



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



Lifeskills – Learning for Living

United Kingdom

IMPLEMENTATION LEVEL	Regional
APPROACH	Education, Training
SETTING	Community, schools
TARGET AUDIENCE	Children aged 10 - 11 years, adults with learning disabilities, older people (60 and over)
RESOURCE IMPLICATIONS	€€€
EVIDENCE BASE:	Interactive education and training approaches have a significant impact on children's safety-related knowledge, attitudes and behaviours. ¹

Background

Lifeskills - Learning for Living is a permanent, regional safety education and training centre built as a realistic 'village' on 10,000 sq. ft of floor space. It includes a supermarket, houses, a garage (used for drug education), road and vehicles, a garden, an electrical substation, a dark alleyway, a building site, a playground, a stream, a railway, a farm and countryside.² Matching sound effects increase the realism of the village. It is designed to provide an interactive, fun approach to learning about safety in the home, on the road or during leisure time.

The scenarios relevant to safety are as follows:

- The road scenario covers general road safety and road crossing including the need for safety barriers, road markings, speed limits, cycle safety and in-car safety.
- The house scenarios include a kitchen, living room, bathroom, hallway, and bedrooms. Children identify hazards (e.g., slips and trips, burns and scalds, poisons, electrical and fire) and make them safe as appropriate.
- The garden scenario also involves potential hazards such as a paddling pool, fireworks, bonfire, barbecue, lawnmower, garden shed and sun safety.
- At the sub-station scenario, children are faced with high voltage cables, a transformer and other hazards.

- The building site includes hazards associated with mechanical equipment, dangerous scaffolding, chemicals and trip hazards.
- The river scenario includes action to take in case of drowning and personal safety.
- The railway line has a train approaching with objects on the track. Possible courses of action are discussed.
- Farm and countryside hazards are also included.

The teachers do not accompany the children on their activity. They remain as emergency telephone control operators receiving and discussing the appropriate emergency action to take with the children who are unaware that they are not the "real control operators".

Policy Background/Driving Force

Road and home accidents account for about 20 deaths per day in the UK. Every year, 30,000 children in the local region require hospital treatment for injury.

The Health of the Nation and Saving Lives: Our Healthier Nation white papers establish injury prevention as a priority and specify targets for reduction of deaths by one-fifth and serious injuries by one-tenth by 2010. The Health Schools Blueprint aims to help schools support children in leading a healthy

lifestyle. It includes a National Healthy Schools Standard with targets for all schools.

Partners

- Local councils
- Local health professionals
- Local emergency services
- Local organisations and businesses
- National rail
- Utilities (gas, electricity, water)
- Construction industry

Aims & Objectives

- Children will take responsibility for their own safety, assess risks, and learn how to deal when faced with dangerous or difficult situations.
- Children will translate learned skills to real life situations.



Evaluation

A longitudinal (three months) matched sample design was adopted for the evaluation using 5 of the Lifeskills scenarios.¹ Lifeskills children completed a paper-and-pencil test immediately before and after visiting the centre. Control children, who had not visited the centre, completed the same test at their schools. Children in both groups were re-tested three months after the intervention. A sub-sample of children in both groups was re-tested 12 months after the visit in order to assess retention of knowledge.

In addition, children in the Control and Lifeskills group were tested at three months post visit performing a range of safety skills at the Lifeskills Centre. One year later, children were tested in safety skills at an alternative location, in order to assess the extent to which the performance of Lifeskills children had been aided by contextual cues of the Lifeskills centre. Children in both groups who took part in observation testing also participated in focus groups on safety and risk.

% of tests on which Lifeskills children did significantly better than Control children		
	Measured by % of children with perfect achievement	Measured by children's scores
Performance, 3 months later	50%	83%
Knowledge, 3 months later	80%	100%
Knowledge, 12 months later	30%	67%

One year post-visit, Lifeskills children were more knowledgeable than control children in home, fire, and road safety. Lifeskills children also displayed more confidence in dealing with an emergency, through quicker reaction times and better performance.

Key Steps

- Collect injury data to substantiate need.
- Develop business plan and undertake feasibility study.
- Develop organisational structure for management of the programme.
- Conduct extensive consultation with key partners, community groups, professional organisations, target audience as to what to include in the village.
- Construct the Centre.
- Recruit and train paid and voluntary staff
- Develop supporting educational materials including a web site.
- Incorporate an evaluation process into the development of the operation programmes.
- Develop annual fundraising to maintain programme.

Lessons Learned

Barriers

- Limited injury data were available, which limited the case that could be made for the village and subsequent evaluation of it.
- No national injury strategy or policy in the UK would provide national-level support and funding.
- No stable, long-term source of funding.
- Time constraints of the staff developing the programme.

Facilitators

- Strong local support from multiple sectors that provided funding, in-kind support and expertise.
- A history of extensive partnership working with key partners on a temporary version of the village. As a result, relationships were in-place and expertise on the different subject areas covered by the village was easily accessible.
- Donation of large centrally located space for the village by Bristol City Council rent/service charge free.
- Five key senior-level personnel who each developed an area of work with the help of a working group (e.g., recruitment and training, fundraising)
- Management Board that includes those running the programme, as well as senior-level people that have the potential to influence and access funds.
- Member Organisation Board providing advice and financial support
- Board of Patrons with influence to help raise profile.

Advice to Countries/Transferability

- Develop a finance strategy for a sound financial base complying with all legal and financial law.
- If the Centre is to be run as a Registered Charity, ensure compliance with Charity Law.
- Consideration should be given to producing a financial forecast showing income and expenditure for a period covering a minimum of 3 years. The financial forecast should allocate funds to cover the operating costs and make contingency provision/reserves.

⁵Critical Path Analysis identifies tasks which must be completed on time for the whole project to be completed on time, and identifies tasks that can be delayed for a while if resources need to be reallocated.



- Produce a finance policy defining Finance Management Systems;
- Produce an audited Annual Report and Accounts.
- Comply with legal financial obligations (e.g., Tax returns, systems for paying salaries.)
- Develop a strategy for fundraising, particularly if there is no central source of long-term funding. This ensures the sustainability of the village through planning ahead for future resource needs.
- Develop milestones to work towards. Drawing up a critical path analysis⁵ will clarify the steps required to make the concept happen, and help decide if it is feasible to continue.
- Build in evaluation from the beginning. The findings are a powerful leverage of extra funds and provide credibility. If possible, establish a comparison group as this will strengthen results.
- Develop quality standards and an accreditation process for the Centre. This means that when multiple centres are set up, there is some control to ensure they cover the same material, to the same level of quality. Consider the development of a national centralised organisation to oversee the centres within one country.

References, Additional Information

1. Oxford University/ Oxford Brookes University Evaluation Team. (2003). An evaluation of the Lifeskills – Learning for Living programme. Research Report 187. Norwich: Health & Safety Executive. Available at: <http://www.hse.gov.uk/research/rrhtm/RR187.htm>

See also:

The LASER Project – Good Practice Guidelines: <http://www.rospea.com/safetyeducation/laser>

Approximately twice yearly, the Lifeskills group runs a Fact-Finding Day in order to provide those interested with more information. For further information, please contact Maggie Sims. <http://www.lifeskills-bristol.org.uk/>

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