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TACTICS

Tools to Address Childhood Trauma, Injury and Children's Safety
BACKGROUND
The UN Convention on the Rights of the Child states that every child has the right to grow up in a safe environment, yet injury is still a leading cause of death and disability for children in every Member State of the EU.1-2 Approximately 9,000 children die as a result of an injury each year and hundreds of thousands more are treated at hospitals, emergency departments and physicians offices across the Member States.3-4 Injury is also the leading cause of inequity in childhood deaths.5

Inequities exist both between and within countries with respect to injury rates and preventive action taken.1-4 Children are more likely to die as a result of injury in some countries of the EU compared to others and the differences are notable with at least four times greater risk for injury death in children from East versus West EU Member States.6 Within countries poorer families are exposed to greater risks and are less likely to take up evidence based prevention measures.7 Between countries there is failure to implement and enforce evidence based policy measures equally across the EU, resulting from a lack of knowledge, data, resources and/or political will.3-4

Challenges that hinder progress in effectively tackling child injury include that:

1) Responsibility for child injury varies greatly from country to country;
2) Some policy decisions at the EU, national, regional or local levels are not consistently adopted, implemented and monitored.
3) The broad nature of the environment in which injuries and their effective prevention occurs requires a multi-sectoral response. For example, drowning is a recognised child health issue, yet responsibility for swimming lessons, an effective preventive action, falls outside the health sector.

Previously EU funded projects such as the Child Safety Action Plan project and its country report cards have resulted in progress to begin to address some of these challenges.7-10 However it was clear as results of those projects were reviewed, that greater investment is still required to provide a safe environment for all, including beginning to look more closely at the inequity and at devolved and cross-sectoral policy-making as it relates to child injury. Related to this is the need to continue to monitor national policy action related to child safety and to develop additional resources and tools to facilitate uptake of effective measures that strengthen planning and implementation of child safety action at the national and regional levels.

TACTICS - Tools to Address Childhood Trauma, Injury and Children's Safety - is a large scale, multi-year initiative led by the European Child Safety Alliance with partners from over 30 countries that is working to begin to address these needs.

The aim of the TACTICS project is to:

1) address knowledge gaps through applied study to understand more about:
   - inequities and child injury;
   - where responsibility for child injury prevention lies within countries and the EU;
   - why there isn’t more effective multi-sectoral child safety action at the national and sub-national levels in EU Member States
2) through the knowledge gained 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 direct target group for TACTICS is decision makers within and outside the health sector (e.g. EU, national, regional and local level elected officials, government authorities, lead agencies for child health, public health, education, transport) who have responsibility for making policy decisions with respect to actions to reduce childhood trauma and injury, increase childhood safety and monitor progress in achieving these goals. This target group is diverse in that actions to address child injury are:

1) multi-sectoral (e.g., involve amongst others health, environment, transport, education, urban planning),

2) occur at the EU, national and sub-national levels and

3) vary depending on the life stage of childhood being examined (e.g. pre-school, school age, adolescent).
PROJECT PROCESS

The project activities primarily comprised of three interrelated approaches that together will assist countries in adopting, implementing and monitoring evidence-based good practices to reduce injuries and support national child safety action plans:

- Activities to benchmark and monitor child injury and related actions
- Activities to explore the multi-sectoral and cross cutting nature of child injury
- Activities to support the uptake and implementation of what works in child injury prevention

Activities to benchmark and monitor child injury and related actions

Monitoring progress in child safety action through child safety report cards and child intentional injury prevention policy profiles

I. Child Safety Report Cards and Profiles

Child Safety Report Cards summarise a country’s performance with respect to the level of safety provided to children and adolescents through national level policy. Country report cards and profiles inform planning by identifying countries’ strengths and weaknesses in relation to actions to reduce child unintentional injury and also assist countries in the identification of critical gaps upon which subsequent strategic planning and action planning can take place. They also provide indicators for benchmarking and evaluation. Included are policies covering nine areas of unintentional injury plus leadership, infrastructure and capacity strategies to support child injury prevention efforts (total of 13 areas).

Three sets of Child Safety Report Cards and statistical profiles and a European summary have now been released; the first in 2007, the second in 2009 and the most recent, under the auspices of TACTICS, in 2012. Several additional indicators were added to the 2012 assessments to address additional policies areas not addressed in the 2009 assessments. In particular policies to reduce inequalities were added, as this was a particular focus for the TACTICS project.

The results for the 31 countries participating in 2012 indicated that there is room for improvement in all countries, as none have adopted and implemented all the recommended evidence-based policies (Figure 1).

- Sixteen countries received an overall grade of good performance (Austria, Czech Republic, Finland, Germany, Iceland, Ireland, Israel, Italy, Latvia, Malta, Netherlands, Poland, Scotland, Slovenia, Spain and Sweden)
- Thirteen countries received an overall grade of fair performance (Belgium, Croatia, Denmark, England, France, Hungary, Lithuania Luxembourg, Norway, Romania, Portugal, Slovakia and Wales)
- Two countries received an overall grade of poor performance (Bulgaria and Greece).
In addition to the policy results in 2012, a statistical comparison of overall performance scores was conducted for the time period 2007-2012 for the 16 countries that participated in both those assessments and for the time period 2009-2012 for the 24 countries that participated in both those assessments. Variation in individual areas (e.g., pedestrian safety, water safety, etc.) in the two time periods examined were too small to undertake trend analyses so the only the overall performance scores were examined.

2007-2012 comparison: All 16 countries increased their scores in at least one of the 13 areas. Although the variation for individual areas between 2007 and 2012 was too small to undertake trend analyses of the individual areas, the average increase in overall safety performance score was examined. The average overall safety performance score reflecting prevention policy uptake increased from 31.5/60 points in 2007 to 36/60 in 2012 and this increase was statistically significant.

2009-2012 comparison: All countries except France increased their scores in at least one of the 13 areas. The average overall safety performance score based on the enhanced set increased from 35/60 points in 2009 to 37.5/60 points in 2012. The average increase was not statistically significant.
In summary, the 2012 Child Safety Report Card indicate that action to address child and adolescent injury is happening, and progress has been made since 2007, but it is clear that still more can be done to reduce the burden that injury places on countries in Europe. Although some countries have improved performance scores reflecting an increase in uptake and implementation of preventive policies, others have taken steps backward compared to previous report card assessments, and as highlighted in all three of the European report cards released to date, the investment in the child and adolescent injury issue is not commensurate with the size of the problem.

Needed actions resulting from Child Safety Report Card assessments:
- enhancing uptake of home safety prevention strategies with a similar intensity as has been seen for road safety
- obtaining information on the cost of injury and its prevention to make stronger arguments for critical investment
- improving data systems to include timely and complete injury data
- reducing inequities within and between countries with respect to implementation of existing proven effective solutions
- monitoring and evaluation of implemented policies
- building capacity to support the actions above.

The Child Safety Report Cards were launched in June 2012 with the support of the former Commissioner of Health and Consumer Policy John Dalli and Chair of Internal Market and Consumer Protection, MEP Malcolm Harbour. The Report cards were well received nationally and at the European level with coverage in several national new media outlets, a feature article in the Parliament Magazine and inclusion in academic journals such as the Lancet and BMJ. The Child Safety Report Cards have continued to be instrumental in increasing awareness of child unintentional injury issues and initiating dialogue regarding the need for national action to address current gaps and thus has been awarded a European Health Award from the European Health Forum Gastein.

More details are available in the individual report cards and statistical profiles, and the Child Safety Report Card 2012: Europe Summary for 31 Countries are available on the Alliance website at: http://www.childsafetyeurope.org/reportcards/downloads.html
2. Report on National Action to Address Child Intentional Injury Prevention

The National Action to Address Child Intentional Injury report and the integrated individual country Policy Profiles were developed as tools to bring attention to the intentional injury issue, encourage improvement in policy action and provide a baseline against which to measure progress over time.

The Report on National Action to Address Child Intentional Injury Prevention provides:
- the rationale for why this important issue needs further attention
- an overview of available mortality data
- a description and analysis of the level of adoption, implementation and enforcement of national level policy actions to address child intentional injury divided into four categories – leadership, children’s rights, capacity and data
- individual child intentional injury prevention profiles for participating countries.

As with the Child Safety Report Cards, the assessment provides an important mechanism to identify gaps, share progress and identify, adapt and utilise the experience gained from across Europe.

This report is the first European report to attempt to examine national level action to address the three major forms of child intentional injury – child maltreatment, peer violence and self-directed violence (e.g., suicide) collectively.

The results of this assessment of national action to address child intentional injury indicated that action is occurring in all participating countries. However the findings also indicate that all countries can do more to prevent violence and resulting injuries, reduce their impact, ameliorate the outcomes for children and their families and monitor the impact of actions undertaken.

In particular it appears that while many policies are in place, more needs to be done to ensure they are fully implemented and enforced and are supported by adequate resources to create the desired impact. This in turn requires strengthening of systems to allow monitoring of policy implementation.

Needed action on child intentional injury:
- ensuring strong leadership and supporting infrastructure and capacity to support adoption, implementation and monitoring of child intentional injury prevention strategies
- reducing inequities within and between countries with respect to implementation of existing proven effective solutions for violence prevention
- monitoring and evaluation of implemented policies
- creating a coordinated child-friendly/sensitive approach to violence prevention
- addressing the needs of vulnerable populations
- improving data systems that include timely and complete injury data
- obtaining information on the cost of violence against children and its prevention
- making maximum use of linkages between the three main types of child intentional injury: child maltreatment, peer violence and self-directed violence

The report on National Action to Address Child Intentional Injury was launched in March 2014 with the support of Isabelle Durant, Vice President, European Parliament, and Bernard De Vos, Chair of the European Network of Ombudspersons for Children. As well a number of key collaborating partners came on board to support the TACTICS project partners in the development and dissemination of this report including the Council of Europe, EuroChild, the European Network of Ombudspersons for Children, Save the Children, SOS Children Villages, UNICEF and WHO. The report was well received and has resulted in more attention to the children’s right approach to child injury and the inequities between Member States. The report and information regarding the launch is available on the Alliance website at:

Developing and piloting a Child Safety Index and tool kit to allow sub-national regions and localities to assess their safety performance

I. Feasibility of a Child Safety Index

Within the overall TACTICS Project, one specific work package was tasked with developing a Child Safety Index - a composite measure integrating incidence of injury, risks, and preventive policy action - suitable for use at national and sub-national levels, to identify local child safety risks and relevant preventive measures. However, the first step was to ascertain if such an index, compiled primarily from publicly available data, and assessing safety in a defined area, was feasible.

To assess feasibility, the following tasks were undertaken:
- a study of issues related to Composite Indicators
- the identification of EU initiatives involving indicators (e.g., CSAP, Child Environment and Health Action Plan for Europe - CEHAPE) and their measures
- the identification of relevant external initiatives
- explore scalability and validity of available data
- compile and evaluate list of possible index components

The result of the investigations was that:
- the core concept was worth investigating
- a Child Safety Index is not feasible at this time for a number of reasons, the most important being a severe deficit of readily available sub-national data.
- had it been feasible a Child Safety Index it would have been a valuable complement, especially for larger non-federal countries, to the Child Safety Report Cards and other national-level initiatives.

Given the Child Safety Index was not feasible, the team then explored the idea of 'bottom up' approaches to empowering communities to take on child injury prevention and possible tools for safety assessment for communities. While an initial list of ideas was produced, most required more time and resources than were available under the TACTICS project. However one possibility – a child safety survey for use in schools – that could contribute as a component to a Child Safety Index in the future was pursued further and is described in the next section.

The final feasibility report can be found at: http://www.childsafetyeurope.org/tactics/info/child-safety-index-feasibility.pdf
2. **School Travel and Child Safety Survey**

The development of the School Travel and Child Safety Survey (STCSS) was initiated as part of a 'bottom up' approach to understanding the child safety needs at the local level. It started with the idea of addressing the lack of standardised, cross national data on children’s safety behaviours and exposures to risk. The aim of the activities under the TACTICS project was to establish the feasibility and acceptability of delivering an online survey focussed on child safety, to several schools across Europe.

**Survey design and pilot testing**

The survey was designed to be undertaken with children aged 8 – 13 years in school across Europe. The survey content was generated through literature reviews, expert consultation and discussions with the children and teachers in participating schools. An initial version of the STCSS was pre-tested in three schools in Wales to assess its functionality, readability and acceptability.

Feedback from these pre-test was encouraging, and the results were used to produce a revised version of the survey (2nd Version). The 2nd version of the STCSS was piloted in four schools in Europe (one each in Czech Republic, Finland, Hungary and Sweden).

Although the aim was to pilot the survey in a further 3 countries (Catalonia, Germany and Wales), due to limited time and resources within this small scale project, it was not possible. Nonetheless, it is believed many of the issues encountered could be overcome in the future, through adequate time and resource allocation.

**Pilot Results**

- The successful implementation of the STCSS in four pilot schools across Europe indicated that the survey was both feasible and acceptable.
- Feedback from children and teachers were largely positive, and the majority of the survey items were found to have 'substantial' or 'almost perfect' agreement from the test-retest analyses.
- All schools approached expressed an interest in the survey.
- Although final conclusions cannot be drawn from the current findings due to small sample sizes; the results do demonstrate the feasibility and acceptability of this tool, and the variability that can be observed in children's behaviours and exposures at a school level.
Future use of the survey

At present, further testing is required on larger, more diverse samples, to comprehensively establish the validity and reliability of the survey items within the STCSS. Once the STCSS has been demonstrated to be both a valid and reliable tool, a final version of the survey will be developed into a toolkit, which can be shared with countries interested in adopting the survey.

If countries successfully adopt the STCSS in the future it offers:

- great potential for the collection of large scale, standardised child safety behaviour and exposure data, which is desperately needed to inform and support decisions regarding the planning and evaluation of local child safety strategies

- the potential to support cross national comparative analyses if undertaken by representative samples across Europe

- the potential for one or more measures to contribute towards the development of a Child Safety Index (CSI) which could help steer local, regional, national and European level child safety policies in the future.

The survey is accessible at: http://www.childsafetysurvey.net and the full report on the feasibility testing can be found at: http://www.childsafetyeurope.org/tactics/info/child-safety-survey.pdf
Monitoring progress in child safety action through Child Safety Action Plan (CSAP) development and implementation

Efforts to facilitate development of Child Safety Action Plans (CSAP) in EU Member States was initiated in 2004 under the DG Sanco funded CSAP project. Prior to the onset of the TACTICS project, two phases CSAP I (2004-2007) and CSAP II (2007-2010) aimed at facilitating the development of child safety action plans in participating countries in Europe and raising awareness of, and commitment to, addressing a leading cause of death for children in Members States through the use of evidence based good practice. The development of CSAPs was intentionally linked to fulfilling existing international declarations and resolutions.

International declarations and resolutions that Member States can fulfill through the adoption, implementation and monitoring of Child Safety Action Plans include:

- UN Convention of the Rights of the Child
- UN Millennium Development Goals
- WHO Region for Europe Resolution R55 / R9 on injury prevention
- European Commission Recommendation on injury prevention
- World and European Reports Child Injury Prevention

CSAP I and II participating countries

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In addition for CSAP II, seven countries chose to follow the process as observers: Croatia, Denmark, England, Former Yugoslav Republic of Macedonia, Norway, Poland and Switzerland.

As part of the TACTICS project three additional countries, Croatia, Slovakia and Romania began their CSAP development process and the TACTICS Secretariat continued to monitor and receive updates on progress from the countries that had participated in CSAP I and II.

What is a Child Safety Action Plan?

A government endorsed national Child Safety Action Plan (CSAP) is defined as a policy document endorsed at the highest level of government that describes:

1) the broad framework, long-term direction and priorities for prevention and safety promotion for children in a country and

2) the specific short-term activities, organisational responsibilities and resources required to begin to implement those priorities.

However, the CSAP development process (Figure 2) was designed to be flexible to allow countries to judge the best fit between their national policy frameworks and identified child safety gaps that require action.

During CSAP I and CSAP II some countries chose to pursue a ‘stand alone’ policy document as was the case in Finland. Others looked to integrate identified goals, objectives and actions into broader initiatives. For example Germany integrated child safety actions into their national Child Environment & Health Plan (CEHAP), whereas Austria is pursuing a national Injury Prevention Strategy addressing all ages / all injuries. For the three new country partners undertaking the development task under the auspices of the TACTICS project, only two, Croatia and Slovakia, progressed to the point that a specific decision was made with respect to where their CSAP would fit within their respective policy contexts. For Croatia it will be a stand-alone programme under the leadership and coordination of the Ministry of Health and for Slovakia, it will form part of their national Child Environment & Health Plan (CEHAP).

Country progress on Child Safety Action Plans

As of April 2014:

- seven countries have government endorsed plans they are either implementing or preparing to implement (Cyprus, Czech Republic, Estonia, Finland, Hungary, Israel and Sweden),

- eight countries have completed plans and are working on government endorsement and / or implementation (Austria, Belgium, Croatia, France, Germany, Netherlands, Northern Ireland, Slovenia) and

- two have developed a strategic document and are now working in different ways to move toward action (Scotland and Wales).

The other participating countries, including Romania and Slovakia, are at various stages in the planning process.
Country challenges and issues critical to the development and implementation of CSAPs

The challenges identified across the participating countries, including the new CSAP countries, have continued to be fairly consistent and include:

• engaging government (particularly the other relevant sectors beyond health)
• change in elected government (or responsible entity)
• getting the right people involved in the planning process and attaining government commitment
• obtaining infrastructure and resources to support planning but more often the eventual implementation of the plan developed
• obtaining data to support planning and eventual implementation and monitoring
• moving beyond plan development (even if government involved) to the point of government endorsement

The issues critical to moving forward were also fairly consistent and include the need to:

• increase awareness of the child injury issue
• increase leadership commitment (and preferably investment) to levels commensurate with the burden of child injury
• identifying and strengthening multi-sectoral / multi-jurisdictional involvement, cooperation and collaboration at national, regional and local levels to ensure evidence-based good practice approach
• strengthen data systems to allow more specific targeting of actions and monitoring of progress
• integrate child injury prevention into all sectors and policies
• exchange and promote evidence-based good practice
• engage researchers and promote targeted research to fill knowledge gaps directly associated with action planning.
It was also noted that it was helpful to have the “strategic power” and support behind efforts (European wide action, activity) for arguing for the need for action. However the idea of a bottom up approach was also explored more often under the TACTICS project with respect to a way to open doors in the ministries. Given the challenges that a number of partners have expressed with respect to implementation, there is more work needed to understand the balance between the various levels (local, regional, national) with respect to policy, implementation and monitoring.

Although not all countries have managed to develop a child safety action plan since the Alliance initiated the concept the value continues to be greater than anticipated. Planning appears to have benefited from the European project platform, and the end of direct funding support to encourage progress has seen a number of country processes grind to a stop. However, it is likely that the financial crisis has also had a large impact as governments are cutting back on prevention spending and are unwilling to make new investments on this persistent child health issue.

All three countries that chose to undertake the development process as part of the TACTICS project made progress and the issues and challenges identified were very consistent with those identified during CSAP I and II, and by the countries that continued development or implementation during TACTICS. The similarity also suggests that continued sharing of experience as countries move on from development to implementation will continue to be extremely valuable.

Recommendations to move Child Safety Action Plans forward in Member States

1. EC continued support for networking and capacity building for child safety experts and related disciplines including:
   - evidence-based good practices to prevent childhood injuries,
   - adoption, implementation and monitoring of existing injury prevention practices
   - engaging various government sectors/ministries
   - balancing activities between the national, regional and local levels
   - inequities related to child injury

2. EC continued support for development and implementation of national child safety action plans including:
   - call for formal national action plans in those Member States where one has yet to be developed
   - support for periodic benchmarking activities to assess progress and help maintain awareness of child safety (e.g., Child Safety Report Cards)
   - support detailed investigations for effective implementation of specific prevention strategies of interest to the majority of Member States

3. EC and MS commitment and investment to initiate and support mechanisms that facilitate multi-sectoral work and the health in all policies approach including:
   - senior level multi-sectoral (inter-departmental) committees with responsibility for the development, implementation and monitoring of CSAP with clear lines of responsibility at all levels of governance (EU, national, regional and local)
   - structures and processes that result in joint work between relevant sectors/ministries with collaborative planning and shared responsibility for budgeting, target setting and staffing of prevention strategies.
- active partnerships with child safety NGO’s to maximise effective adoption, implementation and monitoring of child safety good practices.
- funds for multi-disciplinary applied research projects addressing knowledge gaps related to prevention measures and knowledge transfer related to evidence-based good practices

4. EC and MS provide political and financial support to enhance current data systems to allow monitoring of injuries, effectiveness of investments and social determinants including:
- improving mortality and morbidity data (hospital or emergency data) to include more detailed coding of injuries to include external cause and location of injury
- collecting data on standardised measures of social determinants and exposure to hazards and preventive measures

The full report on CSAP progress is available at: http://www.childsafetyeurope.org/tactics/info/final-report-csap.pdf
Activities to explore the multi-sectoral and cross cutting nature of child injury

Exploring child injury and inequity

Applied research was undertaken to explore the effort of health and social inequities on child injury rates and what was known about the effectiveness of injury prevention strategies to address inequities both within and between EU Member States. The result of the research was the development of a report on inequity in child injury in Europe.

The specific aims of the child injury and inequity report are to:
- explain how the inequalities that exist in both child injury rates and implementation of existing proven solutions lead to inequity,
- set out what we know about the inequities that exist with respect to child injury,
- identify some of the important gaps in knowledge and action and
- make recommendations for actions to begin to address the inequities that exist.

Conclusions and recommendation related to child injury and inequity:
- Child injuries are both an important public health and social justice issue.
- Despite reductions over the last 30 years, child injury remains a leading cause of death, disability and burden and the leading cause of inequalities for children in the EU.
- Although we do not yet have a full understanding of why these differences exist, there is a growing body of knowledge suggesting that inequities in child injury can be prevented and reversed with targeted investment to ensure committed leadership, strengthen data systems and build needed capacity.
- The solutions lie in five areas:
  o monitoring inequalities
  o conducting research where gaps exist
  o taking a multi-sector health in all policies approach to governance
  o adopting, implementing and monitoring what is known to work and
  o ensuring all action is undertaken from a children’s rights approach.

The final report, *Children’s Right to Safety: inequity in child injury in Europe*, will be distributed widely to the European Child Safety Alliance partners and used to bring attention to the need to address inequities at various events in the coming months. It can be downloaded at:

http://www.childsafetyeurope.org/tactics/info/inequities-report.pdf
Mapping responsibility for child injury prevention in the EU

Effective advocacy for change in child safety policy and programming and the actual adoption, implementation and monitoring of evidence-based injury prevention strategies, requires knowledge of which actors are involved in governance processes and how they are involved.

An exercise in mapping responsibility for child injury prevention at the various levels of governance in the EU was undertaken to:

a) illustrate the complexity of the child injury issue and highlight the potential gains of a coordinated multi-sectoral response, and

b) build decision makers' understanding of the opportunities that a multi-sectoral response provides the opportunity for more effective use of scarce resources.

This work is the first study on multi-level child safety governance in Europe and is based on a case study approach using a modified ‘organigraphs’ method. Organigraphs were developed as a method to better map out how organisations really work and interact, while considering several management structures (e.g., chains, webs, hubs).

A total of 44 maps were drawn by the TACTICS project partners (see example in Figure 3):

- 4 maps describing the European level of activity for the four domains set out in the scope of the project - road safety, home safety, water safety and intentional injury. These did not map a specific strategy, but rather all actors and relationships at the European level.

- 22 maps from six regional partners who mapped a specific injury prevention strategy or group of strategies under at least three of the four domains (road safety, home safety, water safety and intentional injury)

- 16 maps from other TACTICS country partners who mapped a specific injury prevention strategy in one of the four domains (road safety, home safety, water safety and intentional injury).

The analysis of the resulting maps found a variety of approaches to child safety governance. This includes varying recognition or consideration of the European level of action and actors at that level, different sectors involved, different top-down processes across levels of governance, and actors working together in various management arrangements.
Results of mapping responsibility for child safety in Europe:

- There are many sectors involved in child injury prevention, with 27 different sectors identified over the four domains (road safety, home safety, water safety and intentional injury).
- Eight sectors recurred frequently across all four injury domains explored: education, health, home affairs, justice, media, recreation, research and social welfare services.
- Actors are mainly found on the national level, giving an indication of the national level’s relevance and importance in the governance of child safety.
- Most prevention strategies result in local level action, even if a prevention strategy is established at the national or regional level, highlighting the need to ensure adequate capacity for child safety action at all levels of governance.
- There was limited inclusion of EU-level action on child safety governance in many of the organigraphs, suggesting a need for awareness raising of the opportunities that EU level action can have for all levels of governance - EU, national, regional or local.
- For the most part the individual strategies mapped follow a top down pattern. For example a decision is made at the national level and a mandate and or guidance are passed down to the local level where the strategy is implemented. This is important to note and has implications for the efforts to reduce inequity as many Member States are decentralising decision-making and resource allocation related to health promotion and safety prevention activities.
- On all levels of governance, there are different forms of collaboration between the actors. The mapping of the strategies and how the actors collaborate helps identify potential entry points for advocacy efforts, including those aimed at strengthening of multi-sectoral coordinated action.

- The maps illustrate that in the majority of strategies examined public and governmental organisations play central roles in mandating responsibilities and funding child safety strategies. Thus the cutbacks in public and government spending as a result of austerity measures have likely had a very direct impact on child safety action.

In summary, mapping governance for child safety makes it possible to identify and illustrate how action on child safety works in practice, the many sectors involved in child safety governance and at what level that involvement occurs (e.g., European, national, regional or local). The results of this exercise have highlighted a number of important issues that have direct implications for leadership, infrastructure and capacity to support child safety action at all levels.

The final report for the mapping exercise can be downloaded at:

Exploring facilitators and barriers to multi-sectoral child safety action

Given its importance, there was no one specific activity undertaken to explore the issue of multi-sectoral child safety action, but rather the issue was built into and reported on as part of a number of the TACTICS project activities.

Activities where multi-sectoral aspects of child safety action were explored or discussed in the TACTICS project:
- policy indicators in the Child Safety Report Cards
- policy indicators in the report on National Action to Address Child Intentional Injury
- mapping responsibility for child safety
- research into child safety and inequity
- Child Safety Action Plan development
- national case studies (see next section)
- development of targeted good practice tool (see next section)

Results of exploration of multi-sectoral child safety action

- Overall the biggest finding is that current governance structures, particularly those at the European and national level, do not support multi-sectoral action.
- Separate budgets, mandates, planning cycles, ‘stove-pipe thinking’ and ‘turf struggles’ within sectors and ministries are all barriers to multi-sectoral action.
- Facilitators to multi-sectoral action were harder to identify. However, particularly with respect to developing Child Safety Action Plans, leadership from within government to create a multi-sectoral mechanism (e.g., cross-ministerial committee, senior level multi-sectoral steering committees) appears to facilitate the approach.
- There is great potential for multi-sectoral action in the area of child injury to have a broader impact on child health and on community health in general. This is the result of a number of cross-cutting factors that provide the opportunity for ‘win-win’ scenarios with other environmental and non-communicable health issues. For example, increasing safe cycling infrastructure for children can reduce cycling injuries, increase children’s physical activity and reduce traffic congestion, noise and air pollution.
- It may be that some of the greatest gains with respect to multi-sectoral action are to be had at the local level, where urban planners are working and the various sectoral ‘players’ are more available – sometimes ‘just down the hall’. As a result collaboration and cooperatively working towards a common goal across sectors should be more possible.

In summary, the multi-sectoral aspect of child injury prevention is necessary to comprehensively addressing child injury prevention, and leadership appears to be the key facilitator of achieving it. Failure to coordinate across sectors at all levels of governance increases the risk of gaps in action. Gaps in action in turn can result in unequal access to prevention strategies and inequity. Thus moving forward, the challenge is to find and share more examples of successful multi-sectoral collaboration at the European, national and sub-national level and use them as case studies to advocate for change in all Member States.
Activities to support the uptake and implementation of what works in child injury prevention

Use of Child Safety Reference Frameworks for evidence-based injury prevention strategies

The sub-national level is an important level for public health and child injury prevention, in particular in terms of responsibility for implementation and enforcement of injury prevention strategies. To address this level of action, we first developed four Child Safety Reference Frameworks (CSRFs).

What are Child Safety Reference Frameworks?
The CSRFs are a resource whose intent is to provide quick reference tables for those looking to identify relevant evidence-based strategies for child injury prevention at the sub-national level. For the TACTICS project reference frameworks were developed in four areas of child injury - road safety, home safety, water safety and intentional injury.

The CSRFs divide the strategies according to when the actions involved have an impact:
- actions that prevent an injury event from happening, such as building pedestrian walkways over busy roads;
- actions that protect a child when an injury event does happen, such as using bicycle helmets;
- actions taken after an injury has occurred to minimise damage such as access to treatment.

and who or what the target of the action is – child, caregiver, physical environment, etc.

The CSRF are designed to be used to:
- support decision makers in planning for child injury prevention at the regional or local level by identifying those strategies where the adoption, implementation and monitoring are more likely to result in reduction in injury.
- serve as the basis for a regional or community assessment or evaluation examining the level of adoption and implementation of evidence-based child injury prevention strategies.

Applying the CSRFs in six regions

After the CSRFs were developed we pilot tested them as a reference tool for a situation analysis by assessing current child injury prevention action in six regions of six different countries in the European Union (Czech Republic: Moravia Silesia, Finland: Southern Kymenlaakso, Germany: North Rhine-Westphalia, Hungary: Szabolcs-Szatmár-Bereg, Spain: Catalonia, Sweden: Västra Götaland).
Using a questionnaire based on the CSRFs we looked at both whether the actions identified in the CSRFs were underway in the regions and their ‘coverage’ - what proportion of the specific target audience of each action covered.

Once the data were collected we tabulated the results using a rapid appraisal method that illustrated at-a-glance preliminary information about how the regions compared against the actions recommended within the CSRFs.

The results of the pilot test suggest that:

- the rapid appraisal method based on the CSRFs is well suited as an assessment tool to provide timely information on the current state of affairs in the region on relevant child safety policies
- the method also provides useful information to support policy making, in particular in generating further questions to be addressed prior to allocating resources between existing strategies with low coverage and new strategies
- there may also be utility in comparing regions within a country to assess equity of access to evidence-based strategies
- due to the multi-sectoral nature of child injury prevention, the many players involved and the typical lack of coordination and knowledge across sectors, the effort to collect the information necessary to complete the assessments is significant. This is particularly true if all four domains are assessed at the same time. The situation could be greatly facilitated by the existence of multi-sectoral committees at the regional level, who could also act to oversee and coordinate child injury action.

In summary, the rapid appraisal method provides an initial indication for where the implementation of evidence-based strategies within a region might be underdeveloped when compared to the CSRFs (as best evidence). It also provides a standardised means of comparing regions. Thus applying the CSRF in this way allows for both one-time comparisons and benchmarking change over time.

Despite some limitations, application of the CSRFs in six regions using the rapid appraisal method delivered important insights. The pilot regions can see how well they are doing and where there might be room for improvement – either through introducing new evidence-based strategies or extending the target population coverage of an existing strategy. The next steps for this work is to share the results with members of the Alliance and discuss how best to develop the rapid appraisal process and as a stand-alone tool to simplify the data collection and complement the CSRF.

The Child Safety Reference Frameworks and more information on their development and methods used can be found at: http://www.childsafetyeurope.org/tactics/info/child-safety-reference-frameworks.pdf

Details on the rapid appraisal method and the results of the application to the six regions can be found at: http://www.childsafetyeurope.org/tactics/info/final-report-CSRF.pdf
Barriers and facilitators to successful adoption, implementation and monitoring of evidence-based child injury prevention actions in the EU

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. The TACTICS project undertook research with partners in 26 countries with this question in mind.

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),
- three different age groupings (pre-school, primary school and secondary school age children) and
- three different levels of implementation (national, regional and local).

For each of the case examples, a TACTICS country partners then developed a presentation and case study write up exploring facilitators and barriers to a successful ‘AIM process’ – the adoption, implementation and monitoring of the strategy.\(^1\)

Despite the broad range of strategies included the issues raised were remarkably consistent. We undertook a structured analysis which resulted in a number of themes which were eventually communicated through the targeted good practice tools (see next section) as eight keys to success: leadership, management & collaboration, funding, capacity, data, prevention strategy, context & setting and visibility. Each of the 8 KEYS consists of between 2 to 5 specific issues that if addressed, should increase the likelihood of successful prevention strategies.

We also created a simple checklist based on the 8 KEYS for prevention stakeholders to use when they are beginning planning, 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.

- 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.
- The eight keys are not necessarily independent of one another – i.e. there is interplay and co-dependencies between them. For example funding and resources such as capacity and data will relate and be dependent on the specific prevention strategy being considered and implemented, and also on the context and setting the physical, social and cultural environment as they relate to the prevention strategy and the specific setting – e.g., youth recreational facilities.

\(^1\) Successful injury prevention involves working through three stages: Adoption – an explicit or overt decision to take up prevention
In addition, when considering the eight keys or using the checklist, it is important that the specific issues highlighted under each key are also considered – 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 the setting. Taking time to reflect from both of these perspectives should allow effective transfer and or effective planning for the entire AIM process.

**In summary,** the intent in sharing these keys is to assist stakeholders looking to adopt, implement and monitor an injury prevention strategy by increasing awareness of the key 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. These results and a simple checklist based on the 8 keys are included as part of the targeted good practice tools discussed in the next section.

Targeted Good Practice Tools for Child Injury Prevention

The final tools developed under the TACTICS project, integrated information from all the other project activities to produce more audience specific tools addressing three stages of childhood to support uptake of evidence-based injury prevention strategies. The tools are specifically aimed at assisting 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 that are more applicable at the local level for three stages of childhood (pre-school, primary school and secondary school)
- highlighting available tools and resources to support the adoption, implementation and monitoring of these good investments (AIM process) and
- providing guidance on how to increase likelihood of successfully moving through the AIM process.

The resources specific to pre-school aged children, primary school aged children and secondary school aged children attempt to fill an existing the gap – looking at the child injury situation from the local level, while building on what is known about actions that can increase the likelihood of success of injury prevention strategies from all levels of implementation (EU, national, regional and local).

The tools will be distributed widely over the coming months through the European Child Safety Alliance partners and their national networks.

The three tools are downloadable at:

http://www.childsafetyeurope.org/tactics/info/targeted-tool-preschool.pdf
http://www.childsafetyeurope.org/tactics/info/targeted-tool-primary.pdf
References

   

   

   

   

   
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Tools to Address Childhood Trauma, Injury and Children’s Safety: Final Report of the TACTICS Project

TACTICS is a large scale, multi-year initiative led by the European Child Safety Alliance that ran from April 2011 - April 2014. The aim of the initiative was to:

1) address knowledge gaps through applied study related to understanding:
   - inequities and child injury
   - where responsibility for child injury prevention lies within countries and the EU
   - why there isn’t more effective multi-sectoral action at the national and sub-national levels in EU Member States, and

2) through the knowledge gained provide better information, practical tools and resources to support the adoption, implementation and monitoring of evidence-based good practices for the prevention of injury to children and youth in Europe

To achieve that aim activities were undertaken in three broad areas:
- Activities to benchmark and monitor child injury and related actions
- Activities to explore the multi-sectoral and cross cutting nature of child injury
- Activities to support the uptake and implementation of what works in child injury prevention

This final report provides an overview and summary of the results of those activities along with links to the main deliverables. For more information on the TACTICS initiative go to: www.childsafetyeurope.org/tactics

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