



TACTICS

**Good investments and ‘best bets’
to make communities safer**

for secondary school aged children



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Good investments and ‘best bets’ to make communities safer for secondary school aged children

Injuries are a leading cause of death, disability and health inequality for secondary school aged children.¹ Injuries encompass both unintentional ‘accidental’ injuries such as those resulting from car crashes, falls, drowning, poisoning, or burns as well as intentional injuries, which include bullying, peer violence, self-directed injuries and child abuse and neglect.

Unfortunately maintaining and or enhancing the safety of its youngest citizens is only one issue on a long list of needs that have to be addressed by communities. These competing issues and limited resources underscore the need to focus on good investments - those interventions that are most likely to reduce childhood injuries. Luckily, the load can be shared. Although the local hospital(s) and physicians’ offices may treat injuries, the prevention of injuries is often occurring outside of acute care, requiring the involvement of public health, transportation, social services, police services, local schools and day cares and local recreational facilities to name a few – we describe this as the multi-sectoral nature of child injury prevention. 1 Given this multi-sectoral environment, a ‘health in all policies’ approach that considers all potential mechanisms of delivery and synergies across the relevant players is also warranted at the local level. Injury prevention strategies selected (e.g., policies, programmes, campaigns, etc.) must also consider the uniqueness of children. They must take into account that children are a vulnerable group in the world in which they live. That their growth and development, and thus risk factors for injury and the settings in which they occur, vary by age; and particularly as they get older, the fact that solutions should be considered from the child’s perspective and with their involvement.²⁻⁴



Why focus at the local level?

While there has been a lot of focus on child injury prevention at the national level, and some prevention strategies, such as national laws and product standards occur at that level, the local level where children actually live has received less attention. The local level is often where a lot of the injury-preventing action happens. Local enforcement of national/regional laws, setting of local policies, implementation of national, regional and local education and social programmes all occur at this level. Further, at the local level, while the scope of activities is more focussed, the good news is that the ‘players’ are more available – sometimes ‘just down the hall’ – and thus collaboration and cooperatively working towards a common goal should be more possible. But while a number of resources have been developed to facilitate the adoption, implementation and monitoring of injury prevention at the national level, less is available to assist those working at the local level. This resource specifically tries to bridge that gap – looking at the situation from the local level, while building on what is known about actions that can increase the likelihood of success of injury prevention strategies regardless of the level of implementation.

Why focus on secondary school aged children?

Although injury risks of secondary school aged children are very similar to those of primary school aged children there are a few differences. Secondary school aged children are usually even more independent, and are beginning to try on ‘adult roles’ for size. They often begin to partake of ‘riskier’ behaviours such as drinking alcohol, using cannabis, participating in self-harm, violent behaviour, more extreme recreational activities and other unsafe behaviours increasing their injury risk (e.g., riding in a vehicle with a drinking driver). They also tend to be more influenced by peer pressure and sometimes act from a group perspective rather than individual mentality (e.g., group bullying behaviour, breaking into construction sites). They are usually aware they are taking risks when they do, but see more value in the short-term gains, including group acceptance, than in potential long-term adverse consequences.⁵ Injuries in this age group occur on the road, at school, in the home and in the surrounding community.

The good news is there are proven effective prevention strategies - **good practices** that have been shown to reduce the risk of these injuries occurring or to reduce their severity when injury events do occur. These prevention strategies take three broad approaches: **Engineering, Enforcement and Education** and vary from product safety standards set at the European level to national legislation to local level educational and skill building initiatives.^{3-4,6}

The purpose of this resource, developed as part of the TACTICS project – Tools to Address Child Trauma, Injuries and Children’s Safety - is to assist local decision makers, advocates and practitioners with a stake in injury prevention (e.g., public health departments, police, social services, transportation departments, etc.) by:

- highlighting prevention strategies addressing unintentional and intentional child injury in the secondary school age group that are more applicable at the local level
- highlighting available tools and resources to support the adoption, implementation and monitoring of these good investments (AIM process²) and
- providing guidance on how to increase likelihood of successfully moving through the AIM process.

¹ For the purposes of TACTICS, we roughly defined secondary school children as those aged 12-17 years.

² Successful injury prevention involves working through three stages: **Adoption** – an explicit or overt decision to take up prevention strategy, **Implementation** – action taken to implement (put into operation) a prevention strategy including any appropriate enforcement activities and **Monitoring** – the collection and analysis of data for the specific purpose of examining how well a prevention strategy is being implemented and its impact against expected results. We call this the **AIM** process.⁶

Recommended child safety good practices for secondary school aged children

The following table provides an overview of the child safety good practices supported by current evidence and/or recommended by experts.^{3-4,6} The adoption, implementation and monitoring of these prevention strategies are considered to be good investments or “best bets” for reduction of injury in pre-school aged children. The strategies are colour coded to provide an indication of which of the 3 E’s of injury prevention is the focus –

- **Engineering** (modification of a product or the physical environment),
- **Enforcement** (policy, legislation, regulation and measures to ensure compliance), or
- **Education** (education, skills development, behaviour change strategies targeting the individual and or the community).

The prevention strategies listed below are not listed in any order of priority, and evidence suggests that overall a combined approach that includes engineering, enforcement and education is most likely to be effective. However, as you review the recommended child safety good practices for pre-school aged children, you will see that the local level is extremely important in achieving success in injury prevention in that:

- 1) Most measures to ensure compliance and enforce national or regional legislation/regulation or policy occurs at this level and
- 2) A lot of education related activities are delivered at this level, even if they make reference to engineering and legislation/regulation strategies undertaken at the national or regional levels.

Good practice for child passenger/driver safety	
Enforcement	- Local enforcement of national legislation regarding safe passenger restraint (e.g., checks that children are restrained with a seat belt preferably in the back seat of the vehicle until age 13)
	- Local enforcement of national drink driving legislation including regular alcohol sobriety check points to enforce drinking and driving legislation
	- Local enforcement of national legislation regarding moped use (e.g., limit on engine size for new drivers)
	- Local enforcement of national legislation OR introduction and enforcement of local by-laws/policies preventing children younger than 16 from riding on all terrain vehicles (ATV)
	- Local enforcement of national legislation mandating use of a helmet when riding mopeds, motor scooters or all terrain vehicles (ATV)
Education	- School based programmes aimed at reducing drinking and driving or riding with drinking drivers

Good practice for child pedestrian safety	
Engineering	- Area wide engineering solutions to reduce pedestrian risk (including pedestrian facilities separating pedestrian walkways from roads and/or traffic calming infrastructure – e.g., speed bumps)
Enforcement	- Local enforcement of national legislation OR introduction and enforcement of local by-laws/policies reducing vehicle speeds in residential areas (e.g., speed reduction zones around schools and playgrounds)
	- Local enforcement of national drink driving legislation including regular alcohol sobriety check points to enforce drinking and driving legislation
	- Local policies regarding establishment of safe routes to schools
Education	- Community-based education programmes / advocacy campaigns aimed at preventing pedestrian injuries in children 0-14 years
	- Pedestrian skills training to improve child pedestrian road crossing skills

Good practice for child cyclist safety	
Engineering	- Area wide engineering solutions and traffic calming measures (e.g., speed reduction zones, speed zones in combination with photo radar)
	- Area wide engineering solutions to reduce cyclist risk (including cycling lanes and pathways)
Enforcement	- Local enforcement of national legislation or introduction and enforcement of local by-laws/policies requiring use of bicycle helmets
	- Local school policies requiring all students to use a helmet when on school bike trips (some schools also require students to use helmets when cycling to and from school)
	- Local policies regarding establishment of safe routes to schools
Education	- Community or school-based education / advocacy programmes around child helmet wearing, including free provision of bicycle helmets
	- Cycling skills training to increase children’s knowledge and riding skills

Good practice for child water safety

Engineering	<ul style="list-style-type: none"> - Well marked swimming areas free of hazards (e.g., regularly monitored for hazards) - Local signage regarding safe behaviours around water recreational areas displayed using clear and simple pictogram warning signs - Existence of safe crossings over open bodies of water such as canals and irrigation ditches
Enforcement	<ul style="list-style-type: none"> - Local enforcement of national safety standards for swimming pools (e.g., water depth markings, step edges marked with contrasting colours, onsite safety equipment, suction outlet covers and chemical standards) - Existence of adequately qualified, trained and equipped lifeguards at public pools and water recreational areas - Local enforcement of national policy OR local policy governing minimum number of lifeguards required at public pools or on beaches or other areas designated for water leisure activities - Local investment to renew infrastructure to provide equitable access to public swimming pools for swimming lessons for school age children - Local enforcement of national policy OR local policy making water safety education, including swimming lessons, a compulsory part of the school curriculum - Local enforcement of national policy OR local policy governing water safety for leisure/recreational programming at the community level (e.g., minimum levels of supervision, training or safety equipment, etc.) - Local bylaw/policy requiring safe and secure covers on water collection containers and wells
Education	<ul style="list-style-type: none"> - Community-based education / advocacy campaigns aimed at increasing use of life jackets (personal floatation devices) by children and adults - Water safety skills training (including swimming lessons) for children to improve swimming performance - Media advocacy campaigns aimed at increasing knowledge of drowning hazards for children and effective actions to reduce them - Availability of child cardiopulmonary resuscitation (CPR) training for parents, caregivers and older children

Good practice for fall prevention in children

Enforcement	<ul style="list-style-type: none"> - Local monitoring and enforcement of standards for guardrails for all private and public buildings to prevent falls from balconies and stairs (including regular inspection of community owned/public low income housing with more than one storey)
Education	<ul style="list-style-type: none"> - Media advocacy campaigns aimed at increasing knowledge of fall hazards for children and effective actions to reduce them

Good practice for burn & scald prevention in children

Enforcement	<ul style="list-style-type: none"> - Local enforcement of building codes requiring working smoke detectors in all public buildings (e.g., hospitals, schools and kindergartens) - Local monitoring and education regarding legislation requiring installation of smoke detectors in new and existing housing combined with multi-factorial community campaigns and reduced price coupons - Local enforcement of legislation banning the manufacture and/or sale of fireworks
Education	<ul style="list-style-type: none"> - Smoke detector give away programmes targeting high-risk neighbourhoods and multi-faceted community campaigns with specific objective of installation of working smoke detectors - Education / advocacy campaigns around safe use of fireworks as a supplement to build support for adherence to legislation - Fire safety skills training to increase knowledge and fire safety behaviour of both children and parents - Media advocacy campaigns aimed at increasing knowledge of burn/scald hazards for children and effective actions to reduce them

Good practice for poisoning prevention in children

Education	<ul style="list-style-type: none"> - Local poison control centres and/or awareness raising with the public regarding access and use of the nearest centre in situations where there is no local poison control centre - Media advocacy campaigns aimed at increasing knowledge of poisoning hazards for children and effective actions to reduce them
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Good practice for general child home safety

Education	<ul style="list-style-type: none"> - Individual-level education/counselling on unintentional childhood injury prevention in the clinical setting (e.g., counselling by paediatrician or family physician on injury risks and prevention)
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Good practice for intentional injury

Engineering	<ul style="list-style-type: none"> - Incorporation of principles of “crime prevention through environmental design” into town planning (e.g., creating well lit areas, youth recreation areas - e.g., skateboard parks, etc.)
Enforcement	<ul style="list-style-type: none"> - Local enforcement of national policy OR local policy making life skills education (including coping skills, interpersonal communication, goal setting, anger management, and advocacy skills) a mandatory part of school curriculum - Policy requiring schools to have committees to address violence in the family and school environment, including bullying and cyber-bullying) - Local support groups to strengthen parents' social network - Local services for victims of abuse, including children who witness domestic violence and adults abused as children (mental health referral) - Accessible and affordable adult-supervised after school programmes for school-aged children - Accessible and affordable extra-curricular activities such as sports and recreation, art, music and drama for school aged children - Existence of and access to child protection and intensive family preservation services - Local enforcement of laws prohibiting corporal punishment in all settings - Local enforcement of laws mandating reporting by professionals of suspected child maltreatment/neglect - Community policing (i.e. community oriented policing that focuses on building ties and working closely with members of the community)
Education	<ul style="list-style-type: none"> - Local implementation of national or regional parenting programmes designed to improve parenting skills, knowledge of child development and encourage positive child management strategies - Age appropriate sexual abuse prevention programmes for children – teaching children about body ownership, dating violence and other abusive situations - School based programmes to prevent violence including bullying and cyber-bullying (building on children's social competencies and skills) - School based suicide prevention programmes (to improve knowledge, attitudes and knowledge about where to go for help) - Gang prevention programmes - Home visiting programmes for families identified as at risk of violence against children - Media advocacy campaigns aimed at increasing knowledge of child abuse and its prevention

Good practice for local leadership, infrastructure and capacity to support child injury prevention

- Capacity building activities, such as conferences, workshops and continuing education programmes (e.g., WHO teach VIP programme ; workshops to help doctors, nurses, teachers identify signs of child abuse; mandatory training for police officers that interact with children)
- Local leadership to establish direction for child injury prevention and develop a vision of the future, develop change strategies, align people, inspire, energise (e.g., development of a local child safety action plan with set roles, shared responsibility and monitored prevention targets)
- The collection and dissemination of local data to support monitoring and evaluation of both unintentional and intentional injury prevention programmes and the development of local policies and practice

³ Teach VIP - http://www.who.int/violence_injury_prevention/capacitybuilding/teach_vip/en/



How do we adopt & implement what works?

Experts acknowledge that knowing what has worked in another community or other setting is not enough to ensure successful adoption and implementation. There are in fact three areas of information to be considered when selecting and implementing interventions.³⁻⁴

- #1 – Is there evidence that the approach has been effective elsewhere?
- #2 – Is the current political and social environment ready and able to take on the injury prevention strategy?
- #3 – Is there a realistic and clear understanding of the process and resources (human, data, funding) required to undertake the injury prevention strategy, including the need to monitor impact?

Through the TACTICS project and other collaborative activities, the European Child Safety Alliance has begun to either identify or develop resources and tools to assist communities in enhancing their child injury prevention actions through the **A**doption, **I**mplementation and **M**onitoring (AIM process) of child safety good practices. The following section discusses keys to successful adoption, implementation and monitoring and ends with the identification of a number of resources and tools (including electronic links to facilitate their retrieval) to support communities in undertaking these actions.

Keys to a successful AIM process for child safety good practices

Decision makers and relevant stakeholders looking to develop and implement child injury prevention strategies frequently ask, “What do we need to do to increase the likelihood of success?” This question focuses on the need to maximise limited resources and therefore make the most of investments. We have undertaken research with partners in 26 countries with this question in mind.⁷

We started by intentionally and systematically identifying a broad range of case examples of child injury prevention strategies covering:

- four domains (road safety, water safety, home safety and intentional injury prevention),
- different age groupings (pre-school, primary school and secondary school age children) and
- levels of implementation (national, regional and local).⁷

We then explored facilitators and barriers to successful adoption, implementation and monitoring in each of the case examples. Despite the broad range of strategies included the issues raised were remarkably consistent. We undertook a structured analysis which resulted in the conception of eight keys, each of which consists of a number of specific issues that if addressed should increase the likelihood of successful prevention strategies.⁷

Our analysis suggests that all eight keys are critical components, although some may have a greater or lesser influence depending on the prevention strategy and the specific circumstances in which it is being considered. In addition the eight keys are not necessarily independent of one another – i.e. there is interplay and co-dependencies between them.⁷ For example funding and resources (capacity, data) will relate and be dependent on the prevention strategy being considered and implemented and also to the context and setting (e.g., the physical, social and cultural environment in your community as they relate to the prevention strategy and the specific setting – e.g., youth recreational facilities) in which the strategy is to be implemented.

In addition, when considering the eight keys, it is important to examine the issues highlighted under each key – both as they relate specifically to the new prevention strategy to be adopted, implemented and monitored but also to the broader context including potential competing issues and initiatives within your community. Taking time to reflect from both of these perspectives should allow effective transfer and or effective planning for the entire AIM process. The intent in sharing these keys below, is to assist stakeholders looking to adopt, implement and monitor an injury prevention strategy by increasing awareness of these issues up front, so that plans can be made to try and address as many of the items as possible. This in turn should increase likelihood of success.



8 KEYS to Success ⁴



LEADERSHIP

- Select a competent stable leader who is in a position to make the decisions that need to be made
- Understand that leadership needs may change as the initiative moves from adoption to implementation and monitoring
- Attain senior level commitment from all partners to help drive the issue forward
- Identify and engage champions to support leaders and overcome obstacles
- Build a shared vision of the injury prevention strategy with all partners and work towards delivering that vision

MANAGEMENT & COLLABORATION

- Build a plan that includes steps to adopt, implement and monitor (AIM) an evidence based solution – including measurable prevention targets
- Get the right people around the table to achieve effective planning – including all relevant sectors (e.g., public health, education, transport, etc.)
- Get the right people at the right place at the right time to do the right things to achieve the shared vision once implementation begins
- Provide clarity of roles and responsibilities and manage partner expectations
- Organise and achieve effective communication with leader(s), between collaborating partners and with the broader community

FUNDING

- Attain adequate funding to achieve and evaluate planned objectives
- Make the best use of financial resources – including leveraging funding opportunities, private-public partnerships, etc.

CAPACITY

- Plan for a sufficient work force with the necessary knowledge and skill sets to achieve planned objectives
- Include capacity building activities to build the necessary knowledge and skill sets where they don't exist as part of the planning for each stage of the AIM process
- Make the best use of available team members – including exploring what is possible, i.e. using volunteers or existing delivery mechanisms, etc.
- Build an engaged and inspired team with trust for the leadership and management of the initiative

⁴ Note: Changes in themes from the “Facilitators and Barriers for the Adoption, Implementation and Monitoring of Interventions for Child Safety - Final Report for the TACTICS Project” to the 8 Keys to Success and the AIM for Child Safety Checklist are the result of trying to simplify the themes into a maximum of 3-5 bullet points in order to make the check list more user friendly. The original theme Resources was too broad to allow this so was broken into Funding, Capacity and Data. The issues raised under the theme Analysis and Interpretation are covered under Data and Management & Collaboration and the issues raised under the theme Nature of Injury as a Problem are subsumed under Visibility, Prevention Strategy (renamed from Intervention) and Context & Setting (renamed from Political, Social and Cultural Environment).

DATA

- Seek out and use data of high enough quality to:
 1. Raise visibility and prioritise action
 2. Support planning and implementation of the intervention
 3. Allow monitoring and evaluation of the intervention
- Take specific steps and allocate resources to ensure that data are collected and made available where they do not already exist

PREVENTION STRATEGY

- Adopt an evidence-based prevention strategy – preferably one that is also cost-effective if available
- Select the prevention strategy based on sound analysis of the community context and setting
- Ensure the prevention strategy will be acceptable to the target audience and key stakeholders
- Put adequate thought into how to transfer each aspect of the intervention to the community context and setting
- Seek out and apply lessons learnt from injury prevention case studies from other communities and countries

CONTEXT & SETTING

- Conduct a situational analysis before planning starts to understand the political, social and cultural environment and specific setting within which your AIM process will take place
- Identify your target audience and key stakeholder needs (including partners) and explore how to achieve the best fit with the AIM process
- Perform a risk analysis related to possible opposition to the proposed plan and identify strategies to overcome it or build win-wins
- Think about those at greatest risk of injury and plan your intervention to help all those affected, especially the disadvantaged in your community.

VISIBILITY

- Get exposure of the issue amongst the target audience and key stakeholders
- Aim to increase awareness and recognition of the issue and how the selected prevention strategy will address it
- Commit the necessary resources (human, time, funding) to awareness raising efforts to ensure visibility



In closing, child injury is an important child health issue in the pre-school age group where proven effective solutions exist. Increasing the likelihood of successful prevention involves putting energy and focus into the recommended child safety good practices for this age group and addressing the 8 keys to success: **leadership, management & collaboration, funding, capacity, data, the prevention strategy, the context & setting and visibility** across the whole AIM process. The recommended good practices are based on the best available evidence and expert opinion and the points listed under the 8 KEYS reflect the issues that came up consistently in an analysis of 26 case examples of child injury prevention across 26 European countries, covering four main injury domains, three age-groups and three implementation levels – when these factors are present they facilitate success, when they are not they present barriers to success.

We have taken the 8 KEYS and created a simple checklist for prevention stakeholders to use before they get started, during the AIM process or as a reflective tool after they have completed a child injury prevention project as a way to stay focused, maximise opportunities for success and assess lessons learnt that can be applied to subsequent projects. Putting the checklist to good use will be a good investment and one of the community's best bets to achieving success.

We have also put together a list of resources (reference materials, tools and websites) to support community actions and efforts when **AIMing** for success in preventing injuries.



AIM* for child safety checklist

When to use this checklist:

- **Before you get started** to help identify important issues that should be considered as you begin planning
- **During the AIM process** to keep you focused on factors that will increase the likelihood of success
- **At the end of a project** as a reflective tool to help identify lessons learnt

How to use this checklist: Review each item and check it off if in place. Where you do not feel you can put a check in the box, consider whether further action is or was required. If you are just beginning planning or are somewhere in the middle of the AIM process, adjust your plan to include the needed action. If you are at the end of the project, consider what the impact of not being able to check off the box was on the project, what might have been done and apply that learning to your next project.

LEADERSHIP

- Competent stable leader
- Leadership 'needs' considered across the AIM process
- Senior level commitment obtained from all partners
- Champions identified and engaged
- Shared vision of prevention strategy agreed upon by all partners

MANAGEMENT & COLLABORATION

- Project plan covers the AIM process including measurable prevention targets
- Right people involved in planning (multi-sectoral)
- Right people involved in implementation (level, timing, skills)
- Partners clear on roles and responsibilities
- Effective internal and external communication

FUNDING

- Adequate funding across the AIM process
- Leveraging opportunities and funding partnerships explored

CAPACITY

- Plan includes a sufficient work force with the necessary knowledge and skill sets to achieve planned objectives across the AIM process
- Capacity building activities included in the plan
- Best use of available team member
- Engaged and inspired team with trust for the leadership and management of the initiative

DATA

- Data needed to raise visibility and prioritise action available
- Data needed to support planning and implementation available
- Data needed to monitor and evaluate available
- Data collection process put in place where data not available

PREVENTION STRATEGY

- Evidence-based prevention strategy selected
- Prevention strategy feasible in community context & specific setting
- Prevention strategy acceptable to target audience and key stakeholders
- Transfer issues examined and addressed
- Lessons learnt from other communities and countries considered and applied

CONTEXT & SETTING

- Situational analysis conducted before planning
- Target audience and key stakeholder needs identified
- Risk analysis regarding possible opposition to prevention strategy undertaken
- Vulnerable groups considered

VISIBILITY

- Target audience and key stakeholders aware of issue
- Target audience and key stakeholders aware of solution
- Adequate resources for visibility raising activities

* The **AIM** process: **Adoption** – an explicit or overt decision to take up a prevention strategy; **Implementation** – action taken to put a prevention strategy into operation, including appropriate enforcement activities; **Monitoring** – collection and analysis of data for the specific purpose of examining how well a prevention strategy is being implemented and its impact against expected results.

Additional resources to support the AIM process for child safety good practices

The following list highlights additional resources to support the AIM process for child safety good practices by providing the purpose and focus of the tool and a suggestion of how the resource may be helpful. It is important to note that a number of these resources are targeted at the national level, however they are still very relevant to the local level. As seen in the tables listing the recommended good practices for child safety in the pre-school age group, a lot of the recommended local activities involve enforcement of, or awareness raising, education and or skill building to support national/regional level legislation/regulation/policy. Ensuring that local level activities are informed by and support these injury strategies occurring at other levels is key to reducing inequalities across countries and to increasing the likelihood of successful child injury prevention.

Child Safety Good Practice Guide - The purpose of this guide is to enable child injury stakeholders to examine intervention options for unintentional child injury and encourage them to move away from what has 'always been done' and move toward interventions that are known to work or have the greatest probability of success. The good practice guide and a 2010 addendum can be downloaded at: <http://www.chilfsafetysurvey.org/publications/goodpracticeguide/index.html>

How this resource can help you:

- o Identify evidence-based unintentional child injury prevention strategies along with quantitative impact statements
- o Provide specific transfer and implementation points to consider
- o Provide case studies of child safety interventions from across Europe (including 10 focussed on or relevant to the secondary school age group)

Child Safety Reference Frameworks – The Child Safety Reference Frameworks identify evidence-based child injury prevention strategies relevant at the sub-national level. The tool consists of four matrices based on Haddon's Matrix⁸ that identify strategies from the perspective of whom or what is being targeted (e.g., the child, the physical environment, etc.). The Child Safety Reference Frameworks can be downloaded at: <http://www.chilfsafetysurvey.org/tactics/info/child-safety-reference-frameworks.pdf>

How this resource can help you:

- o Identify evidence-based child injury prevention strategies relevant to the community level
- o Identify evidence-based strategies targeting a specific factor related to the injury (e.g., the physical environment)
- o Provide a reference to facilitate track back to the original research if desired

European good practice case studies from the TACTICS project – The TACTICS good practice case studies are examples of child injury prevention strategies from across Europe with a focus on facilitators and barriers to successful adoption, implementation and monitoring. Nine of the 20 case studies are examples of interventions applicable to the prevention of injury in secondary school aged children. The European good practice case studies can be downloaded at: <http://www.chilfsafetysurvey.org/tactics/info/good-practice-case-studies.pdf>

How this resource can help you:

- o Provide real life examples of child injury prevention strategies from across Europe
- o Identify facilitators and barriers encountered during the adoption, implementation and monitoring of the strategies
- o Provide advice for those considering transferring the prevention strategy to their community or setting

Child Safety Report Cards and Profiles - The Child Safety Report Cards summarise a country's performance with respect to the level of safety provided to children and adolescents based on over 100 proven effective national level strategies and policies addressing unintentional injury. The accompanying Child Safety Profiles provide child injury facts and rates for each country by specific injury area, plus information on socio-demographic determinants and availability of affordable child safety equipment. The most recent set for 2012 includes report cards for 31 countries. The report cards and profiles can be downloaded at:

www.chilfsafetysurvey.org/reportcards/downloads.html

How this resource can help you:

- o Provide information on the adoption and implementation of evidence-based national level policies to address child unintentional injury in your country
- o Provide information to assist in raising visibility of unintentional injury issues

National Action to Address Child Intentional Injury Report - This report describes the prevalence of intentional injuries to children in the European Union, including child maltreatment, peer to peer violence and self-directed violence, and examines the level of uptake of national level policies to address intentional child injuries in over 25 Member States. An annex at the back of the report provides individual country policy profiles. The report can be downloaded at:

www.chilfsafetysurvey.org/archives/news/2014/info/ciir-report.pdf

How this resource can help you:

- o Provide information on the adoption and implementation of evidence-based national level policies to address child intentional injury in your country
- o Provide information to assist in raising visibility of intentional injury issues

School Travel and Child Safety Survey (STCSS) – The School Travel and Child Safety Survey is an online survey designed to collect information on children's safety behaviours, along with their exposure to safety features and hazards in their local environment. Designed to be undertaken by children aged 8-13 years of age in school, the survey content focuses on areas of child safety where interventions have been shown to be effective (e.g., smoke alarms and bicycle helmet use). The feasibility of the tool has been tested in Czech Republic, Finland, Germany, Hungary, Sweden and the UK with positive results. Although additional testing is on going, it is anticipated that the tool will be available for wider use in the near future. The tool can be viewed at <http://www.chilfsafetysurvey.net/> and further information can be obtained by contacting Samantha Turner at s.turner@swansea.ac.uk

How this resource can help you:

- o Provide information on local children's safety behaviours and their exposure to injury prevention strategies and hazards to aid in planning and evaluation

Product Safety Guide: Potentially dangerous products – This guide was written to increase knowledge of 26 products that child safety experts in Europe and evidence-based research have identified as posing injury risks to children. The aim is to raise awareness and to educate consumers and professionals regarding the hidden hazards that a child encounters with products in their daily life and ways to prevent injuries resulting from these products. For each product the information is provided on why the product may pose a safety problem; why it can be dangerous for children; what to look for when buying or prior to using the product and lastly advice on how to use the product safely. The guide is currently available on the ECSA website in English, Spanish and French and Dutch/Flemish, Lithuanian and Romanian translations are pending. The English version can be downloaded at: <http://www.chilfsafetysurvey.org/publications/info/product-safety-guide.pdf>

How this resource can help you:

- o Provide information to guide development of information resources
- o Provide information to assist in raising visibility of injury issues

Factsheets and tip sheets – Factsheets and tip sheets (aimed at parents) are available on a number of injury topics including:

- Road safety (passenger, pedestrian, cyclist)
- Water safety
- Home safety (falls, poisoning, burns/scalds, choking/strangulation)
- Intentional injury

They can be downloaded at: <http://www.childsafetyeurope.org/publications/alliance-fact-and-tip-sheets.html>

How this resource can help you:

- o Provide information to guide development of information resources
- o Provide information to assist in raising visibility of injury issues

National resources – the European Child Safety Alliance is made up of partners in over 30 countries in Europe, many which have developed their resources in their national languages. The Child Safety in Europe map provides the contact information of the Alliance member in each participating country as a starting point for identifying available national resources. The map can be accessed at: <http://www.childsafetyeurope.org/europe/index.html>

How this resource can help you:

- o Provide a national contact for each country as a starting point for identifying national resources

Relevant European websites – in addition to the resources listed on the previous pages, there are a number of European websites that may be of use.

European Child Safety Alliance (ECSA) – ECSA is a network of experts and expert organisations from more than 30 countries across Europe working together to reduce child injury. www.childsafetyeurope.org

European Action on Adolescent and Injury Risk (AdRisk) – the AdRisk project resulted in a number of tools for working to reduce injuries amongst adolescents. www.eurosafe.eu.com/csi/eurosafe2006.nsf/wwwVwContent/12adolescentsrisktaking-adriskproject-adrisk1.htm

European Alcohol Policy Alliance (EuroCare) – Eurocare is an alliance of non-governmental public health and social organisations working on the prevention and reduction of alcohol related harm in Europe. www.eurocare.org

European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) – the EMCDDA exists to provide the EU and its Member States with a factual overview of European drug problems and a solid evidence base to support the drugs debate, provide data to help decision makers draw up informed drug laws and strategies and help professionals and practitioners pinpoint best practice and new areas of research. <http://www.emcdda.europa.eu>

ANEC - ANEC is the European consumer voice in standardisation. They represent the European consumer interest in the creation of technical standards, especially those developed to support the implementation of European laws and public policies. www.anec.eu

European Transport Safety Council (ETSC) - ETSC is a Brussels-based independent NGO dedicated to reducing the numbers of deaths and injuries in transport in Europe. www.etsc.eu

International Life Saving Federation (ILS) – ILS is composed of national aquatic lifesaving organisations from around the world and most European countries have a Federation member. www.ilsf.org

Schools for Health in Europe Network (SHE) – the SHE network aims to support organisations and professionals to further develop and sustain school health promotion in each country. www.schools-for-health.eu/she-network

Product Safety Enforcement Forum of Europe (PROSAFE) – PROSAFE is a non-profit professional organisation for market surveillance authorities and officers from throughout the EEA. Its primary objective is to improve the safety of users of products and services in Europe. www.prosafe.org

RAPEX - RAPEX is the EU rapid alert system that facilitates the rapid exchange of information between Member States and the Commission on measures taken to prevent or restrict the marketing or use of products posing a serious risk to the health and safety of consumers. www.ec.europa.eu/consumers/safety/rapex/alerts/

European Network of Child Friendly Cities (EN CFC) - The aim of the EN CFC is to improve the lives, opportunities and environment of children by raising social and political awareness around the importance of child development for general socio-economic welfare. Building child-friendly cities is an essential part of the implementation of the UN Convention on the Rights of the Child in a local governance setting. www.childfriendlycities.eu

Health Behaviour of School Aged Children (HBSC) Survey - The HBSC survey collects data every four years on 11-, 13- and 15-year-old boys' and girls' health and well-being, social environments and health behaviours - including information on injuries, violence and bullying in 43 countries including most EU countries. In addition to international and European level reports, each country receives its own data and national contacts can be found at: <http://www.hbsc.org/membership/countries/>

Delete Cyberbullying - the Delete Cyberbullying project aimed at developing a common approach to risk-prevention, information and guidelines to families, parents, children and other relevant stakeholders and resulted in a number of resources and tools. www.deletecyberbullying.eu

WHO Regional Office for Europe – The WHO Regional Office for Europe undertakes a number of activities related to violence and injury, including statistics and useful resources. www.euro.who.int/en/health-topics/disease-prevention/violence-and-injuries

WHO Teach VIP Curriculum - TEACH-VIP is a comprehensive injury prevention and control curriculum, which has been developed through the efforts of WHO and a network of global injury prevention experts. www.who.int/violence_injury_prevention/capacitybuilding/teach_vip/en/

References

1. Scholtes B, Schröder-Bäck P, Mackay M, Vincenten J, Brand H. A practical and applied approach to assessing the cross cutting nature of child injury prevention as a basis for policy making at the local level (Review article). SEEJPH 2014, posted: 22 February 2014.
2. Sethi D, Towner E, Vincenten J. European Report on Child Injury Prevention. Geneva: World Health Organization; 2008.
3. Mackay M, Vincenten J, Brussoni M, Towner E. Child Safety Good Practice Guide: Good investments in unintentional child injury prevention and safety promotion. Amsterdam: European Child Safety Alliance, Eurosafe; 2006.
4. Mackay M, Vincenten J, Brussoni M, Towner E. Child Safety Good Practice Guide: Good investments in unintentional child injury prevention and safety promotion - Addendum. Amsterdam: European Child Safety Alliance, Eurosafe; 2010.
5. Kumpula, Heli & Paavola, Meri (KTL): Injuries and risk-taking among young people in Europe – The European Situation analysis. EU-Project AdRisk. Helsinki: KTL (National Public Health Institute); 2006.
6. Beatrice Scholtes, Peter Schröder-Bäck, Morag MacKay, Joanne Vincenten, Helmut Brand. Reference Frameworks for rapid appraisal of child injury prevention policies at the sub-national level: applied in 6 sub-national regions in Europe. Final Report for the TACTICS Project. Birmingham: European Child Safety Alliance; 2014.
7. Beatrice Scholtes, Morag MacKay, Peter Schröder-Bäck, Joanne Vincenten, Helmut Brand. Facilitators and Barriers for the Adoption, Implementation and Monitoring of Interventions for Child Safety - Final Report for the TACTICS Project. Birmingham: European Child Safety Alliance; 2014.
8. Haddon W. A logical framework for categorizing highway safety phenomena and activity. J Trauma 1972;12:193-207.

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Good investments and ‘best bets’ to make communities safer for secondary school aged children

This resource was developed as part of the Tools to Address Childhood Trauma, Injury and Children’s Safety (TACTICS) project, a large scale multi-year initiative that is working to provide better information, practical tools and resources to support the adoption and implementation of evidence-based good practices for the prevention of injury to children and youth in Europe. The initiative is led by the European Child Safety Alliance, with co-funding and partnership from the European Commission, RoSPA, Swansea University, Maastricht University, the Nordic School of Public Health, Dublin City University, the European Public Health Alliance, and partners in more than 30 countries.

One of the objectives of the project was to produce target group and life stage specific advocacy tools to encourage uptake, implementation and enforcement of evidenced good practices for child injury prevention for use at sub-national levels. This resource and the companion resources for pre-school and primary school aged children are the result of this activity.

For more information on the TACTICS project or the companion documents go to the European Child Safety Alliance website at: www.childsafetyeurope.org



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