TACTICS

Good investments and ‘best bets’ to make communities safer

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

Injuries are a leading cause of death, disability and health inequality for pre-school aged children. Injuries for pre-school aged children encompass both unintentional ‘accidental’ injuries such as those resulting from falls, drowning, poisoning, burns & scalds, choking & suffocation, pedestrian injuries or car crashes and well as intentional injuries, which includes 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.

Given this multi-sectoral environment, a ‘health in all 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.

Why focus on pre-school aged children?

Pre-school aged children are at a particular risk for injuries due to their physical characteristics – e.g., their heads are large in relation to their bodies, their skin is thinner, their airway size is smaller, their body mass is smaller and as they grow from infancy and begin to explore their world they are curious, grasping, tasting and taking risks because they do not recognise hazards.2 As a result, environmental modification and supervision become extremely important for this age group. Home safety is especially important as children in this age group spend more time in this setting, however alternate care locations such as day cares and pre-schools are additional environments where child safety should be given due attention.3

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.

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 pre-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
• providing guidance on how to increase likelihood of successfully moving through the AIM process.

1 For the purposes of TACTICS, we roughly defined pre-school aged children as those aged 0-4 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.
Recommended child safety good practices for pre-school aged children

The following table provides an overview of the child safety good practices supported by current evidence and/or recommended by experts. 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 safety

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Engineering</th>
<th>Enforcement</th>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local enforcement of national legislation regarding safe child passenger restraint (e.g., checks that children restrained in an age/weight appropriate child passenger restraint in the back seat of the vehicle)</td>
<td>- Local enforcement of national legislation regarding safe child passenger restraint (e.g., checks that children restrained in an age/weight appropriate child passenger restraint in the back seat of the vehicle)</td>
<td>- Local enforcement of national legislation regarding safe child passenger restraint (e.g., checks that children restrained in an age/weight appropriate child passenger restraint in the back seat of the vehicle)</td>
<td>- Policy that increases access to child passenger restraint systems for disadvantaged families (e.g., subsidies offered through local programmes targeting disadvantaged families, loaner programmes or giveaways targeting disadvantaged families)</td>
</tr>
<tr>
<td>Local enforcement of national drink driving legislation including regular alcohol sobriety check points to enforce drinking and driving legislation</td>
<td>- Local enforcement of national drink driving legislation including regular alcohol sobriety check points to enforce drinking and driving legislation</td>
<td>- Local enforcement of national drink driving legislation including regular alcohol sobriety check points to enforce drinking and driving legislation</td>
<td>- Community-based interventions combining information dissemination on child passenger restraint safely with enhanced enforcement campaigns</td>
</tr>
<tr>
<td>Policy that increases access to child passenger restraint systems for disadvantaged families (e.g., subsidies offered through local programmes targeting disadvantaged families, loaner programmes or giveaways targeting disadvantaged families)</td>
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</tr>
<tr>
<td>Community-based interventions combining child passenger restraint distribution, loaner programmes or incentives with education programmes</td>
<td>- Community-based interventions combining child passenger restraint distribution, loaner programmes or incentives with education programmes</td>
<td>- Community-based interventions combining child passenger restraint distribution, loaner programmes or incentives with education programmes</td>
<td>- Community-based interventions combining child passenger restraint distribution, loaner programmes or incentives with education programmes</td>
</tr>
</tbody>
</table>
Good practice for child water safety

- 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
- Local enforcement of national legislation or introduction and enforcement of local by-laws/policies requiring isolation fencing with secure, self-latching gates for all pools, public, semi-public and private including both newly constructed and existing pools
- 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 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
- Community-based education/advocacy campaigns aimed at increasing life jackets (personal flotation devices) by children and adults
- Community-based education/advocacy campaigns aimed at increasing active supervision of children <5 years of age around water (e.g., educating parents and caregivers to stay within arms reach, never leaving children alone in the bath, etc.)
- Media advocacy campaigns aimed at increasing knowledge of drowning hazards for children and effective actions to reduce them
- Availability of infant and child cardiopulmonary resuscitation (CPR) training for parents and caregivers

Good practice for fall prevention in children

- Local monitoring and enforcement of standards requiring safe depth of specified types of surfacing materials under playground equipment and regular maintenance of those materials (e.g., regular compulsory surface assessments)
- 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)
- Educational programmes encouraging use of fall prevention safety devices such as window safety mechanisms (e.g., position locking devices) and stair gates to prevent children from falling from open windows or down stairs AND discouraging use of unsafe equipment such as baby walkers
- 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

- 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-facational community campaigns and reduced price couponse
- Local enforcement of legislation banning the manufacture and/or sale of fireworks
- Community-based education, through delivery mechanisms such as public health visits or well-baby clinics, with the aim of increasing parents understanding of poisoning risks and effective actions to reduce risks (e.g., locked boxes for medications, safe storage of household chemicals)
- 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
- Educational programmes aiming at increasing knowledge of poisoning hazards for children and effective actions to reduce them
- Media advocacy campaigns aimed at increasing knowledge of burns/scald hazards for children and effective actions to reduce them

Good practice for choking / strangulation prevention in children

- Community-based education, through delivery mechanisms such as public health visits or well-baby clinics, with the aim of increasing parents understanding of choking/strangulation risks and effective actions to reduce risks (e.g., blind safety, cot/crib safety, food safety, age-appropriate toys)
- Local poison centre programmes targeting high-risk neighbourhoods and multi-faceted community campaigns with specific objective of installation of working smoke detectors
- Educational programmes for parents promoting a safe exit temperature for hot water coming from household taps
- 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 behaviour of both children and parents
- Media advocacy campaigns aimed at increasing knowledge of choking/strangulation hazards for children and effective actions to reduce them

Good practice for poisoning prevention in children

- Community-based education, through delivery mechanisms such as public health visits or well-baby clinics, with the aim of increasing parents understanding of poisoning risks and effective actions to reduce risks (e.g., locked boxes for medications, safe storage of household chemicals)
- 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

Good practice for choking / strangulation prevention in children

- Community-based education, through delivery mechanisms such as public health visits or well-baby clinics, with the aim of increasing parents understanding of choking/strangulation risks and effective actions to reduce risks (e.g., blind safety, cot/crib safety, food safety, age-appropriate toys)
- Media advocacy campaigns aimed at increasing knowledge of choking/strangulation hazards for children and effective actions to reduce them
### 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)  
- 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

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### Good practice for intentional injury

- Local implementation of national or regional early childhood development programmes  
- Local support groups to strengthen parents' social network (e.g., Mum & Me programme)  
- Local services for victims of abuse, including children who witness domestic violence and adults abused as children (mental health referral to age appropriate services)  
- Existence of accessible and affordable childcare facilities  
- Existence of and access to child protection and intensive family preservation services  
- Local enforcement of laws prohibiting corporal punishment  
- Local enforcement of laws mandating reporting by professionals of suspected child maltreatment/neglect

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### Good practice for general child home safety

- Local policy that increases access to childcare safety equipment, such as stair gates and cupboard locks, for disadvantaged families (e.g., equipment give-away/loaner programmes)  
- Home safety counselling for caregivers (addressing issues such as using window bars, stair gates, other home safety equipment and not using baby walkers, bath seats and other injury hazard producing equipment)  
- Home based social support, such as home visiting programmes for new mothers  
- Individual-level education/counselling on unintentional childhood injury prevention in the clinical setting

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### Good practice for general child home safety

- Local implementation of national or regional parenting programmes designed to improve parents’ child rearing skills, knowledge of child development and encourage positive child management strategies  
- Age appropriate sexual abuse prevention programmes for children – teaching children about body ownership, abusive situations  
- Home visiting programmes for families identified as at risk of violence against children  
- Parental education about risks and prevention of abusive head trauma (shaken baby syndrome)  
- Media advocacy campaigns aimed at increasing knowledge of child abuse and its prevention

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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 Adoption, Implementation and Monitoring (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., well-baby clinics) 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

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 workforce 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

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

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 checklist 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).
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 to stay focused, maximise opportunities for success and assess lessons learnt that can be applied to subsequent projects.

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.

### 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

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1. 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.childsafetyeurope.org/publications/goodpracticeguide/index.html

How this resource can help you:
- Identify evidence-based unintentional child injury prevention strategies along with quantitative impact statements
- Provide specific transfer and implementation points to consider
- Provide case studies of child safety interventions from across Europe (including 15 focused on or relevant to the pre-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 Matrices 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.childsafetyeurope.org/tactics/info/child-safety-reference-frameworks.pdf

How this resource can help you:
- Identify evidence-based child injury prevention strategies relevant to the community level
- Identify evidence-based strategies targeting a specific factor related to the injury (e.g., the physical environment)
- 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. Seventeen of the 20 case studies are examples of interventions applicable to the prevention of injury in pre-school aged children. The European good practice case studies can be downloaded at: http://www.childsafetyeurope.org/tactics/info/goodpracticecase-studies.pdf

How this resource can help you:
- Identify facilitators and barriers encountered during the adoption, implementation and monitoring of the strategies
- 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.childsafetyeurope.org/reportcards/downloads.html

How this resource can help you:
- Provide information on the adoption and implementation of evidence-based national level policies to address child unintentional injury in your country
- 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.childsafetyeurope.org/archives/news/2014/info/intentional-report.pdf

How this resource can help you:
- Provide information to guide development of information resources
- Provide information to assist in raising visibility of intentional injury issues

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 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 ways to prevent injuries resulting from these products. 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.childsafetyeurope.org/publications/info/product-safety-guide.pdf

How this resource can help you:
- Provide information to guide development of information resources
- Provide information to assist in raising visibility of injury issues

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. Seventeen of the 20 case studies are examples of interventions applicable to the prevention of injury in pre-school aged children. The European good practice case studies can be downloaded at:

How this resource can help you:
- Provide real life examples of child injury prevention strategies from across Europe
- Identify facilitators and barriers encountered during the adoption, implementation and monitoring of the strategies
- Provide advice for those considering transferring the prevention strategy to their community or setting
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](http://www.childsafetyeurope.org)

**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](http://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](http://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](http://www.ilsf.org)

**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](http://www.prosafe.org)

**UNICEF Regional Office for Central and Eastern Europe and Commonwealth of Independent States (RO-CEE/CIS)** - UNICEF's work in 22 countries and advocates at regional level for investment in children and for children-centred social policies. They have developed a "Toolkit of Recommended Curricula and Assessments for Early Childhood Home visiting" available at: [http://www.unicef.org/ceecis/Toolkit_of_Recommended_Curricula_and_Assessments_for_Home_Visiting.pdf](http://www.unicef.org/ceecis/Toolkit_of_Recommended_Curricula_and_Assessments_for_Home_Visiting.pdf) and are in the process of developing a curriculum for home visitors that includes information on child injury prevention.

**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](http://www.childfriendlycities.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](http://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/](http://www.who.int/violence_injury_prevention/capacitybuilding/teach_vip/en/)

**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.childsafetyeurope.org/reportcards/downloads.html](http://www.childsafetyeurope.org/reportcards/downloads.html)

**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/trangulation)
- Intentional injury

They can be downloaded at: [http://www.childsafetyeurope.org/publications/alliance-fact-and-tip-sheets.html](http://www.childsafetyeurope.org/publications/alliance-fact-and-tip-sheets.html)

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

How this resource can help you:
- Provide information on the adoption and implementation of evidence-based national level policies to address child unintentional injury in your country
- Provide information to assist in raising visibility of unintentional injury issues

**How this resource can help you**
- Provide information to guide development of information resources
- Provide information to assist in raising visibility of injury issues
References


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Good investments and ‘best bets’ to make communities safer for pre-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 primary school and secondary 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