leading traffic engineer in the municipality and a teacher at the local traffic school. They obtained funds to develop a safe school roads project and to conduct a pilot in four schools. The pilot project resulted in positive results and motivated the Municipality of Odense to take on a systematic approach and develop a safe route to school programme covering systematic studies in all 45 local public schools.

A model for a systematic safe routes to school project was piloted in the four schools in 1976, with good results. Systematic studies in all 45 local schools in the Municipality of Odense were carried out in 1979/1980, and again in 2003 and 2008, comprising:

- Questionnaires for pupils in different age groups (3rd, 6th and 9th graders)
- Drawings of their routes to and from school/leisure activities (only in 1976)
- Questionnaires for school personnel
- Prioritised recommendations

Traffic engineers at Odense Municipality developed a master plan for numerous traffic calming interventions on the basis of the study in 1979/80 in combination with
analyses of data on traffic volume and injury data from the police and emergency department at Odense University Hospital. Between 1986 and 1999, the municipality undertook a total of 108 projects concerning routes to schools. These interventions included low-speed roads, traffic calming, various types of tracks and paths for cyclists and pedestrians, various solutions at intersections, paving, traffic lights, roundabouts, raised surfaces and much more. Every year a sum was earmarked in the municipal investment budget to cover projects relating to school routes.

Some of the interventions included changes on County Roads, and Odense Municipality worked together with the County to find solutions. However the County was often reluctant to invest in environmental changes, such as tunnels or more pedestrian crossings, as the number of injured children was low.

Monitoring of traffic injuries in Odense improved considerably due to the introduction of a detailed injury registration system at Odense University Hospital (from the mid-1970s). This registration could also contribute to the monitoring of injuries taking place around schools. These unique hospital data were available as a supplement to police data, and the municipality and the county paid the hospital for data and analysis from a fixed yearly budget.

During the 2000s the elements of the programme have been integrated into the overall programme Odense as a Cycle City.

Hanne Møller
4. European Public Health Alliance (Europe / EU) – Road Safety of Children

4.1 Background information at European level
According to the WHO analysis in 2004, Road traffic injuries (RTIs) were the leading cause of death in those aged 5–19 years in the WHO European Region. In 2004, RTIs were estimated to have killed 16 400 young people aged 0–19 years. RTIs also result in traumatic brain and limb injuries, leading to long-term disability. Mortality in the country in the Region with the highest rate was three times that in the country with the lowest rate. Children from deprived backgrounds are at increased risk of death, especially as pedestrians and cyclists; the poorest may have over 20 times the risk of the richest, because of exposure in unsafe environments.¹

Children are particularly vulnerable. Each year, more than 1100 children under the age of 15 are killed on European roads and 100 000 are injured.²

4.2 General Framework: non binding Commission Recommendation 2004/345/EC on Road Safety
The Commission Recommendation 2004/345/EC of 6 April 2004 on enforcement in the field of road safety proposes different actions to be taken for Member States.

In order to make an effective planning of the measures, to be taken following the Recommendation, Member States should establish a national enforcement plan which they should evaluate at regular intervals and if necessary adapt. In order to enable effective sanctioning in cases of serious and/or repeated violations that are committed in another Member State than the Member State where the car is registered, the Recommendation provides for a mechanism for cross-border enforcement. The Commission should draw up a report every two years on the basis of this information provided by the Member States.³

¹ http://www.euro.who.int/__data/assets/pdf_file/0003/83757/E92049.pdf
4.3 The most relevant areas of EU legislation and European Standards

In the light of the above mentioned data, the following objects may be subject of legislation at European level:

**Motor Vehicle:**

- Appropriate restraint systems by children of all ages
- Placement of children in the rear seats to avoid air bag injuries and head on impacts
- Child restraints
- Development of universal child restraint systems using rigid or semi-rigid vehicle anchorages
- Redesign child restraint systems to allow toddlers to travel rearward facing for a longer period (or up to the age of 4)
- Alcohol limits
- Seat belts
- Vehicle crashworthiness
- Children banned from riding/driving farm tractors

**Pedestrian:**

- Design of motor vehicles considering pedestrian protection
- Speed limits in urban areas
- Traffic calming of road ways
- Bicycles: Brakes on bicycles for children
- Mandatory use of helmets
- Separate lanes for bicycles

**Bicycles:**

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- Brakes on bicycles for children
- Mandatory use of helmets
- Separate lanes for bicycles

EU legislation on motor vehicles

Fatalities and injuries to child car occupants under 10 years of age remain high in Europe, and this can be attributed to the fact that nearly half of these injuries are caused by the child riding unrestrained in the car.

The use of child car seats and seat belts is critical to injury prevention in the case of an accident. Youths age 15 to 19 make up a high risk group as both drivers and passengers, due to the lack of experience driving and increased risk taking. Boys make up 75% of road traffic fatalities for this age group.5

Concerning seat belts and child restraints, under EU law, seat belts must be used in all vehicles. Children over 1.35 m can use an adult seat belt. Those under 1.35 m must use equipment appropriate to their size and weight when travelling in cars or lorries. It is now against the law to use a rear-facing child seat on the front passenger seat – unless the airbag has been deactivated.6


One of the aims of the common EU transport policy is to effectively reduce the number of traffic accidents and casualties. The wearing of safety belts and the use of restraint systems for children are as essential protective factors as vehicle occupancy. In order to achieve this, this directive aims at making it mandatory to wear safety belts throughout the EU in all of the seats fitted to vehicles weighing less than 3.5 tonnes. This directive accepted the principle of the compulsory use of

5 http://www.childsafetyeurope.org/injurytopics/roadsafety/passenger-safety.html
restraint devices for children aged less than 12 years, and contains provisions for the compulsory use of child restraint systems on seats fitted with safety belts.  

This directive has been amended by Directive 2003/20/EC of the European Parliament and of the Council of Ministers on 8 April 2003 which extended the scope of application of the Directive 91/671/EEC to require the use of seat belts where provided by all motor vehicle occupants and for children to be restrained by an appropriate child restraint system conforming to UN-ECE standard Regulation 44.03) when travelling in passenger cars and light vans (M1 and N1 vehicles). This rule will have to be transposed into National law by 9 May 2006. The main safety benefit of the new Directive was that it recognised that children, like adults, have the right to be protected when travelling in cars and therefore requires the adults responsible to ensure that the children are restrained by child restraints that are designed for their age and size.

There is no minimum standard for the safety of child restraint systems (CRS) in European legislation other than integrated CRS. The following two directives deal with aspects of the fitment of CRS:


The following legislations contain further technical specifications in that matter.

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8 http://aei.pitt.edu/3977/
9 http://www.childsafetyeurope.org/injurytopics/roadsafety/passengersafety.html
Concerning **seat belts**:


Concerning **vehicle crashworthiness**:


It has been estimated that at least 10000 drivers, passengers, pedestrians and cyclists are killed every year in road accidents in which a driver's competence was impaired due to alcohol on roads in the EU. Most Member States have already adopted 0,5 mg/ml as their maximum permissible BAC limit.

Thus, the Commission has adopted its **Recommendation 2001/115/EC** of 17 January 2001 on the **maximum permitted blood alcohol content (BAC)** for drivers of motorised vehicles\(^ {15}\). The primary aim of a more uniform maximum BAC limit within the Community is to provide a clearer and more consistent message to drivers of passenger and freight vehicles that, above a certain limit, alcohol and driving is a dangerous activity and that different limits in different Member States are potentially confusing and weaken the message that driving under the influence of alcohol is dangerous.


4.4 CHILD (Child In Car Safety Research Project) project (2002-2005)

The CHILD project looked into the ways children are injured in accidents. Its findings should help to improve the design of child restraints.

A Strong Partnership

The Consortium included a good geographical representation within Europe, relying on the skill of experts in child protection -and more generally in safety- and a balance between Research, Industry, Regulation and Testing Institutes.

Expected impact

The main goal of CHILD was to improve the child safety in road accidents. CHILD will enable the investigation of injury mechanisms and tolerances for different ages of children and to establish injury criteria and risk curves.

Project summary

CHILD aimed towards a more comprehensive understanding of the injury mechanisms experienced by children of different ages in road accidents, through innovative tools and methods, in order to contribute to revised or improved standards and a more efficient design of child restraint systems. The CHILD project started in September 2002 and took place over 3 years.  

4.5 Pedestrian and cyclist related EU legislation

Both child pedestrians and cyclists usually suffer the most severe injuries as a result of road traffic collisions. Children up to age 15 are most at risk for road traffic injuries while cycling. The use of a bicycle helmet can reduce the risk of head or brain injury up to 88%.  

16 http://www.casper-project.eu/child%20web%20site/index2.htm
17 http://www.childsafetyeurope.org/injurytopics/roadsafety/cyclist-safety.html
Teachers and parents can teach children about road safety as pedestrians (learning by doing). But children should have some formal training on basic traffic rules before they're allowed to cycle on the road. Like adults, children should wear a helmet at all times when cycling.

Some basic safety features – brakes, bell and reflectors – are compulsory for all bicycles. Some EU countries have additional rules – on visibility, helmets, children's seats and the minimum age for cycling on public roads.

4.6 Vehicle design

Improving the design of cars and heavy vehicles can reduce the risk of injury to any cyclists or pedestrians that they hit. For instance, crash-friendly car fronts and blind spot mirrors on lorries could save up to 2 000 pedestrian and cyclist lives each year.

The APROSYS project developed new test methods for vehicle fronts to assess their impact on pedestrians and cyclists. It also examined laminated materials that can fracture without losing their shape or falling apart. These would be especially useful for cycling helmets. The WATCH-OVER\(^\text{18}\) project promotes the development of new communication and video-sensing technologies – to help drivers detect cyclists and pedestrians in complex traffic.

4.7 Traffic management

Separating bikes from motorised traffic by using uninterrupted cycling lanes helps to reduce collisions between cars and bicycles. Traffic-calmed areas with a low speed limit (30 kph or 20 mph) can also reduce the risk and seriousness of accidents.\(^\text{19}\)


\(^\text{18}\) [http://www.watchover-eu.org/objectives.html](http://www.watchover-eu.org/objectives.html)

4.8 ROSE Project

In September 2003 the European Commission tendered a project to investigate the situation of Road Safety Education (RSE) in all 25 Member States. It is evident that the different development paths of school systems and the differences in traffic, mentalities, cultures and administrations have all led to a fascinating variety of RSE initiatives. With this project the European Commission emphasises the need to collect and exchange good practice in order to launch a discussion on RSE Guidelines at the European level. This effort to strengthen European RSE networks, as well as to create synergies in RSE research and development, is an important investment for the benefit of the young generation.

The results of the ROSE 25 project\(^{20}\) included a booklet with European guidelines on road safety education for young people. The guidelines are based on the experiences of 25 EU countries.\(^{21}\)

The main purpose of the project was collecting measures of good practice in Road Safety Education (RSE) for children and teenagers in the Member States and compiling European guidelines for best practice (the European Booklet).

Target groups were children and teenagers aged 3 to 17, moped users and pre-drivers were also included. Parents (especially parents of "smaller" children, aged 0 to 3) were included, too.

4.9 European Standards

European standards addressing bicycles avoid issue of brakes due to conflicting national theories regarding hand brakes versus back-pedal brakes. No European regulation mandating the wearing the helmets. Voluntary standards exist governing the performance of helmets.

In line with the above mentioned European mechanism of standards, the following standards apply to the cyclists:


EN 1078:1997 Helmets for pedal cyclists and for users of skateboards and roller skates

EN 1080:1997 Impact protection helmet for young children

4.10 EU road safety plan for next 10 years

According to a recent EU-wide survey, Europeans think more should be done to reduce accidents. Most people surveyed thought government action should focus on improving roads and enforcing traffic laws. Only four countries – Latvia, Spain, Estonia and Portugal - have managed to reduce their annual road death toll by 50% compared with 2001. The number of fatalities has increased in Romania and Malta. The UK, the Netherlands and Sweden had the lowest death tolls in 2009. Greece and Romania had the highest.

In 2009, 35 000 people died in road accidents across the EU – 36% less than in 2001, when the commission first set its target of cutting the annual death rate by 50%. Young people and motorcyclists are among those most at risk.

Speeding, driving after drinking alcohol and not wearing a seatbelt are some of the leading causes of road deaths. But unsafe vehicles and poorly maintained roads also pose unnecessary risks. The new EU Road Safety programme\(^22\) addresses all these issues.

Over the next 10 years:

- new rules will come into force requiring more vehicles to be equipped with automatic warning systems, including for speeding or leaving a lane.

- EU funding will only go to road-building projects that comply with EU road safety laws.

- the EU will work with national authorities to devise a common education and training strategy for road users.

more effort will be made to make motorcyclists safer. Recent years have seen a drop in road deaths for all modes of transport except this category. Every year, some 17% of fatalities involve motorbike or moped riders even though they make up just 2% of road users.

EPHA
5. Finland – Bicycle Helmets (Pilot)

Mandated responsibility for increasing the use of bicycle helmets in children and young people in Finland

Background: Since 2003, the Act on Road traffic (954/2002) given by Finnish Parliament and prepared by Ministry of Transport and Communications has required the use of bicycle helmets while biking. According to the Act: "Bicyclist and passengers on a bike usually have to use appropriate helmets while bicycling." The Act with this wording is not as powerful as it would be if there would be consequences attached to biking without helmet. However, even now it allows for example schools to demand that pupils should use helmets while bicycling to school and back home from school as well as during school days if there are school trips with bike. The proportion of people using helmets is around 31% for over 24 years-old and 14% for young people aged 15 to 24.

In Finland there are several actions that support usage of bicycle helmets. Legislation and its’ enforcement by police and implementation through campaigns and education in schools, day care centers, youth centers and child health clinics all aim at the same increasing usage of helmets. Also creating safe road environments for bicycling is integrated to this mapping as it supports bicycling in general. The idea is that all this happens at the same time on different levels, which makes it is difficult to indicate the time element. This is why I describe the separate processes related to this intervention, excluding the time angle.

Process 1 related to traffic education, informing and training (orange color): The Ministry of Transport and Communication is responsible for the Act on Road traffic and its’ implementation. In addition to the Act they have a national Road Safety Programme in which attention is paid to increasing the usage of safety devices (incl. bicycle helmets) by guidance and informing by Liikenneturva\(^\text{23}\) and campaigning

\(^{23}\) Liikenneturva is the Central Traffic Safety Organisation in Finland (NGO) which aims to promote traffic safety by informing, educating and training. Liikenneturva is guided and supervised by Ministry of Traffic and Communication (See Act on Liikenneturva 278/2003). The operations are financed by funds collected via traffic insurance fee in accordance with the Law on Traffic Insurance. In addition to main office, the organization has 12 regional offices around Finland. The regional offices can launch their own regional projects according to
done by Liikenneturva and others (Hooray! -campaign for traffic safety, in Finnish Eläköön!). In the Road Safety Programme it is also stated that while national core curricula for different school levels are renewed traffic safety skills should be defined by the Finnish National Board of Education (FNBE) so that pupils learn to understand and comprehend the skills related to safe behavior in traffic. Liikenneturva has a relevant role as it provides, with funding of Ministry of Transport and Communication, material and information on road safety and helmet usage and organizes, with FNBE’s funding, updated training for teachers.

The Ministry of Culture and Education is responsible for the guidelines of education policy and strategies. FNBE is subordinate to the Ministry of Culture and Education and it draws up national core curricula for basic and general upper secondary education and defines a framework for vocational qualifications (incl. goals for learning and description of contents for each subject, horizontal theme called ‘Traffic and safety’ and pupil welfare). Educational materials used by schools are in Finland produced by commercial publishing houses and the publication of the materials is based on the national core curricula. Publishing houses cooperate with the FNBE, schools and teachers and they inquire wishes of above-mentioned at different stages of the process. Educational materials is one way to influence education in schools. Helmet usage is mentioned and encouraged as part of safe bicycling in these educational materials provided by publishing houses. The education providers, usually the local education authorities and the schools themselves draw up their own curricula for pre-primary and basic education within the framework of the national core curriculum.

The local police also promotes traffic safety as they cooperate with schools and give lectures on traffic safety (including bicycle helmets).

Liikenneturva and Hooray! Both traffic safety campaigns provide information to the media on national and local level. The media motivates and increases knowledge of children, young people and parents on the importance of helmet use while bicycling.
Process 2 related to law enforcement (violet color): The Ministry of the Interior is responsible for the guidance and supervision of the police. The National Police Board operates under the Ministry of the Interior and it directs and guides operational police activities. Within its’ direct purview are the local police departments (24, with a total of 180 service points) and the national police units, such as the National Traffic Police (specialized in surveillance in traffic). One of the aims of police traffic surveillance is to increase the use of seat belts and other safety equipment. In case of bicycle helmets police can give a admonition, not a fine.

Process 3 related to developing health care systems (yellow color): The Ministry of Social Affairs and Health is responsible for legislations related to e.g. child welfare clinics and pupil and student health care. In 2010 Decree the amount of and general contents of health checks for children and adolescents in child health clinics and school health care were described. The National Institute for Health and Welfare (THL24) has produced materials and guidelines for professionals working in the child welfare clinics and school health care. Moreover, in these materials use of evidence based safety devices such as bicycle helmets is emphasized. The National action plan for injury prevention among children and youth has emphasized the need for capacity building for those professionals related to traffic safety and evidence based practices.

Process 4 related to safe cycling routes (green color): The Ministry of Transport and Communications guides and supervises the operation of its’ agencies (Finnish Transport Safety Agency & Finnish Transport Agency) through annual performance targets and monitors how these targets are achieved and how appropriations are used. The Finnish Transport Agency is responsible for maintaining and developing the standard of service in the transport system’s traffic lanes overseen by the government. It also directs the road maintenance operations of the regional centers for economic development, transport and the environment (ELY). The ELY Centres promote traffic safety through transport system planning in co-operation with other parties. They also support the municipalities’ traffic safety efforts by participating in the activities of traffic safety groups, by encouraging municipalities with regard to

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24 THL is national development and research institute in the field of health and social affairs.
traffic safety planning and by organising training. At local level the administrative 
sector responsible for municipal housing policy and maintenance makes decisions 
related to traffic lanes on municipal roads such as children’s walkways to schools. 
Plans related to this are gathered up to the local road safety plans and usually 
municipalities have multisectoral road safety councils following up the traffic safety 
situation and implementation of the plan.

**Process 5 related to monitoring (grey color):** THL is also responsible for several 
health care registers (incl. e.g. hospital discharges, reasons for visits in health care, 
counseling given) and multiple national surveys (e.g. School Health Promotion 
Study). Surveys done between 14- and 17-year-olds and principals in schools 
already include monitoring bicycle helmet use. The mandate for this is given by the 
Ministry of Social Affairs and Health. In the Road Safety Programme by Ministry of 
Transport and Communication it is stated that Liikenneturva will monitor use of safety 
devices (incl. bicycle helmets) by observing the traffic flow.

Jaana Markkula
Chronological description of the programme “Kind und Verkehr” (Child and Traffic) run by the German Road Safety Council

Early eighties
Since the early 80’s the programme “Kind und Verkehr” (Child and Traffic) run by the German Road Safety Council (DVR) is committed to the safety of children as road users. The German Road Safety Council was founded in 1969 by the Federal Ministry of Traffic and is the national umbrella organisation dedicated to traffic safety. It has 230 member organisations.

The programme’s main focus is the road safety of children in pre-school age. The information and initiatives are geared towards the parents of this age group. The parents get information and special safety training in pre-school institutions, such as kindergartens, day-care facilities etc. The programme is offered throughout the whole year in these institutions and is given by so called “moderators” who give a two hours lasting competent and nationally consistent safety education for parents. The programme is assessed continuously by the Federal Highway Research Institute (BAST).

The cost for the development of the programme, media development and production, as well as the moderators’ remuneration was (and still is) borne in whole by the Federal Ministry of Transport, Building and Housing. The participating DVR member associations – such as the Federal Traffic Association (DVW), the German Automobile Club (ADAC), the Federal Society of Driving Instructor’s Association (BVF), the Automobile Club Europe (ACE) and the Automobile and Travelling Club Germany (ARCD) – assume the recruitment, the further education, the co-ordination and support of the moderators including shipping and handling is essential for the media they use.

To implement the programme locally, the DVR and the above mentioned member associations trained a big pool of hundreds of moderators who organize “Child and
Traffic"-events in pre-school institutions, such as kindergartens and day-care facilities etc. The moderators have access to numerous programme-specific media.

1980-2000
The programme was run continuously by the co-operating partners. It contained three main topics: Children as pedestrians, children as bicycle riders and children as passengers. The contents of the programme and the accompanying media were updated several times. So e.g. the changes of car seats and the related national and European standards (today ECE44) were included.

In the beginning the programme consisted primarily of parent’s trainings, later it was also possible to accomplish it as events integrated in the daily routines of the pre-school institutions.

2000-2003
The content of the “Child and Traffic”-programme was optimized in the years 2000-2003. The moderators could now choose from 17 modules to structure the content of the events. These modules are divided into three main categories: Basic Topics, Core Topics and Complementary Topics.

The Basic Topics deal with the basics of child development psychology and the psychology of learning. The Core Topics address the key issues of the road safety work for this target group. Specific topics include toy vehicles, children as passengers, and children as pedestrians. The eleven Complementary Topics address specific subjects of road safety work such as “Travelling by bus and train”, “Particular hazards in urban areas / particular hazards in rural areas”, “Children travelling alone” or “Children as bicyclists”.

The moderators can basically choose freely from this stock of modules. To ensure that the essential information is communicated to the event-participants, the moderators must bring up for discussion at least one Basic Topic and three Core Topics.

2008-2010
The programme was refreshed again to address and involve children directly (and not only via their parents). A new detailed programme manual “Projekthandbuch Kind und Verkehr” was published in 2009.

Since 2010 the moderators can arrange traffic safety projects now together with educators (Erzieherinnen). Subsequently educators are able to accomplish traffic safety projects on their own.

In 2010 approx. 3400 local institutions for pre-schoolers were reached by approx. 800 moderators.

Martina Abel and Andreas Bergmeier
Chronological description of „The First Car Seat Campaign“ (Child Passenger Safety) in Poland.
Prepared by: Marta Malinowska-Cieslik, Institute of Public Health Jagiellonian University Medical College, Krakow, Poland.

The first campaign: from Nov.14, 2011 to May 14, 2012

On November 14, 2011, the campaign was announced during the press conference at the Gynaecological-Maternity Hospital named “St. Family” in Warsaw organized by the Partnership for Road Safety Association (NGO) in cooperation with National Road Safety Council.

The campaign focuses on the problem of safe transporting and properly usage of the car seat for newborns and infants, seats within the 0-13 kg weight category.

The Association of Partnership for Road Safety is a non-profit organization cooperating with the National Road Safety Council and the World Bank and works to improve road safety and reduce the number of victims of road accidents in Poland.

A special e-learning platform: “fotelik.pl” has been launched, which addresses parents, care givers, medical professionals, mainly to midwives, nurses and medical personnel of “birth delivery training schools”. The platform enables the improvement of knowledge, and also develops skills to restrain the child in the car seat in proper way.

In December 2011, on the occasion of the Global Road Safety Week many actions were implemented on national, regional and local level media to increase knowledge and social awareness about proper using and securing of infants in the vehicles. Moreover, the idea of safe transport of children was promoted through trainings, education, and a web-based platform including crash shows, and lobbying for better enforcement of the child road safety law.

During the first campaign from Nov.14, 2011 to May 14, 2012 road transport inspectors conducted several controls of children in car seats, and parents had the
chance not only to gain knowledge but also practice and develop their skills needed in their individual case. The controls were provided in a few local communities.

Partners of this campaign: UN Decade of Action for Road Safety, Raben Logistic company, Sesame Street and local hospitals.

**The second campaign: from May 15, 2012- March 2013.**

So far, the educational actions have occurred in thousands of maternity wards in local hospitals, and birth delivery trainings schools for expecting parents all over the country.

The group of partners has been enlarged. The campaign is coordinated by the Association of Partnership for Road Safety together with the National Road Safety Council and World Bank. Partners of this campaign are: UN Decade of Action for Road Safety, Raben Logistic Company, Sesame Street, HTS “BeSafe”- Norwegian child car seat producer, the Polish Red Cross which is a national NGO with local offices, Committee for Children Welfare KONRAD - a local charity organization, Polish Internet TV for parents: happytv.pl. and local gynecological-maternity hospitals and “birth delivery schools”.

Marta Malinowska-Cieslik
8. Portugal – Child Restraint Systems Tax Reduction

8.1 Background

In Portugal as well as in the rest of Europe, the use of Child restraint systems (CRS) is mandatory. When installed and used correctly, the use of child safety seats and safety belts is one of the proven good practices for road safety. Rear-facing car seats reduce injuries up to 90-95% and forward facing car seats up to 60%.

In Portugal, from 1996 to 2007, the use of CRS has increased from 16% to 83%. But CRS misuse is observed in more than half of the children checked regularly by APSI. Misuse leads to a decrease in the level of protection in case of an accident. It is often linked to the use of CRS unsuitable for the child, the car or the family; one of the reasons for misuse is related to second hand and / or old and poor design and / or missing instructions in poor quality CRS.

When buying a new CRS or when there is a need for replacement of the unsuitable one, the high costs are often invoked by parents as a reason for not making the investment; price can therefore be a determinant in the choice and level of protection of a CRS.

Research shows that every EURO spent on a child safety seat saves 32 Euros on health care costs. In Portugal, the VAT rate on CRS was 21%. This meant that for every CRS purchased, more than 1/5 would go to the State safe deposits. Furthermore, the maximum VAT rate of 21% was one of the highest in Europe making CRS even more expensive for Portuguese families than in other European countries.

APSI knew that the UK had a reduced VAT rate on CRS since 2001. Being a European country, it had to comply with European law. With the help of a Portuguese lawyer, that acted pro-bono, APSI analyzed the contents of the European Directive on VAT as well as the Portuguese law and the VAT rate applied to different products with an impact on health. The results were convincing enough to build a case and
lobby the Government to reduce the VAT on CRS thus showing its investment in injury prevention as part of an integrated strategy on road safety.

8.2 Method

In late 2006, APSI started a worldwide survey on Government practices concerning VAT rates that apply to CRS and other consumer products, using the world wide web and putting up a short questionnaire that was sent out by email and filled in by 19 countries with the cooperation of the European consumer voice in standardization (ANEC) and the European Child Safety Alliance of Eurosafe (ECSA) networks.

At the same time, with the help of a Portuguese lawyer, APSI undertook an analysis of the European VAT law (The European Union Six Directive 77/388/CEE) in order to find out about national autonomy on VAT reductions and checked the products with a minimum VAT rate in the national market.

With the results of these surveys, a letter to the Government was drafted using the main findings as a rationale to ask for a reduction of the VAT rate on CRS to the minimum allowed (5%). The letter also asked for the purchase of CRS to be considered as a health expense that could be deduced from the Income tax. This letter was sent to 4 different ministries simultaneously - health, finances, internal affairs (road safety), social affairs (rehabilitation) - on the occasion of the Global Road Safety Week, in April 2007.

A press release was also issued informing the public about the letter, which was inserting APSI request into the Government strategy on road safety.

Every public opportunity was grabbed to remind the public and Government of the issue in newspapers, TV or radio programs but also on conferences (e.g. at the launch of the CSAP report cards, in Nov.2007; at the press conference for the launch of the results of APSI campaign and checkpoints for CRS in Jan.08; on the occasion of the public presentation of the National Strategy for Road Safety in May 2008; within the initiatives for the Road Safety European Day, in Oct.2008).
Formal and informal meetings were held with some of the recipients of the letters or their representatives from September 2007 to March 2008. In October 2008 it was also presented to the Portuguese Parliament.

8.3 Results

The International survey results have shown that only Canada and the UK had applied a reduced VAT rate to CRS, while Ireland had already approved such measure and it would be enforced starting in May 2007. None of the 19 respondent countries reported that CRS could be considered as a health related expense that could be deducted from the income tax.

The study of the European Union Sixth Directive 77/388/CEE enhanced the affordability of “safety restraints” by including them in the category “essential product” on which VAT can be charged at only 5%. Safety restraints comprise seatbelts, booster and child seats.

APSI also found that this minimum rate of 5% was applied to products like soft drinks. This was considered to be quite controversial due to their potential risks for health and inherent costs to the system; these specific products were used in the letter to the Government and press release as nonsense when comparing with the positive impact of CRS on health costs.

Choosing the Global Road Safety Week was first seen as a good opportunity but the media did not give as much highlight to the subject as expected, maybe because of the many different activities and press releases from different organizations on the same occasion.

The launch of the European Child Safety Alliance report cards and country profiles, in Nov. 2007, helped to bring the subject back up as it was showing that Portuguese families needed to work 2,5 more than other European families to be able to buy a CRS for their children.
The follow up meetings were an important lobbying tool. There was acceptance and cooperation from the Secretary of State for Rehabilitation (Social Affairs Ministry) and great support from the Parliament members.

In early 2008, a political party took the issue on board to the Parliament and the media highlighted it again.

By mid-October 2008, without previous notice to APSI, the Government announced that the CRS VAT reduction to the minimum rate allowed by the Directive was a proposal in the state budget for 2009.

The proposal to include CRS purchase as a health expense to be deducted in the income tax was not taken on board or even publicly discussed.
9. Romania – Control of Road Traffic Crashes

The campaign entitled “Stop traffic accidents! Life has priority” was initiated in 2006 by the General Inspectorate of Romanian Police and developed as a partnership program for prevention and control of road traffic crashes.

In the first year, the program was conducted between 19 January and 31 July 2006, the program was launched during a press conference held by the General Inspectorate of Romanian Police.

Driving facts:

- 2500 casualties and 6000 severe injuries resulted from road traffic crashes annually
- Visible increase of road traffic crashes and victims in 2005 comparatively with 2004 (+5.3% crashes; +190 casualties; +294 severe injuries)
- Highly trafficked roads (more than 5.6 million persons with driver’s license)
- Poor road traffic education
- Speed and pedestrians’ imprudence

The campaign was conducted in partnership with more than 20 governmental and non-governmental institutions and organizations. All the stakeholders worked together so, each partner was involved at a certain point in the program implementation.

**Governmental sector:**

*General Inspectorate of Romanian Police*

*Road Traffic Department*

*Public Order Police Department*

*Research Institute and Crime Prevention*

Specific attributions:

These institutions worked together on:

- Stakeholders involvement
- Organization of specific activities within the main campaign (e.g. Seat belt week)
➢ Use of money collected through penalties in improving road safety
➢ Support the implementation of a National Strategy for Road Traffic Safety
➢ Support for other institutions

**Ministry of Transport, Construction and Tourism**

**Romanian Road Authority**

Specific attributions:

➢ Legislation enforcement and traffic controls
➢ To promote the program and share prevention information on their website

**Romanian Automobile Registry**

Specific attributions:

➢ Actions in traffic to check technical condition of vehicles
➢ Promotional materials print and distribution
➢ To promote the program and share prevention information on their website

**Romanian National Company of Motorways and National Roads**

Specific attributions:

➢ Strategies to improve road infrastructure – lanes separation, protection fences on road with poor visibility and other bad traffic conditions
➢ Improve the quality of prevention billboards on highly trafficked roads
➢ Strategies to improve road infrastructure on rural areas
➢ To promote the program and share prevention information on their website

**Inter-ministerial Council for Road Safety**

Specific attributions:

➢ Lobbying to influence the Romanian Government to adopt a National Strategy for Road Traffic Safety
Ministry of Education and Research
Specific attributions:
- Road traffic education and prevention in schools
- To promote the program and share prevention information on their website

Local Public Administration
Specific attributions:
- Encourage environmental modifications and improvements: road traffic optimization; video surveillance in highly trafficked areas and those considered as being black spots; public lighting in highly trafficked areas, near schools and pedestrians crossings; protection fences
- Research funding for billboards with prevention message
- To promote the program and share prevention information on their website

Non-governmental sector:
Romanian Association for International Road Transport
Specific attributions:
- Funding for the program activities
- Promotional materials distribution
- To promote the program and share prevention information on their website

The National Union of Road Hauliers from Romania
Specific attributions:
- Funding for the program activities
- Promotional materials distribution
- To promote the program and share prevention information on their website

Romanian Automobile Club
Specific attributions:
➢ Coordination of 200 activities of road traffic safety education, activities approved by Ministry of Education
➢ To promote the program and share prevention information on their website

**Traffic Crashes Victims Association**

Specific attributions:

➢ Raising awareness regarding the burden of traffic injuries among public
➢ Raising awareness regarding the burden and costs of injuries among governmental institutions
➢ Media coverage

**Renault Nissan Romania**

Specific attributions:

➢ Support the education activities
➢ To promote the program and share prevention information on their website

**Media**

Print media: 7,913 articles
Radio: 4,336 communications
TV: 8,790 communications and appearances

SPH,BBU,Cluj-Napoca
Background

- Bicycle use is being promoted for environmental and public health reasons. In 2008, a survey revealed that 17.59% of Spaniards aged 12-79 rode a bicycle at least once a week, as percentage higher than that observed in 2006.
- Riding a bicycle is not a risk-free activity, as unintentional injuries due to falls and road crashes involving pedestrians and motor vehicles have been widely described.
- In 2010, acute care hospitals in Catalonia reported a total of 630 emergency hospital admissions of cyclists injured. In 24% of cases the main diagnosis was a TBI. Less than 15% of cases were coded as traffic accidents, suggesting that most of these injuries, affecting mainly children and adolescents, occurred during leisure activities.
- The use of bike-helmets has been reported to reduce bicycle-related head injuries with 63% to 88%.
- Both in Catalonia and the rest of Spain, cyclists are only required to wear an approved helmet when riding on roads and when participating in sports competitions, but not in other circumstances (cycling in cities, parks, mountain areas, etc.)

Key actors involved – European Level

- European Union - DG SANCO. The European Union plays an important role in the establishing standards for approval of bicycle helmets for the European market, and can help to ensure that all bike helmets for children meet safety requirements. The activity of DG SANCO gives citizens in the EU access to bicycle helmets providing enough safety.

Key actors involved – National Level

- Spanish Government. General Directorate on Road Traffic (DGT). The Spanish government is responsible for road safety regulations although, law enforcement in Catalonia is the responsibility of the Catalan government and
municipalities. DGT also develops media prevention campaigns. Current Spanish regulations only require cyclists to wear helmets when traveling by road and when participating in sports competitions. Cyclists, regardless of age, are not required to wear helmets when traveling in towns and cities.

• Spanish Government. General Directorate on Public Health and International Health (DGSPSE). DGSPSE is responsible for coordinating public health activities which are developed by regional governments. DGSPSE influences road safety and public health policies developed by other sectors of the Spanish government.

Key actors involved – Regional Level (1)

• Government of Catalonia. Catalan Road Traffic Service (SCT). SCT is responsible for enforcing road safety regulations directly or through municipalities. SCT also develops media campaigns and school road safety prevention programs.

• Government of Catalonia. Public Health Agency of Catalonia (ASPCAT). ASPCAT is integrated in the Catalan Ministry of Health, but has a board of directors with members from other areas of the Catalan government and municipalities, which allows ASPCAT to influence sectorial policies on road safety and public health. ASPCAT develops school and community prevention programs, and creates partnerships with organizations such as professional societies and associations of cyclists.

Key actors involved – Regional Level (2)

• Scientific and professional societies. These organizations develop guidelines and recommendations for health professionals. Health advice during pediatric consultations may help families to adopt effective measures to prevent unintentional injuries, such as helmet use for cycling.

• Associations of cyclists. They play an active role in promoting bicycle use and in the protection of the interests of cyclists. They tend to oppose the establishment of laws forcing cyclists to wear helmets, and consider that helmet use is an individual decision that must not be encouraged.
Key actors involved – Local Level

- **Municipalities.** They are responsible for implementing the regulations on road safety in cities and towns. Sometimes municipalities develop road safety programs in schools. They often encourage the bike use for transportation.

- **Schools.** They are responsible for educating children and adolescents, and transmit health and safety information, attitudes and skills. They can influence the educational practices of families. They often promote bicycle use on the go to school.

Josep M. Suelves
Annex – Background on bicycle helmets in Sweden

During 1990, a WHO initiative, a global programme to increase helmet-wearing among two-wheel riders, was launched. The initiative was taken up by a group of WHO Safe Communities collaborating centres, one at the Karolinska Institutet in Stockholm. Sweden National Institute of Public Health initiated the implementation of strategies for promoting the use of bicycle helmets as part of its National Safety Promotion and Injury Prevention Programme and their strategy regarding physical activity.

An intersectoral approach was adopted in order to involve all agencies already involved in safety promotion.


The Group (steering commité) met twice a year and a number of working (national)-and taskforce groups (expert and regional) were formed. A key programme strategy was to coordinate activities between participating organizations. Some process-orientated targets were to – improve and submit knowledge in the area; examine on-going work in Sweden and abroad; participate in international work within the framework of WHO Collaborating Centres. The Groups principal strategy was to work through existing organizations. A special task force was formed within the Group as they approached (formally recommended), via a special memorandum, The Ministry of Transport arguing for legislation. Several focus groups were also established,
consisting of nine school classes (age 12-14 y), and further knowledge came from an online community inquiry, called Lunarstorm where as many as 129 000 responded.

In 1995, The Helmet Initiative Group determined to adjust its helmet wearing targets to those of the National Traffic Safety Programme (1995-2000), set up by Sweden National Road Administration; The Swedish Association of Local Authorities and The National Police Board.

Extensive efforts were made to extend the network of safe-cycle lanes and to implement safety promoting changes in transport structure, particularly in high-risk rural areas.

Some examples of national and regional efforts: school- and design competitions; advertising in media-/on milk cartons-/cinema commercials-/IKEA-/on helmet discounts-/on roadside billboards, information-/commercials on national TV-channels, and information on the represented authorities official websites.

Sweden’s long-term road safety goal is that there should be no fatalities or serious injuries in road traffic. This goal was ratified by the Swedish Parliament in 1997 and is based on the "Vision Zero" programme.

The Helmet Initiative Group were active for a decade and they have seen that helmet use has been increasing, however, not at that rate they hoped for. Mandatory helmet wearing is still an important strategy at the national level. Regional and local based efforts still need to be more comprehensive – new target groups, such as immigrants, vulnerable social groups and teenagers must be approached.

An analysis of 15 years of regional and national programmes on bicycle helmet promotion demonstrates positive developments for various programme components (child health care, staff and parental information-/education, helmet-discount schemes, and general community safety programmes). Repeated information gives results in the long term, but its most effective when combined with legislation and multi-faceted training and helmet-discount programmes. Moreover, all of these
components should be incorporated into a comprehensive, community-oriented safety-promotion programme (The Safe Community Model).

Daniel Carlsson
"Respect our signs" – Activity of the Croatian National Road Safety Program (CNRSP)

Authors: Miron Huljak & Ivana Bkić Biloš
Mandated responsibility for bicycle helmet use in The Czech Republic

Authors: Veronika Benesova, Pavel Sulc
Mandated responsibility for The Safe Routes to School Programme in Odense Municipality, Denmark

EU / European Level

National Level

Regional / Subnational Level

Local Level

**Author:** Hanne Møller
Mandated responsibility for road safety at European / EU level

EU Commission

Committee of the Regions

EU Commission

EU Transport

European NGOs, Industry

TFEU Articles: 114, 168, 169

National Level

National Plans

National Competent Authorities

Civil Organisations, Stakeholders, Industry

Regional / Subnational Level

Local Level

The Public (Children, Parents)

EU / European Level

CEN

CHILD, ROSE, WATCHOVER PROJECTS

TACTICS

Author: EPHA

EU Commission

EU Commission

Political Agreement

European Parliament

Council of the EU

"codecision"

European Economic and Social Committee

The Media

National Legislation based on TFEU Art. 36

BAC Recommendation 2001/115/EC

Road Safety Recommendation 2004/345/EC

Safety belts 76/115/EEC 91/671/EEC 2003/20/EC

Interior fittings of motor vehicles 74/408/EEC

External projections motor vehicles 74/483/EEC

Regulation European Standardisation 1025/2012/EC

EN 1078:1997

EN 1080:1997

National Plans

Integrated Child Restraint Systems

The Public

The Public (Children, Parents)

Civil Organisations, Stakeholders, Industry

The Media

National Legislation based on TFEU Art. 36

BAC Recommendation 2001/115/EC

Road Safety Recommendation 2004/345/EC

Safety belts 76/115/EEC 91/671/EEC 2003/20/EC

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Road Safety Recommendation 2004/345/EC

Safety belts 76/115/EEC 91/671/EEC 2003/20/EC

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National Legislation based on TFEU Art. 36

BAC Recommendation 2001/115/EC

Road Safety Recommendation 2004/345/EC

Safety belts 76/115/EEC 91/671/EEC 2003/20/EC

Interior fittings of motor vehicles 74/408/EEC

External projections motor vehicles 74/483/EEC

Regulation European Standardisation 1025/2012/EC

EN 1078:1997

EN 1080:1997

National Plans

Integrated Child Restraint Systems

The Public

The Public (Children, Parents)

Civil Organisations, Stakeholders, Industry

The Media
Mandated responsibility for increasing the use of bicycle helmets in children and young people in Finland

Author: Jaana Markkula, THL
Mandated responsibility for Traffic Safety programmes in Germany: national programme “Child and Traffic”

Authors: Martina Abel & Andreas Bergmeier (DVR, National Road Safety Council)
Mandated responsibility for passenger child restraints in Hungary
Mandated responsibility for increasing of proper use of child car seats in Poland

EU / European Level
EU NGOs (ECSA, ANEC)

EU Commission
European Economic and Social Council
European Committee of the Regions
WHO Regional Office for Europe

World Bank

EU Parliament

EU NGOs (ECSA, ANEC)

Motor Transport Research Institute
National Council of Road Safety (KRBRE)

Ministry of Transport
Ministry of Interior National Police Board

Regional Police

Regional Governmental Authority

Regional Transport Inspection

Regional Transport Authority

National Road Transport Authority


First Car Seat Campaign

Assoc. Road Safety Partnership

Act on Road Safety from June 20 1997

Act on Product Safety from Dec. 12 2003

EU/Regional Level

Local Municipality, Community

Local Charity, Polish Red Cross

Hospitals, Maternity Schools

The Public:
Society, Communities, Parents and Care Givers of Newborns and Infants

Author: Marta Malinowska-Cieslik
Mandated responsibility for CRS tax reduction in Portugal

APSI motivates/lobbies Political Parties:
- Health
- Finances
- Internal Affairs
- Social Affairs

formally recommend Parliament

advises Government

CRS Tax Reduction

EU / European Level

National Level

Regional / Subnational Level

Local Level

European VAT Law - X Directive 77/388/CEE

TACTICS

Author: APSI
Mandated responsibility for a Partnership Program for Prevention and Control of Road Traffic Crashes in Romania (2006)

EU / European Level

National Level

Regional / Subnational Level

Local Level

Author: SPH, BBU, Cluj-Napoca
Mandated responsibility for promoting bike helmet use among children in Catalonia, Spain

EU / European Level
- DG SANCO

National Level
- Ministry of Interior (DGT)
- Ministry of Health (DGSPSE)

Regional / Subnational Level
- Ministry of Interior (SCT)
- Ministry of Health ASPCAT
- Health Professionals (scientific & professional organizations)
- Bicycle Associations

Local Level
- Municipalities
- Schools
- The Public
- DG SANCO
- Ministry of Health (DGSPSE)
- Ministry of Interior (DGT)
- Ministry of Interior (SCT)
- Health Professionals (scientific & professional organizations)
- Bicycle Associations
- The Public

Author: JS
Mandated responsibility for bicycle helmet implementation and promotion in Sweden

Action Programme WHO
Increase helmet wearing among two-wheel riders

Ministry of Transport

National Traffic Safety Promotion and Injury Prevention Programme

National Road Administration
National Board of Occupational Safety and Health
The Children’s Ombudsman
National Board for Consumer Policies
National Police Board

Skaraborg County Council
Västerbotten County Council
Stockholm County Council

Linköping University

Göteborg Municipality -host of secretariat

Parents
Adults >16y
Elderly
Children <10y
Children 6-15y

EU / European Level

National Level

Cinemas
www. Press
Tv
Vision Zero Programme

National Road Administration
National Board of Occupational Safety and Health
Swedish Cycling Promotion
Swedish Cycle Society

The Helmet Initiative Group

Regional Level

Press Ads

Local Level

Press Ads

Action Programme Sweden
National Bicycle Safety Promotion Programme

Karolinska Institute
National Institute of Public Health

National Testing and Research Institute

Västerbotten County Council
Stockholm County Council

Stockholm County Council

Press
Ads

Linköping University

Focus groups
12-14y
Online Community
12-17y
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Home Safety – Accompanying descriptions and documentation regarding organigraphs (unedited) followed by organigraphs
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1. Austria- BARENBURG, The Child Safety House

The BARENBURG, the 1st Austrian Child Safety House, is a house offering all elements of child safe private housing and living to the wider public. As a child safety demonstration house it shows how the home environment can become a safe place for children. It is built within the hospital area of the Medical University of Graz in close vicinity to the children’s hospital centre.

The Child Safety House functions as a centre of competence in child safety combining injury research with safety education and effective intervention strategies on a community level. Therefore, the Child Safety House is an important tool in raising awareness for injury prevention among those mainly dealing with children - either as part of their profession or as parents, grandparents or others.

In the centre of the BARENBURG organigraph is GROSSE SCHÜTZEN KLEINE/Safe Kids Austria, who is running the house and initiated this idea based on an Australian model.

Safe Kids Austria raised money from public funding and private sponsoring in order to finance this project. The current costs are also financed by public funding as well as private sponsoring.

On the left side of the organigraph the “output” of the BARENBURG is shown: information and education of the public and special activities for pupils. A small version of the BARENBURG, the miniBARENBURG, has been installed in a local hospital. Which aims to transport child safety information to their visitors.

On the right side and above the complexity of accident research is outlined. The department of paediatric surgery in Graz and data from local hospitals provide the base for scientific research in the centre of accident research and injury prevention. The results are given to the national authorities to improve and advance all aspects of child safety in Austria.

The Safety House as an information centre on child safety is monitored by governmental bodies (building regulations) as well as by the Ministry of Consumer Safety (product safety, consumer safety) and the Austrian Standards Institute.
(product standards). This guarantees that on one hand only safe products are displayed and on the other hand wise and reasonable tips are given to the visitors.

International partnerships guarantee current and updated information on new trends in safety as well as on potential risk factors and ensure best information to the public.

Peter Spitzer, Gabriele Blaschitz
2. **Czech Republic – Child Home Safety**

**Description**

- **European level:**
  - ECSA
  - WHO Regional committee Resolution EUR/RC54/R3
  - EUR/RC55/R9 EC Resolution on the Prevention of Injuries

- **National level Laws:**
  - Fundamental Law No.1/19
  - Family Law No.94/1963
  - School Law No.561/2006
  - Civil Code No 40/1964
  - This range of basic laws have incorporated the right of safety for children and mandated responsibility of caregivers.
  - Ministry of Health - health care services - preventive visits to new-born child families-consulting in home safety.
  - Ministry of Interior – police instructs in person safety education in schools
  - Ministry of Education, Sport and Youth - injury and violence prevention in school curricula include home safety education
  - Ministry of Labour and Social affairs – regulations and recommendations in family violence prevention, social care services visits to margined groups of population, safety of children in deprived families

- **National action plans- tasks, goals and responsibilities clearly stated across sectors:**
  - National action plan for child injury prevention 2007-2017 - working group of the Ministry of Health
  - National strategy for child violence prevention - working group of MoH
  - National coordination centre for child injury, violence prevention and safety promotion –coordinates preventive activities
• Institute of Public Health – research, surveys, methodical leadership, courses
• Society of physicians in child and youth health care – methodology, consulting during obligatory preventive checks

• **Regional level**
  
  • Public health centres – under Institute of Public Health
  • Universities- medical faculties, public health and social sciences
    Universities – prevention of injury and violence included in curricula

• **Local level**
  
  • Schools – educational plans
  • Paediatricians - instructions to parents and children on injury and violence prevention
  • Teachers- preventive lecturing
  • Social workers – home visits to problematic families
  • Mother’s centres – education of mothers

Veronika Benesova, Pavel Sulc
3. England – “Safe at Home”

Chronological description: Safe At Home – The National Home Safety Scheme was committed – Home Safety

Safe At Home was one of the most significant national initiatives ever undertaken in England to tie home safety activity into a national strategy by providing home safety education and equipment to families in need. It has been described as one of the largest home safety projects in the world.

In 2008 the Government published the Staying Safe Action Plan setting out a range of activities to help reduce child injuries, including a commitment to fund a new home safety equipment scheme over the three years 2008-2011, which was targeted at families in disadvantaged areas. After a competitive tender process for the opportunity to develop and deliver this scheme, RoSPA was awarded the contact to deliver Safe At Home from February 2009 – March 2011.

The main focus of the national scheme was to provide home safety equipment to the most disadvantaged families in areas with the highest accident rates, with the long term objective to promote understanding of the importance of home safety and to build the capacity of local communities to run their own schemes providing equipment and advice to families. The scheme provided a combination of safety equipment, installation, professional training and education for families.

The scheme had a team of nine which included a project manager and five coordinators who worked with the local equipment schemes. There are 354 local authority areas in England, of these, 141 have accident rates above the average of 88.82. Once a local area had registered with the national scheme, key members of the staff were required to attend Safe At Home training sessions which provided an overview of the practicalities involved in implementation. RoSPA appointed a company to provide and deliver the equipment and a university research team to carry out an independent evaluation. Regional qualified fitters were also appointed to fit the equipment following referrals from the local schemes.

Training for staff involved in the delivery of schemes at a local level was mandatory for those who had not completed Home Safety training to City and Guilds Level 2 in
the previous two years. Training sessions were developed centrally by RoSPA and delivered in venues across the country by the regional co-ordinators, working to support the national scheme.

In order to assess the home safety equipment requirements of each family referred to in the scheme, home visits and safety checks were to be conducted by professional staff. These enabled individual circumstances to be taken into account and formed the basis for the equipment orders from the supplier. The visits also provided the opportunity for staff to offer advice and information in relation to home safety to the householder.

Whilst the scheme operated on a national basis, implementation relied on working in partnership with local service providers. Partners included:

- Local authorities
  - Environmental Health
  - Children’s Centre
  - Sure start
  - Trading standards
- Health services
- Fire Services
- Charitable organisations
- Housing agencies

Everything relating to the scheme was centrally coordinated and very closely monitored, with monthly reports supplied to the government and regular face to face meetings. The business plan was regularly reviewed and existing strategies were put in place to deal with the closure of the scheme.

Safe At Home came to an end on 31 March 2011 having met all the Key Performance Indicators. Based on evidence of best practice with the potential to improve safety behaviours in vulnerable families and to reduce unintentional injuries,
local capacity for professional training, equipment provision and family education was increased, thus, it is likely that current and future families may benefit from the scheme.

The University of Nottingham’s independent evaluation of SAH (Safe at home) reported 96 per cent satisfaction amongst beneficiaries, with 91 per cent feeling their home was safer. Subsequent research suggests that across England, Safe At Home helped reduce the 5 per cent annual rise in hospital admissions due to an unintentional injury to just 1 per cent. In the 10 best-performing SAH areas, a 29 per cent reduction in hospital admissions appears to have been the result of the SAH programme, allied to excellent local leadership, enthusiasm and effective inter-agency co-ordination.

At an estimated cost to society of £33,200 for a serious non-fatal injury to an under-5, this equated to a saving of £27million compared with the programme’s cost of just £1.7million in these areas.

Unfortunately there is evidence to show that due to the present economic climate, some of the local schemes established have ceased to operate. However we are aware that some schemes have continued to deliver effective sustainable programmes.

Sheila Merrill
4. European Public Health Alliance (Europe / EU) – Home Safety for Children

4.1 Background information at European level

The WHO provided alarming data in 2004 concerning different aspects of home safety, such as poisoning, burning or falls.¹

**Poisoning** remained the third leading cause of injury death. In 2004, acute poisoning caused 3000 deaths in the European Region, with a thirtyfold difference between the countries with the highest and lowest rates. The home was the most common setting for childhood poisoning and children were particularly at risk when harmful substances are stored in easily opened containers or within easy reach. The agents in most fatal poisonings were pharmaceuticals, household agents, pesticides and plants. Acute intoxication with alcohol is a growing concern in adolescents.

**Burns** killed 1700 young people aged 0–19 years in 2004 in the European Region; survivors could be permanently scarred or disabled. Again, there were great inequities between and within countries. Deaths in the countries with the highest rates were 85 times those in the countries with the lowest, and the poorest people in countries have up to 38 times the risk of the richest. Deaths and injuries from burns were linked to unsafe environments and products, especially at home.

More than 1500 young people aged 0–19 died from **falls** each year in the European Region, with a twenty twofold difference in deaths between the countries with the highest and lowest rates. Many more non-fatal fall injuries were a leading cause of disability. As with other injury types, poor children were at increased risk.

4.2 The directive on dangerous imitations (87/357/EEC)

The **Directive on dangerous imitations** prohibits the marketing, import and manufacture of products that look like foodstuffs but that are not in fact edible. These products may be particularly relevant for children who are most likely to be victim of such imitations.

The Directive (87/357/EEC)\(^2\) applies to products which are not edible, but could easily be confused with foodstuffs by their appearance, smell or packaging. Member States must carry out checks to ensure that no such products are marketed. If a Member State bans a product under the terms of this Directive, it must inform the Commission and provide the details needed to inform the other Member States.

As examples, some products imitating soaps, candles and other decorative articles can be all food-imitating and as a consequence pose a risk of **choking**, **poisoning** or **perforation** of the digestive tract, **in particular to young children**, because they can be mistaken for food and be sucked or ingested given their shape, colour, appearance and size.

In these cases, the main corrective measure taken by the national authorities (or sometimes on a voluntary basis by the producer or distributor) to prevent the risk to consumers has been the withdrawal of the food-imitating products from the market. Directive 87/357/EEC on dangerous imitations prohibits the marketing, import and manufacture of products that look like foodstuffs but that are not edible.

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4.3 The old Toy safety directive (88/378/EEC)
The original directive on toy safety (88/378/EEC\(^3\)) was adopted in the context of the achievement of the internal market. The aim of this harmonisation measure was also to guarantee an equally high level of toy safety across the whole Community. Directive 88/378/EEC sets the essential safety requirements that toys placed on the market in the Community have to fulfil.

Technical details are left to be fixed by standardisation organisations, which mean that toys that comply with the harmonised standards are presumed to be in conformity with the essential safety requirements of the Directive.

\[\]


Directive 88/378/EC has, in general, worked well during its almost 20 years of existence. However, the technological developments in the toys market have raised new issues with respect to the safety of toys, and made consumers express increased preoccupations in this regard. The experience made with the operation of the existing Directive on the safety of toys led to the conclusion that there is a need to update and complete the safety requirements, in particular in areas such as noise and chemicals in toys. The 'old' Directive, therefore, needed to be adapted to these developments.4

4.4 The new directive on Toy safety (2009/48/EC)

On 30 June 2009 the new Toy Safety Directive was published.5 It substantially amends the old Directive across virtually all safety aspects, fulfils to the highest level the newest health and safety standards and improves the existing rules for the marketing of toys that are produced in and imported into the EU in view to reducing toy related accidents and achieving long-term health benefits.

Directive 2009/48/EC applies to toys defined as "products designed or intended, whether or not exclusively, for use in play by children under 14 years of age". It foresees 19 products not to be considered as toys within the meaning of the Directive and 5 toys the Directive is not applying to (for example, toy steam engines, slings).

The new Directive brings in particular more references on chemicals by limiting the amounts of certain chemicals that may be contained in materials used for toys. Chemicals that are susceptible to provoke cancer, change genetic information or harm reproduction, so-called CMR (Carcinogenic, Mutagenic or toxic for Reproduction) substances, are no longer allowed in accessible parts of toys. For certain substances like nickel tolerable limit values have been introduced and certain heavy metals which are particularly toxic, like lead, may no longer be intentionally used in those parts of toys that are accessible to children.

**Allergenic fragrances** are either completely forbidden, if they have a strong allergenic potential, or have to be labelled on the toy if they are potentially allergenic for some consumers.

This new Directive came into force on 20 July 2009, Member States had to implement it into national legislation by 20 January 2011, and they began to apply the new measures from 20 of July 2011, except for annex II part III (chemical requirements). Recognizing that this is a more complicated area, the parts of the Directive relating to chemical content will come into force on 20 July 2013. During this transitional period, part III of annex II of Directive 88/378/EEC will continue to apply.⁶

The Commission elaborated, in cooperation with **Toy Industry of Europe**, a brochure on toys safety, available in all EU languages. The brochure is intended to all parties directly or indirectly concerned by the new Toy safety directive 2009/48/EC⁷.

Authorities, consumer organisations and the industry, in collaboration with the Commission, made toy safety tips addressed to consumers in order to make the best choices when buying toys providing adequate toys to our children.⁸

**4.5 REACH regulation (1907/2006/EC)**

The REACH Regulation⁹ is the main legislation at EU level on Registration, Evaluation, Authorisation and Restriction of Chemicals. It entered into force on 1st June 2007. It streamlines and improves the former legislative framework on chemicals of the European Union (EU).

The main aims of REACH are to ensure a high level of protection of human health and the environment from the risks that can be posed by chemicals, the promotion of alternative test methods, the free circulation of substances on the internal market and enhancing competitiveness and innovation.

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REACH makes the industry responsible for assessing and managing the risks posed by chemicals and providing appropriate safety information to their users. In parallel, the European Union can take additional measures on highly dangerous substances, where there is a need for complementing action at EU level.\(^\text{10}\)

REACH foresees a **restriction** process to regulate the manufacture, placing on the market and use of certain substances, either on their own or in mixtures or articles, within the EU territory if they pose an unacceptable risk to health or the environment. Such activities may be limited or even banned, if necessary. The restriction is designed to manage risks that are not addressed by the other REACH processes or by other EU legislation. The main restrictions are listed in Annex XVII.

### 4.6 European standards on home safety of children
There is a significant number of standards adopted which ensure the highest attainable safety level of relevant products.

**Falls:**
- Furniture
- Mandatory use of helmets during sports
- Playgrounds with regulated shock absorbing surfaces to comply with the playground standards
- Fairground equipment and leisure attractions
- Stair gates
- Window Bars and Balconies
- Sports equipment
- Supermarket trolleys

**Burns and scalds:**
- Child resistant lighters and matches
- Flammability of furniture and other products
- Flame resistant clothing

\(^{10}\) [http://ec.europa.eu/enterprise/sectors/chemicals/reach/index_en.htm](http://ec.europa.eu/enterprise/sectors/chemicals/reach/index_en.htm)
• Smoke alarms
• Temperature regulators on water heaters to prevent tap water scalds
• Surface temperatures
• Fireworks

Poisoning:
• Child resistant packaging
• Labelling of dangerous products
• Phthalates in toys and child care products
• Chemicals in Toys
• Safe storage
• Nickel allergy

Choking:
• Inedibles in food
• Small parts size enforcement for child products and toys/warning labels
• Pen Caps

Suffocation and Strangulation:
• Blind cords on windows
• Requirements on measurements in standards for products
• Removal of drawstrings on children's clothing
• Pen caps\(^{11}\)

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5. Finland – Health Care Counseling

Mandated responsibility for health care counseling related to unintentional injury prevention in maternity and child health clinics in Finland

Maternal and child health clinics have long traditions in Finland, as it became part of the public health system in 1944. The Public health act in 1972 gave more opportunities to develop these services. Until 1990s maternity and child health clinics were managed by norms and after that it changed to information management. This meant that former national guidelines were revoked, and municipalities could more independently organize public services. According to national surveys in 2004 and 2007 sent to maternity and child health clinics by National Research and Development Centre for Welfare and Health (STAKES) (nowadays National Institute for Health and Welfare THL) there were signs that availability of services varied by region. In order to tackle inequality, national guidelines\textsuperscript{12} related to child health clinics were launched by Ministry of Social Affair and Health in 2004. For this reason and in order to give strength to the guidelines and health promotion also preparation of Government Decree (338/2011) on maternity and child health clinic services, school and student health services and preventive oral health services for children and youth was started by Ministry of Social Affairs and Health.

According to decree (338/2011) health care counselling given in maternity and child health clinics consists of at least nine health examinations for each child during the 12 months of life and at least six health examinations for each child between the ages 1 and 6. In addition families expecting their first baby shall be provided with multi-professional family training (incl. parents’ group activities) and a home visit shall be made to families expecting their first baby or who have recently had their first baby. If needed other home visits shall be made. Unintentional injury prevention was mentioned both in guidelines and the decree as part of promotion of health that should be given in health care counselling.

At local level the national legislation and guidelines related to health care counseling are implemented by the maternity and child health clinics which are part of the municipal health centers. According to the Health Care Act (1326/2010), injury prevention is defined as part of health promotion which is coordinated by local authorities at local level. These authorities and joint municipal authorities for hospital districts shall ensure that services are available and universally accessible in their area, to the residents that they are responsible for providing services. Local council is the top governing body of decision-making, elects municipal executive board and they make decisions (incl. funding) regarding the work in municipal health centers and maternity and child health clinics working under them. Altogether there is around 805 maternity and around 860 child health clinics in Finland. It has been estimated that nowadays 99,7% of pregnant mothers and 99,5% of children use services of maternity and child health clinics from birth until school age.

THL implements the national legislation related to maternity and child health clinics by giving guidelines to municipal health centres. Recently THL has published guiding material for professionals, which all include unintentional injury prevention: 1) Health care examinations in child health clinics and school health care -method manual (2011), 2) electronic Child health care manual for professionals (2012) and 3) Extensive health care examinations – Guidelines for maternity and child health clinics and school health care (2012). Also the National action plan for injury prevention among children and youth which was published in 2009 emphasized the need to include unintentional injury prevention to these guidelines and has participated on its’ part by providing content. Related to this the action plan has worked together with Campaign for Home injury prevention in order to provide tools to be used in health care counseling. For example new check lists for checking possible hazards at the home environment for under 1, 1–3 and 4–6 year-olds have been delivered to all child health clinics in Finland and linked to electronic Child health care manual for professionals.

In addition a National expert group on prenatal care is drawing up national guidelines to maternal health care. This should be published in the end of 2012. These are prepared in cooperation with Ministry of Social Affairs and Health. With these and the basic and additional education related to them given to doctors, public health nurses and midwives the work done in maternal and child health clinics has been developed.
Monitoring and supervision on the implementation of the legislation and guidelines is done in cooperation with THL, Valvira and Regional State Administrative Agencies. Valvira, the National Supervisory Authority for Welfare and Health is operating under the Ministry of Social Affairs and Health. Valvira supervises and guides healthcare professionals and medical facilities both in the private and public sector. With supervision and guidance Valvira ensures the adequacy of services given in the maternity and child health clinics. Valvira guides the six Regional State Administrative Agencies and local authorities in the areas of health care. Valvira and the Regional State Administrative Agencies carry out their supervisory duties on the basis of jointly agreed supervision programmes, which include the supervision of work done in the maternity and child health clinics. At the end of 2012 all health centres in Finland are sent an evaluation survey related to the implementation of new Government Decree (338/2011). This 3rd survey is done by THL, and unintentional injuries as a subject of health counseling is included.

Jaana Markkula
6. Germany – Home Visiting Program (Pilot)

Example: The implementation of home visiting programmes in Germany
Home visits as an evidence-based measure to promote child safety

6.1 Background
In Germany several data analyses and surveys are available which show that children aged 0-3 years are a high-risk-group for intentional and unintentional injuries (see: https://www.ggebund.de/gbe10/owards.prc_show_pdf?p_id=13246&p_sprache=d&p_uid=gastd&p_aid=92888291&p_lfd_nr=4). Children younger than 3 years are exceedingly affected by accidents at home such as drowning, suffocation, poisoning or falls, moreover, they are victims of domestic violence. Most of these injuries happen in the family setting.

From Cochrane Reviews and other sources we know, what works in home injury prevention. Among these measures home visiting programmes seem to be successful interventions

• to educate parents towards a better support of the development of the child
• to raise positive effects on the interaction of parents and children and to influence the quality of supervision
• to arouse a better understanding and awareness for child safety
• to change parental behaviour towards more safety
• to reduce environmental risks

In Germany health related home visiting programmes have not been provided nationwide yet. In the last years a process of efforts, evaluations and political initiatives started to improve the situation of young families by advising, educating and visiting young parents. Especially since the media reported about some very heavy cases of child maltreatment and fatal violence against young children, this process got more drive.

Among others families should be supported and educated by early interventions – including home visits organized by the responsible services on the community level.
Up to now the contents and the quality standards of these various home visiting programmes are not defined and the evaluations of these programmes are not finished. Furthermore, there is a need to describe the qualification profiles and competencies of professionals who practice these home visits.

At this point Safe Kids Germany is lobbying and advocating for an integration of child safety in this development. We are applying for projects to include child safety issues systematically in the home visiting programmes and to claim for a child safety further education programme for the professional groups, which are working with young families and doing the home visits.

6.2 The National Centre on Early Prevention (NZFH)
In 2007, the National Centre on Early Prevention (NZFH) was established by the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth (BMFSFJ) within the framework of the action programme Early Prevention and Intervention for Parents and Children and Social Warning Systems.

This initiative is provided by the Federal Centre for Health Education in Germany (BZgA) and the German Youth Institute (DJI) and is a nationwide programme to improve the protection of children against neglect and/or abuse; the programme in general addresses all parents-to-be and parents with small children but has a specific target on families living in adverse social settings. The NZFH supports interdisciplinary cooperation between health services, the Child and Youth Support Service and other institutions like the Pregnancy and Parenting Advisory Services or women’s support institutions. Close cooperation improves the access to families in need, the early identification of risks and the motivation of these families to accept help.

The NZFH has developed an information platform on early childhood intervention and transfers this knowledge into actions and informs the public. A central part of the programme is the support and coordination of the evaluation of pilot projects in early childhood intervention.

Safe Kids Germany and the NZFH are in close contact since 2010, as they see a necessity and a chance to integrate child safety issues into early childhood
intervention programmes. They both agree that home visitations should be done by professionals which are especially qualified and trained – not only concerning child protection issues but as well injury prevention, especially prevention of unintentional injuries at home and in the family setting.

6.3 The new Child Protection Act

On January 1st 2012 the new German Child Protection Act came into effect. Among other protective measures and interventions this law implements a new national initiative to set up home visits nationwide including financial resources of 120 Mio Euros from 2012 to 2015. These national funds will be provided on the national, the Federal States’ and the community level

- to implement new structures of inter-sectoral co-operation between the health system and child and youth services
- to build up networks on the local level
- to organise local home visiting programmes
- to define competency profiles for professionals and volunteers (midwives, social workers, nurses etc.) who will conduct the home visits to set up a curriculum to train these professionals.

The NZFH will have the leadership on the national level during this first phase (2012-2015).

Safe Kids Germany has been accompanying the development of the Child Protection Act since end of 2010. In February 2011 we sent an official statement to the Federal Ministry of Family Affairs, Senior Citizens, Women and Youth (BMFSFJ) proposing to integrate Child Safety into the Bill (Referentenentwurf) for the Child Protection Act. Although the Act didn’t expressively mention child safety in the end, the governmental agencies understood, that child safety has a relation to child protection and that home visits are an appropriate measure to address both issues: Intentional and unintentional injuries.
6.4 The first national conference on home visits to prevent unintentional and intentional injuries

To highlight this linkage and to show, how successful action can be undertaken, Safe Kids Germany hosted a National Conference focusing on early prevention of injuries by home visiting programmes. On February 9th the conference was held by Safe Kids Germany together with the National Centre on Early Prevention (NZFH).

The conference took place in Potsdam near Berlin under the motto „Early prevention of injuries in the context of early interventions“. It showed how the prevention of unintentional and intentional injuries can be included into national home visiting programmes.

The conference addressed professionals working with young families. The goal was to increase the awareness and competence of health professionals, youth services and other relevant actors regarding the important role of injuries. High-quality presentations which were held by reputable experts showed new injury data, models of good practice how to address families from the beginning, and successful networking strategies. The attendees picked out a better interdisciplinary cooperation between the services and institutions as a central theme. Close cooperation improves the access to families in need, the early identification of risks and the motivation of these families to accept advice. The needs for action are high especially for unintentional injuries, as they are not on top on the political agenda and the practitioners have no specific qualification for injury prevention.

The participants concluded that it is feasible to reduce the number of severe injuries among young children by a new low-threshold approach to families. A close cooperation of the health and the youth sector is the basis and the implementation of a national child safety qualification program is necessary.

6.5 The next steps 2012: Child safety qualification programmes

Safe Kids Germany will be partnering with the NZFH when defining competency profiles for home visitation professionals. Safe Kids Germany will be responsible to set up a child safety curriculum / a training programme for multipliers. The goal is to enable all professional groups who will work with young families to address child
safety. They shall be aware of hazards in the home and shall increase the safety competencies of young parents. They shall empower young parents to provide a safe environment and an age-appropriate supervision for their children. Contents of qualification programmes for these multipliers will be

- Facts and figures on injuries
- Risk factors
- Typical hazards in the home and their elimination
- Child-appropriate and age-specific supervision and safety education
- Safe living environments for families with small children, regulations, safety devices
- Integration of injury prevention into practical work of professionals
- Transfer to the community level, action planning for local services
- Psycho-social risk factors of families with injured children
- Unintentional injuries and immigration, cultural and ethnic aspects
- Characteristics of children high at risk
- Specific advice and preventative needs
- Linkages and differences of maltreatment, domestic violence and accidental injuries
- Local networking, alliances, improvement of access to health and family services.

Safe Kids Germany is working parallel on the national level (advising the NZFH, preparing train-the-trainer seminars) and on the Federal States’ level (further education series for multipliers and key stakeholders planned in 6 places in North Rhine-Westphalia, applying for funds for a similar series in two other Federal States). Furthermore, it advises interested communities, practitioners and experts. It offers fact sheets, background information and various materials on how to practice child safety promotion in the home and family setting.

Martina Abel
Mandated responsibility for home visiting enhancing home safety in Hungary
Author: Gabriella Páll, National Institute of Child Health

Background: The evidence based intervention includes home visiting by health visitors for enhancing home safety for children. Hungary has a long tradition of a state financed, population based home visitor system (home visitor nurse network), with mandated responsibility for educating and informing parents on primary preventive measures towards better health and development of children, including their safety. Nevertheless, this network traditionally trains and focuses its activity especially to promote breast feeding, vaccination programs, healthy diet and environment and screening children’s development. Injury prevention was not a priority area of their daily routine work.

National Child- and Youth Safety Program promotes more intensive involvement of home visitor nurses to prevention of home injuries. Main elements of encouragement for home visiting enhancing home safety in Hungary are as follows:

- Introduction of overarching child safety program, including home safety
  - analyses of home accidents by gender, age-group and injury type
  - defining of the problem
  - defining of aims and goals
  - identification of interventions

  Main Actors: Development and Finance: Ministry of Human Resources
  Preparation: National Institute of Child Health
  Coordination: Child Safety Committee

- Legislation, enforcement, standards
  - Identification of institutional or cultural barriers
  - definition of goals
o development and wording of laws and legislations
o development of enforcement system
o negotiation of law
o implementation of law

1. Act.49/2004 ESZCSM on home visitor nurse network
   legislation of home visitation for parents of 0-6 year olds
   **Main actors:** preparation: Chief Medical Officer’s Office  conciliation: Ministry of Human Resources; negotiation: Hungarian Parliament enforcement: Public Health Authority

• **Monitoring strategy**
  o analyses of monitoring capacity
  o organization of training
  **Main Actors:** National Institute of Child Health

• **Encouragement of home safety counseling as part of home visiting for parents**
  o Development and implementation of campaigns
    ▪ defining of its aims and target audience
    ▪ defining of the method and partners
    ▪ working with the media
    ▪ evaluation of the campaign
  **Main Actors:** National Institute of Child Health, Media, Hungarian Association of Home Visitor Nurses and other NGOs,

• **alternative voluntary interventions eg.**
  o safety promotion, spread out information for parents, new drivers, etc.
  o encouragement of insurance companies
  **Main actors:** Media, home visitor nurse network, NGOs

Gabriella Páll
8. Israel – Voluntary Standards for Safe Homes (Early Pilot)

CASE STUDY OUTLINE

8.1 Intervention focus
National level

8.2 Approach
Engineering and enforcement approaches

8.3 Setting
Home

8.4 Target audience
Professionals in the fields of architecture, building and construction.

- Was anything done as part of the intervention to address child health inequities related to the injury issue being addressed?
  - No

8.5 Resource implications

Planning phase:

1. voluntary committee of expert in the field, to write the first voluntary document (Beterem's standards for safe home's for children) - Estimated as 200 work hours, 17 people
2. Inter-Ministerial Committee for the Prevention of Home Injuries - Estimated as 30 work hours, 13 people
3. Professionals from Beterem, wrote the first draft for voluntary standards for the Standards Institution of Israel - Estimated as 50 work hours, 5 people
4. In the future – committee of the Standards Institution of Israel, to write the formal standards - Estimated as 60 work hours, 7 people

Adopting of the intervention:

1. Advocacy for the intervention - Estimated as 100 work hours, 4 people
1 work hour = 250 NIS.

**Scale**

€ = up to €20,000

€€ = €20-90,000

€€€ = €100,000-299,000

€€€€ = €300,000-999,000

€€€€€ = €1,000,000 plus

- Were the necessary resources to actually do the critical or essential work with respect to adoption, implementation and monitoring available?
  
  o Yes

### 8.6 Evidence base

Non-voluntary building codes for new dwellings (legal standards to address hazards related to falls, fire injuries, other thermal injuries, collisions, entrapment, cutting and piercing, drowning, electrocution and poisoning [i.e., lockable cupboard]) lead to reduction in children's exposure to hazards.

### 8.9 Background

- The problem with this intervention was trying to address and the driving force for the uptake and implementation of this intervention:

  Fatal Home and Leisure injuries constituted 26.5% of total deaths due to unintentional injuries of children aged 0-17 in 2006-2008; 63.5% of child hospitalizations and 52.6% of child visits to the ED resulted from Home and Leisure injuries. Israel is a developed country with advanced laws and regulations regarding safe building, nonetheless the current laws & regulations do not address dangers for children, particularly for the youngest. There is a lack of

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motivating factors for organizations and professionals in the fields of architecture, building and construction to address child safety.

- The important players in making it happen:
  
  o Beterem initiates and manages the first stage of writing 'beterem standards for safe home' (appointed a special committee and managing it). At the same time Beterem worked with the Israeli parliament. As a result of strong commitment of MP Orlev, the chairmen of the Children's Rights Committee appoints an Inter-Ministerial Committee for the Prevention of Home Injuries lead by the ministry of interior. Beterem and MP Orlev, also worked together and succeed to appoint a committee in the Standards Institution of Israel, in order to write standards for safe homes for children.

- Were there resisters (people or organisations who were not supportive) to adoption, implementation and/or monitoring that had to be dealt with? If yes, what was done to try deal with their resistance?

- At first, the Association for Contractors and Builders were resistant that the standards Institution of Israel will write a standards for safe homes for children. As a result of the involvement of MP Orlev they became supporters of the initiative.

- The approximate month and year that:
  
  o Efforts to get the intervention adopted began: 11/2005
  
  o Stages of the process:
    
    ▪ voluntary committee of expert in the field: 1/2006 – 2/2008
    ▪ Professionals from Beterem, wrote the first draft for voluntary standards for the Standards Institution of Israel: 12/2011 – 8/2012
    ▪ committee of the Standards Institution of Israel, to write the formal standards: 9/2012 and going (estimated as a one year of work)

- Whether timing was considered as part of decision-making processes to ensure the climate was right to accomplish the goals/objectives for adoption, implementation and monitoring progress?
o Yes. Because we knew it's going to be a long process, we worked in few directions parallel.

8.10 Aims & objectives
Standards for a safe infrastructure for apartments and houses with children (not including household furniture and paraphernalia)

Objectives of the intervention:

1) A broader influence on all children in Israel.
2) Will require construction companies to conform with uniform standards.
3) A public demand for safety seal from a reliable organization in the field of safety.

Objectives of the Beterem's standards for safe homes for children are:

1) To increase awareness and knowledge, among architects, planners and contractors, of the required criteria for building child-safe homes.
2) To increase awareness and knowledge among the public, of the required means that may be demanded from a contractor/builder for building a child-safe home.
3) To set the criteria for awarding a “Beterem” seal for a child-safe home/building.

8.10.1 Key steps/actions in the intervention

By BETEREM:

[Diagram showing steps/actions]

Governance:

[Diagram showing governance steps/actions]
8.12 Facilitators/barriers for adoption, implantation and monitoring

8.12.1 Adoption

Facilitators for Adoption of the Voluntary Standards

- Partnership between Beterem and the Israel Laboratory Accreditation Authority
- Commitment of the expert committee members
- Clear role of leading organization to organize, promote and manage partnership

Barriers for Adoption of the Voluntary Standards

- Competition: NGO versus official institute for standards development
- Immaturity of the public to demand standards for Safe Homes for Children from contractors and builders
- Lack of safety culture: preference for design over safety
- More work/money/responsibility to the contractors and builders – what’s in it for them?

<table>
<thead>
<tr>
<th>Organization</th>
<th>Reasons for resist</th>
<th>Solution</th>
</tr>
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| Standards Institution of Israel     | 1. Safety should be obligatory and not voluntary  
2. Part’s of the recommendation are already exist in the regulation’s  
3. The rigorousness beyond the existing regulation is not needed, and there is no need to pack all in one standards  
4. Exposure to lawsuit. | 1. Learning their reasons to resist, and find the way to promote the process with them, for example: certification  
2. Trying to overtake them by using pressure from High level officers. |
| the Association for Contractors and Builders / the constructors themselves | Resisting to institutionalized process, don’t want it to be as an obligation for them, it was important to them to keep it voluntary. | 1. Involvement of PM and public pressure from high governance officials.  
2. Matching a stage in the process of signing a treaty, that work’s for their need to marketing themselves. |
| Ministries                          | There was no resistant from government ministries to the process.                  |                                                                                             |
| Local Authorities - Municipalities  | Don’t cooperate, but don’t resist.                                                | Finding the “fanatic devotee” in a leading municipality.                                   |
| Association for architect’s        |                                                                                   | The focus in this process is on safety and not design, that’s why we decided to wait with the architect’s and pick the constructors as our agent to change. The architect’s are working with the public. This stage focus on standards with the professionals, the public will be at the next step. |
8.12.2 Implementation (as applicable)
Facilitators to Implementation of the Voluntary Standards

- Active support of the Parliament Member and the Children’s Rights Committee, the National Committee for Home & Leisure Safety – Ministry of Health
- Understanding that this is a long-term process (decision-making based on the future and the wide perspective, not here and now)
- Translation of the public demand into action

Barriers to implementation of the Voluntary Standards

- Development of supervision system parallel to the standards
- Public confusion as to how one may identify a safe builder/contractor and where the accreditation is from.

8.12.3 Monitoring

Not yet at this stage.
8.13 Evaluation/monitoring (as applicable)
Not yet at this stage.

- How important do you think issues such as leadership, infrastructure and capacity have been?
  - Very important. Leadership was a key factor in the process, especially the leadership of Beterem as the initiator and integrator later in the process. Also the roll of the MP Orlev. This intervention is aimed at the infrastructure. As for the capacity, it's not relevant yet, but it will be in the implementation stage.

- How robust is the activity?
  - Not yet. That's why we invest all our power now in the writing of the formal standards within the committee of the Standards Institution of Israel, which will assure it to be sustainable.

8.14 Lesson learned

- The impact of an NGO on the government
  - The work of the experts committee served as a basis to the government work, but did not replace it
  - The government needs a catalyst and the NGO work so it can adopt it as a standard / process
  - The national level affects the voluntary process and vice versa

- The importance of voluntary processes
  - The government is slow; a voluntary process enables pushing away some of the bureaucracy
  - The voluntary process enables pilots and learning, towards the compulsory stage
  - The voluntary process raise objections that can be dealt in advance

- Who are the responsible Ministries and on what is their responsibility concerning planning and construction in Israel?
- The importance of the supervision tool as a strategy for change
  - Legal implications of safety stamp / seal

8.15 Challenges
- Completing the formal standards in the committee of the Standards Institution of Israel (writing and approval).
- Marketing the standards to the public and to the professionals in the fields of architecture, building and construction.
- Implementation of the standards.

8.16 Advice to countries/transferability
- Use standards as a tool to initiate a change – the process to create it and the supervision to make it sustainable
- Identifying opportunities and widening the field accordingly
- Grow with your idea, don’t expect to know everything in advance
- Trust yourself as a professional and don’t be afraid to take responsibility of a good idea in uncertain conditions

8.17 References, additional information

BETEREM
9. Malta – Playground Safety Standards

Chronological description for the development of Playground Safety Standard (MSA 3500:2010) in Malta

Since the setting up of Local Councils in 1993, these have ownership & therefore responsibility for the management of public playgrounds within their locality.

In 2009, the local media carried out several reports of mismanaged & unsafe playgrounds. These were prompted by complaints from parents and other residents. In recent years, there has also been increased awareness for green open spaces where children (& adults) can exercise and since green spaces are rather scarce in the small island of Malta with a very high population density it made sense to utilise the full locally available green public spaces. At the same time, the local political parties were pushing the slogan “wellbeing of the family”.

In early 2010, a member of the Parliament, the Parliamentary Secretary for Public Dialogue and Information (now the Minister for Justice, Dialogue and the Family), formally requested the authority concerned (i.e. the Malta Standards Authority (MSA), now known as Malta Competition and Consumer Affairs Authority) to draw up a Maltese standard to enhance safety within public playgrounds.

The aim of the standard (MSA 3500:2010) is to provide general guidelines for the design and proper management of a playground, for the satisfaction of those using the facilities and thereby ensuring that these sites are safe. These standards set the minimum requirements for the safe planning and management of public playgrounds and associated playground equipment. Moreover, they are expected to promote greater safety awareness among users and those who procure, install and maintain public playgrounds equipment.

The scope of the standards is to provide information when designing/planning new playgrounds or refurbishing existing playgrounds, including issues of accessibility; to provide the necessary technical information to be included when submitting tenders for playground equipment; to inform on the regular maintenance and responsibilities for the upkeep of playgrounds; and to lay down routine and annual inspection procedures.
The draft Maltese standard was drawn up by MSA/Technical Committee 3500. The members of this technical committee represented the following entities:

- Malta Standards Authority (MSA), now Malta Competition and Consumer Affairs Authority;
- Department for Local Government (DLG);
- Local Councils’ Association;
- Environmental Health Directorate (EHD), Ministry for Health, the Elderly and Community Care;
- Malta Environment and Planning Authority (MEPA);
- National Commission for Persons with Disabilities (NCPD);
- Office of the Commissioner for Children;
- Malta Playgrounds Association (NGO).

The TC had its first meeting in June 2010. After several meetings, the draft document was launched for public consultation in August 2010, and public feedback was gathered until October 2010. The finalised version was published late 2010.

In December 2010, an agreement between MSA and DLG for regular inspections (annual) to be carried out at all playgrounds under the responsibility of local councils by trained MSA inspectors.

During the month of December 2010, MSA inspectors were trained by RoSPA (the Royal Society for the Prevention of Accidents) to carry out inspections on playgrounds and their equipment.

It is the local councils’ responsibility to provide for the weekly visual inspection of playgrounds within their responsibility as set out in the standards and to ensure that any shortcomings (indicated both during these weekly inspections and annual reports submitted by MSA inspectors) are addressed.

By December 2011, MSA inspectors had inspected all 159 public playgrounds. 31 of these did not conform to the standard and the respective Local Councils were asked
to close the indicated playgrounds until shortcomings were corrected as per schedule given by inspectors. The list of non-conforming playgrounds was published as a press release from the DOI (PR2460. 16.12.11). Specific funds were made available by the central government for the upgrading and embellishment of these “priority” playgrounds. 63 local councils and administrative councils applied for such funds for 78 different sites.

C Baluci

Cronological description “Harstad children burns prevention”

Harstad is a town in the North of Norway with a population of about 23 000.

In 1985, Harstad hospital was chosen together with hospitals in three other cities across Norway to participate in a pilot project to establish a health based injury registration system in Norway. Special funds were raised by the Ministry of Health to implement this system.

Two years registration formed the base line. Registration has been carried out all the years afterwards, and is still working.

A cross sectoral injury prevention group was formed in 1986 involving NGOs, public authorities, and health professionals. The driving factors were statistics from the hospital injury registration system (all injuries, all ages) showing that quite many hospitals bed days were required for treating burn injuries in children. The intervention was planned and adopted during 1987. The target groups for the intervention were parents to children under five years, and vendors of cooking stoves. A special target group was immigrants.

Active interventions were: counselling to parents on installing safeguards and lowering temperature on hot water, information in media, counselling to parents on burn prevention using real free text from hospital treated burns, information to vendors of electric cooking stoves to start to sell security shields for stoves. Passive interventions were: purchase and installation of cooker safeguards, lowering tap water thermostat settings to 55 degrees C in homes, kindergarten, and public buildings. The intervention was active more or less during 10 years after starting.

Important players in making intervention happen were:

1) Cooperation with the public health nurse corps was essential, providing parental and child contact every four months for four years,
2) Cooperation with NGOs enhanced the distribution of information to the vendors of cooking stoves to include protection shields when selling stoves,

3) Good access to local media, who was informed about the problem and the solutions.

Mean burn injury rate in Harstad decreased by 52% after the implementation (main intervention), and by 40% in the six surrounding municipalities (intervention diffusion). In Trondheim, a reference city 1.000 km away, the rate increased by 18%. While, there were good effect on serious burns, there were minimal effect on minor burns (e.g. contact with hot surfaces).

Johan Lund
11. Scotland – Blind Cord Safety Campaign

Accompanying Notes in respect of Blind Cord Safety Campaign

The aim of the project was to give information to families, to empower them to make informed decisions about buying blinds with looped cords and amend their current practices around existing blinds with looped cords.

In 2009, the Sheriff conducting the Determination in to the cause of the death of a two year old in Scotland in 2008 recommended an awareness raising campaign should be carried out involving the relevant government departments and the major safety organisations.

In this respect, funding was secured by RoSPA from two departments of the Scottish Government in April 2010.

The intervention involved the setting up of a local multi-disciplinary group in April 2010 to establish the most appropriate way to implement the aim of the project. Packs were then made up to include: information on the dangers of looped blind cords and how the accidents involving them can be prevented, a cleat to wind the looped blind cord around (along with associated fixing instructions) and a label warning of the dangers (to be attached to the blind).

These resources were distributed across the local geographical area by a variety of partners between July 2010 and December 2010.

The project was evaluated throughout.

Elizabeth Lumsden
12. Slovenia – Home Visiting Programme

Chronological description of “Home visiting program for families with newborn” in Slovenia

Efforts to get the intervention adopted started in 1991. The National Institute of Public Health (NIPH) presented epidemiological data on causes of childhood accidental injuries and evidence based safety measures to the Ministry of Health. The need to develop an intervention to raise awareness and knowledge regarding home safety by reaching all families with small children and achieve reduction in health inequalities was pointed out. NIPH proposed to develop a home visiting program as an extension of the existing national health preventive program in health care services. Rules on a national health preventive program with regular medical check-ups for children have already been adopted and an agreement on support from the Community Nurses Association in order to assure implementation of the intervention was reached.

In 1992 the intervention was adopted as a part of the national public health working plan funded by the Ministry of Health.

NIPH in collaboration with other experts started to develop a protocol for home visiting program implementation, safety promotion materials (home safety checking list with coding manual for community nurses; brochures for novice parents) and arranged exhibition of safety devices.

Injury prevention workshops with exhibition of safety devices were organized for community nurses from health centres in all of the nine regions in collaboration with health promotion experts from regional public health institutes network. All regional workshops were covered by local media.

In 1993 regional public health institutes started to disseminate safety promotion materials (checking lists and brochures) to health centres.

Community nurses visited families with child aged 3-6 months according to the program on the Rules on national health preventive program with regular medical check-ups for children. They made home environment safety check-up and advised parents on home safety and use of safety devices.
NIPH started to monitor the intervention impact through health statistics (National Death Register, National Hospital Discharge Register) in 1993.

In 2000 the leader of the intervention left his position at NIPH and was never replaced. Since the intervention no longer had a formal leader, the efforts to put the intervention into the following national public health working plan and to obtain funding from the Ministry of Health were faint and unsuccessful.

In recent years health inequalities have become an important public health issue. There are some initiatives among policy makers that stress a need to develop programs for reducing disparities in children’s health including home visiting and parental counselling.

Mateja Rok Simon
Pediatric scalds: the problem

- Scalds are a frequent cause of burns in childhood.
- The most common mechanisms that cause scalds among children aged 1-3 years are exposure to hot water and handling food and hot drinks.
- Even mild burns and scalds may cause severe complications to infants aged 0-3 due to toxic shock.
- 63% of pediatric cases treated at a burn unit of reference in Barcelona were due to scalds.

Pediatric preventive advice: the solution

Effective measures to prevent scalds include ecological interventions such as regulating the temperature of hot water. There is some evidence supporting the preventive value of pediatric advice aimed at families.

In Catalonia, most infants and newborns receive pediatric assistance in primary health care centers or private clinics. Preventive activities such as vaccination or nutritional advice for new parents are an important component of pediatric interventions aimed at infants.

For over a decade, nurses and pediatricians have collaborated with the Catalan Department of Health in the development of the widely implemented preventive Protocols.

The last edition of the Catalan protocol on preventive interventions in Pediatry was published in 2008. The protocol includes recommendations to families for injury prevention, tailored to each stage of child development.

The main stakeholders

- National and international scientific organizations provide scientific evidence on child injury epidemiology and prevention.
• The Catalan Department of Health (Catalan Public Health Agency and other areas on health administration) is responsible for planning, implementation and evaluation of public health interventions.

• Regional scientific organizations such as the Catalan Pediatric Society, Catalan Society of Family Physicians, and the main associations of nurses and pediatric nurses provide the scientific basis for protocol development and implementation.

• Health services offer data on child injury epidemiology and prevention.

• Other relevant stakeholders include consumers’ organizations, the Catalan Institute of Legal Medicine, etc.

Josep M. Suelves
Annex – Background on Organigraph method

**Background:** The first Child Health Care Centre (CHC) in Sweden was founded in 1901. Initially the main task was to provide milk to poor mothers who were unable to breastfeed but the number of CHC increased rapidly and the tasks were extended involving vaccinations, accident prevention and health checks.

At present, child health care reaches near enough 100 per cent of expecting parents and families with new born children who are offered counselling and home visits. Counselling is carried out continuously throughout the child’s first six years. It is adjusted to the child developmental stage and parent’s need for information, and it covers child safety and injury prevention including drowning, falls, poisonings, burns, scalds, electrical chock, choking prevention, car safety etc. The CHC is tax funded and part of the national health care system, however managed by county and community councils. Along with improved traffic safety, CHC has probably been one of the most effective interventions in decreasing deaths and injuries among children in Sweden.

There is a web-based national handbook with collected guidelines, information, recommendations and resources for professionals (paediatricians and nurses), including child safety and injury prevention. There is also a variety of tools and materials like brochures, posters, DVD-films, checklists and web-based resources ([www.dinsakerhet.se](http://www.dinsakerhet.se)) that can be used in counselling or handed out to parents.

In spring 2012 a collaboration started between MSB (indirectly via the Swedish Child Safety Council) and the CHC services nationwide analyzing the need for a further and more unison education on child safety matters in Sweden also aiming for cooperation and collaboration in the field. The project-/intervention develops age-appropriate educational material for individual discussions with parents in child health care. Child health care services meet parents primarily by individuals, parent groups and by home visits.

**The Swedish Association of Local Authorities and Regions (SALAR):** The Swedish Association of Local Authorities and Regions represents the governmental,
professional and employer-related interests of Sweden's 290 municipalities and 20 county councils.

The Health and Medical Act: With health care aiming at action to medical prevention, investigation and treatment of diseases and injuries. Every County council should provide a good health care to those who reside within the county and/or municipality.

The Role of the County: The County Councils main task is to manage health care and to strengthen regional growth and development.

The Role of the municipalities: Sweden's 290 municipalities are responsible for a larger share of public services in comparison with the situation in most other countries. The municipalities are responsible for practically all primary and secondary education. Childcare, preschools and schools account for over 40 per cent of the municipal budgets.

Child Security: According to the Regulation (SFS 2008:1002), the MSB coordinates efforts for children and youth safety, when it comes to combat accidents resulting in personal injury. As a fundamental part of the business is a Child Safety Council with participants from 11 agencies. The Council is a forum for the initiative, information and knowledge sharing and inter-agency cooperation. The aim is to increase the safety of children and young people in Sweden.

Primary care: There are over 1,000 local medical centers, doctors' surgeries and district nursing clinics throughout the country. Together these form the primary care structure, which is the foundation of the Swedish healthcare system. Preventive health work is an extremely important element of primary care. This is carried out, for example, at maternity and child healthcare centers where expectant mothers and preschool children are regularly offered free health checks as well as advice and support.

Daniel Carlsson
Mandated responsibility for home safety at European / EU level (4)

EU / European Level

TFEU Articles: 114, 168, 169

National Level

Regional / Subnational Level

Local Level

The Public (Children, Parents)

Author: EPHA
Mandated responsibility for health counselling related to unintentional injury prevention in maternity and child health clinics in Finland

EU / European Level

National Level

Regional / Subnational Level

Local Level

Author: Jaana Markkula, THL
Mandated responsibility for Home visitation programmes in Germany

EU / European Level

National Level

Regional / Subnational Level

Local Level

Selected States’ Ministries for Family Affairs or Health

Universities/ German Institute for Urbanistics/ Research Institutions

Federal Ministry for Family Affairs

The Media

Parliament

Child Protection Act

Federal Initiative on Early Prevention

Safe Kids Germany

Framework for Home Visitation Programme

Special Child Safety Qualification Programme

Child Safety Qualification Programmes for Multipliers, Stakeholder, Professionals

Roundtables of Health and Child Youth Services Community-based Platforms

Child Safety Round Tables

Federal Centre on Early Prevention

Local Home Visitation Programmes

Health Departments

Child and Youth Offices

Author: Martina Abel
Mandated responsibility for home visit enhancing home safety in Hungary

**EU / European Level**
- WHO
- EU Commission
- DG SANCO
- NGOs (ECSA, Etc...)
- European Child Safety Action Plan Program

**National Level**
- Hungarian Parliament
- Ministry of Human Resources State Secretariat for Healthcare
- Collage of Primary Health Care
- National Institute of Child Health (OGYEI)
- National Child and Youth Safety Action Plan 2010-2019
- Child Safety Committee
- NGOs (Assoc.of Hungarian Health Visitors, Red Cross, Etc...)

**Regional / Subnational Level**
- Hungarian Parliament
- Ministry of Human Resources State Secretariat for Healthcare
- Collage of Primary Health Care
- Regional and Subregional Public Health Authority
- Health Visitor Network (Primary Health Care)
- Local Authority (Municipalities)
- The Public (Children, Parents)

**Local Level**
- Hungarian Parliament
- Ministry of Human Resources State Secretariat for Healthcare
- Collage of Primary Health Care
- National Institute of Child Health (OGYEI)
- Regional and Subregional Public Health Authority
- Health Visitor Network (Primary Health Care)
- Local Authority (Municipalities)
- The Public (Children, Parents)

Act. 49/2004. (V. 21.) ESzCsM on Health Visitors' Network

Author: Gabriella Páll
Voluntary Standards for Safe Homes for Children
Initiate and development phase

National Level

Beterem

initiate

Israel Laboratory Accreditation Authority

(Public) Expert Committee

National Committee for Home & Leisure Safety

appointing

Inter-Ministerial Committee for the Prevention of Home Injuries

The Standards Institution of Israel

Consumer Associations

motivates / lobbing

The Association for Contractors and Builders

motivates / lobbing

Ministry of Interior

motivates / lobbing

Israel Engineers Association for Construction and Infrastructure

Ministry of Construction And Housing

standard law

building code
Mandated responsibility for the Playground Safety Standard (MSA 3500:2010) in Malta

Author: C Baluci
Mandated responsibility for intervention on burn injuries in Harstad city in North of Norway

EU / European Level

National Level

Ministry of Health

Law on Prevention at Municipality Level

Parliament

Funding of Injury Registration

Regional / Subnational Level

Harstad Hospital

Develops Statics and Injury Descriptions

Local Level

(Public) Expert Committee

Local Health Authority

Health Station for Children (Public Health Nurse Corps)

Vendors of cooking stoves

Parents of Children 0-5 years

The Media

NGO
Mandated responsibility for Blind Cord Safety Campaign in North Lanarkshire, Scotland

EU / European Level

National Level

Regional / Subnational Level

Local Level

CMO, Public Health and Sport Directorate

Justice Directorate, Community Safety Unit

Minister for Health

Minister for Community Safety

CEG

CMO, Public Health and Sport Directorate

Justice Directorate, Community Safety Unit

Minister for Health

Minister for Community Safety

Steering Group

Blind Cord Safety Campaign

Parents of Case Study

The Media

Fire and Rescue Service

Trading Standards

The Public

Safer Homes/Wise Group

Home Safety Officer

Author: Elizabeth Lumsden
Mandated responsibility for Home visiting program for families with newborn in Slovenia

EU / European Level

National Level

Ministry of Health

Mandates responsibility

Home visiting program for families with newborn

National Institute of Public Health

Develops, implements, funds

National Institute of Public Health

Informs

Regional / Subnational Level

rules on Health Preventive Program for Children

Ministry of Health

Home Visiting Program for Families with Newborn

Ministry of Health

Motivates/lobbies

Ministry of Health

Regional Institute of Public Health

Employs

Ministry of Health

Community Nurses Association

Local Level

Health Centre/Community Nurses Unit

Funds

Ministry of Health

The Media

Public funds develops implements

Ministry of Health

Health Centre/ Community Nurses Unit

Educates

Ministry of Health

The Media

Rules on Health Preventive Program for Children

The Media

The Public

TACTICS

Author: Mateja Rok Simon
Mandated responsibility for paediatric advice to prevent scalds in Catalonia, Spain

EU / European Level

National Level

Spanish Parliament

Constitution; Ley General de Sanidad

Spanish Ministry of Health

Scientific Societies, ECSA, etc

formally recommends

formally recommends

formally recommends

formally recommends

Regional / Subnational Level

Catalan Parliament

Statute of Autonomy; LOSC

Dept. of Health

Public Health Agency

Scientific

& Professional Organizations

work together

Scientific

& Professional Organizations

Local Level

Children & Families

Paediatric Advice

Educates

Health Services

assesses

implements

TACTICS

Author: JS
Mandated responsibility for child safety education of professionals at Child Health Center’s in Sweden

EU / European Level

- ECSA

National Level

- The Swedish Association of Local Authorities and Regions (SKL)
- The County Council
- Regional Hospitals

Regional / Subnational Level

- The Swedish Child Safety Council
- Swedish Civil Contingencies Agency (MSB)
- SFS (2008:1002)

Local Level

- Child Health Centers
- Swedish Municipalities
- Families to-/or children 0-6 y

The Health and Medical Act

Author: Daniel Carlsson