



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



Paediatrician Injury Prevention Counselling Child Safety Tips Austria

IMPLEMENTATION LEVEL	National
APPROACH	Education
SETTING	Doctors' offices
TARGET AUDIENCE	Parents, children under 6 years old
RESOURCE IMPLICATIONS	€
EVIDENCE BASE:	There is indirect evidence that individual-level interventions in the clinical setting are effective measures to reduce many childhood unintentional injuries. ^{1,2}

Background

Since 2003, the Austrian Mother-Child Passport (used for regular medical check-ups) requires doctors to counsel parents on childhood injury prevention.

Doctors do not receive training in injury prevention as part of their medical schooling. Therefore, in order to support doctors in their counselling work and provide the best information available, Grosse schuetzen Kleine / Safe Kids Austria developed a Child Safety Manual and pads similar to medical prescription pads. Each page of the pad includes the most important information on childhood injury prevention and safety tips. Doctors are provided with the pads for free and can tear off pages to give to parents.

Three different prescription pads were produced for different ages – 0-2 years, 2-4 years and 4-6 years, each one with a different colour marking the different age group.

The programme was presented to the public around Mothers Day 2003 with a nationwide press release.

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.

Lobbying of the Austrian Supreme Health Council over ten years regarding the importance of children's injuries lead to regulations requiring doctors to counsel parents on injury prevention.

Partners

- Grosse schuetzen Kleine / Safe Kids Austria
- Penaten / Johnson & Johnson Consumer Austria
- Sandoz Pharmaceuticals
- Austrian Federation of Social Security
- Austrian Ministry of Health and Women

Aims & Objectives

- To support pediatricians in their child safety counselling of parents.
- To reduce the number of severe childhood injuries in the home environment.

Evaluation

Prior to production, paediatricians were asked what format for the material would suit them best. They suggested the prescription pad format.

Grosse schuetzen Kleine / Safe Kids Austria sent all paediatricians in Austria a questionnaire in May 2005 to examine doctors' use of pads, perceived usefulness of tips for doctors and parents, and degree to which child safety is discussed with parents.³ The response rate was 25%. Results indicated that:

- 94% were very satisfied with the design of the pads, perceiving them as easy to handle in their daily routine.
- nearly 70% of doctors are handing out the tips during children's regular check-ups;
- doctors perceived that over 90% of parents reacted very positively to the counselling;
- 91% of doctors think that the information included in the pads is sufficient;
- 76% of doctors confirm that parents are interested in child safety;
- parents mostly ask doctors about prevention of burns/scalds, poisonings and sport accidents.*



Key Steps

- Examine research and similar programmes to develop safety guidelines and tips.
- Consult paediatricians to determine the sort of material is most useful in undertaking safety counselling.
- Test material (pads) with focus groups of parents.
- Obtain funding to produce and distribute the pads and scientific manual to doctors.
- Launch the programme with a press release.

Lessons Learned

Barriers

- Finding a sponsor for the programme took time. Johnson & Johnson were first approached in 2001, but it was not until 2003 that they decided paediatricians were a target group for them.
- The Austrian Ministry of Health and Women were not interested in sponsoring the Child Safety Manual. Funding was eventually found from the Austrian Federation of Social Security.

Facilitators

- A paediatrician at the Department of Paediatrics of the University of Graz was a board member of both Grosse schuetzen Kleine / Safe Kids Austria and the Austrian Supreme Health Council.[†] He was able to lobby heavily for injury prevention and this programme.
- Doctors were very cooperative and supportive of the programme. The Austrian Association of Paediatricians posted the Child Safety Manual on their website.⁴

- This programme reaches 80% of all families with children aged 0 to 6 each year because it is part of the health system.

Advice to Countries/Transferability

- The American Association of Pediatrics has developed a similar programme (TIPP) with material to support paediatricians in injury prevention counselling.⁵
- Testing materials with the target groups was key to ensure their acceptance and use. The Child Safety Manual has proven useful to doctors because of the indepth information to enable preparation for counselling. The pads are very easy and comfortable to handle, and require little space in paediatricians' private practice.

References, Additional Information

1. DiGuseppi, C., & Roberts, I. G. (2000). Individual-level injury prevention strategies in the clinical setting. *The Future of Children*, 10(1), 53-82.
2. National Centre for Injury Prevention and Control. (2000). Working to prevent and control injury in the United States. Fact Book for the Year 2000. Atlanta, GA: Center for Disease Control and Prevention.
3. <http://www.grosse-schuetzen-kleine.at>
4. <http://www.docs4you.at>
5. <http://www.aap.org/family/tippintr.htm>

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⁴Parents' perceptions of priorities are not in line with data, which show drownings as the leading cause of death for young children.

[†]The Austrian Supreme Health Council includes all major institutions that make health and health promoting decisions.

