



Appendix I:

Section 4: Methodology for case studies

The case study examples that are included in this document are considered a 'first round'. We set out to provide case studies to illustrate implementation examples of good practice and a more detailed analysis of lessons learned to assist those considering implementing the strategy in their own setting. However the reality is that many programmes have not been examined with respect to their effectiveness and it is even less likely that they will have been evaluated using a rigorous research design that includes a comparison group and a look at behavioural and injury outcomes. As a result many programmes could not be included as case studies in this version, but it is anticipated that as more programmes receive adequate evaluation additional examples can be added.

Case studies were sought and selected based on the following criteria:

- Example programme addresses issues of priority within Europe (based on injury burden).
- Example programme met our definition of good practice.
- Example programme corresponds with one of the good practices identified.

- Example programme has been implemented and evaluated (both process and outcome evaluations completed) in a European setting and found to be effective.

In addition to the selection criteria, where possible we also attempted to select case study examples that reflected a range of resource intensities (e.g., a range of costs to implement) and implementation levels (e.g., national, regional or local). Case studies were also selected to try and reflect the efforts from as many areas of Europe as possible. Case study examples were sought in a snowball approach through various sources including members of the European Child Safety Alliance and other child injury prevention and safety promotion experts. In addition, internet searches and selective reviews of the recent literature were used to identify additional potential case studies.

For each potential case study selected, a contact person was identified and a research associate contacted him or her to ascertain that the potential case study met the inclusion criteria. Once this was established, available documentation was examined and a standardised interview was conducted that sought and summarised the following information:

- Implementation level (at what level was the strategy focussed – national, regional or local?)

- Strategy approach (which of the 3 E's was used – education, engineering, enforcement or a combination?)
- Setting of intervention (where did the intervention take place?)
- Target audience for the intervention (at who was the intervention aimed?)
- Resource intensity – an indication of the resource intensity required [€ = up to €20.000/year, €€ = €20-90.000/year, €€€ = €100-299.000/year, €€€€ = €300-999.000/year, €€€€€ = €1.000.000 plus/year]*
- Background for the initiative (including rationale, driving force, timeframe and major partners)
- Aim & objectives of intervention
- Key steps / actions in intervention
- Evaluation of intervention
- Lessons learned (including barriers and facilitators, advice to countries and issues around transferability)

*The resource implications provided should be interpreted carefully. First they do not include in-kind support which in many cases far outweighs the actual budget spent on the implementation of a strategy. Second although the resource intensity estimates provided come from the project personnel themselves, it is important to remember that costs vary by country for many things such as people's time, printing of resources, etc. As a result the resources required when looking at transferring a strategy from one setting to another may vary from what is reported here.





- References
- Contact information for intervention

Following each interview, the case study was written up in a consistent format, which included the addition of the evidence statement supporting the strategy. Case studies were then returned to the contact for confirmation and clarification before being added to the guide. Of note, three of the cases studies - Safe Road to School in Faro, Portugal; Bicycle Helmet Campaign, Denmark and Child Resistant Packaging for Chemicals, Netherlands - are enhanced expansions of case studies originally collected for the WHO for the Children's health and environment case studies summary book⁹³

Finally it is important to note that the cases studies included in the following section are an initial attempt to illustrate examples of existing good practice. The European Child Safety Alliance invites submission of additional case study ideas that meet the criteria described above for inclusion in future editions. Please forward case study ideas to secretariat@childsafetyeurope.org



Child Safety Box

Austria

IMPLEMENTATION LEVEL	Regional
APPROACH	Education, Safety Equipment
SETTING	Community
TARGET AUDIENCE	Parents, children under 6 years old
RESOURCE IMPLICATIONS	€€€€€€
EVIDENCE BASE:	Window bars appear to be effective for preventing falls. ^{1,2} Smoke detector give away programmes have proven successful when high risk areas are targeted and multi-faceted community campaigns have the specific objective of installation of working smoke detectors. ³

Background

The Child Safety Box programme provides a complete package of safety devices free of charge to families in order to make their homes safer. Families were able to order the box, paying only postage charges for its delivery. The Child Safety Box included the following items:

- Smoke alarm
- Cooker guard*
- Oven guard
- Safety lock
- Window guards
- Safety plugs
- Drawer stop
- Corner and edge bumpers
- Door stopper
- Refrigerator bar

These items were chosen based on the burden of home injuries treated in the main children's hospital in the southern region of Austria, and on a study by Grosse schuetzen Kleine / Safe Kids Austria with 500 families in the city of Graz. This study analysed how families made their homes child safe, what their attitude were towards safety equipment in the home, and which safety devices they used or would be willing to use. Data were collected by a paediatrician during medical home visits.

The campaign was promoted through a brochure, which was distributed by partners such as Penaten (Johnson & Johnson Consumer in Austria), the health insurance company, and

hotels equipped for children & babies. In addition, media coverage was extensive. It was advertised in nearly every regional and local daily, weekly and monthly newspaper, in all community newspapers, in extra materials produced for families with newborn children and in several housing magazines. Local radio and TV station announced it several times. It was also advertised in a booklet families receive in order to have their children vaccinated and in the Styrian Family passport (a book of discount vouchers). With every new production (six in total) a press conference was organised. A total of 25,000 brochures were distributed.

This programme was completely funded by the local authority health and housing departments.

Policy Background/Driving Force

In Austria, half of all childhood injuries occur in and around the home. The most vulnerable age group are children under six years old.

Partners

- Grosse schuetzen Kleine / Safe Kids Austria
- Styrian local health and housing government departments
- Private industry (Helly and Johnson & Johnson Medical Products Austria)

Aims & Objectives

- To make homes safe.
- To inform parents regarding child safety at home and the usage of safety devices.

Evaluation

A total of 16,000 boxes were distributed over 5 years, beginning in 1996.

In 2001, Grosse schuetzen Kleine / Safe Kids Austria conducted a survey on the Child Safety Box and its usefulness/usage for families.³ Those families who received a box were asked to fill out a questionnaire and return it to Grosse schuetzen Kleine / Safe Kids Austria. The results of this survey indicated that of the respondents:

- 77% used the smoke alarm;
- 83% used the cooker guard;
- 49% used the oven guard;
- 66% used the safety lock;
- 51% used the window guards;
- 99% used the safety plugs for electric sockets;

*While experts recognise the seriousness of burns and scalds associated with cookers and the need to prevent them, there are ways of protecting children from these injuries other than through the use of cooker guards alone. Cooker guards are not a complete solution to the prevention of these injuries and still require a behaviour change by the adult using the cooker, who may believe that simply by fitting a guard the child is completely protected. The Child Accident Protection Trust (CAPT) in the UK advocates that the rear hot plates and burners should be used in preference to those at the front of the hob, and that pan handles should always be turned away from the reach of a child. Ideally, a child should not be free to move around the kitchen when cooking is being carried out (Hayes, M. Personal communication, May 22, 2006).



- 55% used the drawer stop;
- 78% used the corner and edge bumpers;
- 75% used the door stopper;
- 28% used the refrigerator bar.

These results should be treated with caution as the response rate for the survey was 10%.

The Child Safety Box programme was successful in terms of acceptance and creating safety awareness. Despite the fact that the last child safety box was distributed in 2000, parents still request it from Grosse schuetzen Kleine / Safe Kids Austria

Key Steps

- Determine the burden of home injuries and parents' attitude to safety and equipment.
- Design the project and communications plan.
- Obtain funding.
- Develop and implement organisational aspects of the programme.

Lessons Learned

Barriers

- Bringing stakeholders together.
- Handling storage and postage of safety boxes.
- The safety boxes are expensive to provide, therefore the sustainability of the project is in question.
- Data management is challenging due to the great demand for and popularity of the boxes.

Facilitators

- A new local government was voted in. The head of the health department was a father with three young children and saw the value in injury prevention.
- The local government health and housing departments pooled resources to fund the project.
- An organisation for the handicapped packaged the boxes, keeping costs down and enabling the development of a fruitful relationship between the departments of health and social affairs.

Advice to Countries/Transferability

- The Child Safety Box programme is an expensive project making sustainability difficult. A more sustainable, long term solution would be to integrate elements contained in the box into housing standards so that safety elements are already in place when families rent or build their own house.

References, Additional Information

1. Harborview Injury Prevention and Research Center. (2001). Best practices. Seattle: University of Washington. Available at <http://depts.washington.edu/hiprc/practices/index.html>
2. Spiegel, C., & Lindaman, F. (1995). Children can't fly: A programme to prevent childhood mortality from window falls. *Injury Prevention*, 8(3), 104-108.
3. Towner, E., & Dowswell, T., Mackereth, C., & Jarvis, S. (2001). What works to prevent unintentional injury amongst children? An updated systematic review. London: Health Development Agency. Available at http://www.hda.nhs.uk/downloads/pdfs/prevent_injuries.pdf
4. <http://www.grosse-schuetzen-kleine.at>

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