Child Safety Action Plan (CSAP) Project
(Agreement № 2003315 - “Strategic and action planning to enhance policy actions for child safety in 18 European Countries”)

Interim Report

Project team
Joanne Vincenten, European Child Safety Alliance
Morag MacKay, European Child Safety Alliance
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Overview of project

The Child Safety Action Plan (CSAP) project will contribute to reducing child injury across Europe by working with 18 countries to develop national child safety action plans to increase awareness of the child injury issue and the implementation of effective measures by government, industry, professionals and organisations in areas that relate to child safety, and families themselves.

As part of the process CSAP project partners will establish a set of standardised measures of child injury and preventive action. This set of measures will allow comparisons between countries and provide a benchmark to examine improvements within countries over time. A guide to good practice will also be developed to encourage evidence based planning. Countries will be encouraged to engage government departments and a wide range of partners throughout the entire process to ensure “ownership” of multi-disciplinary national plans to reduce child injury. The resulting action plans will provide results that meet commitments on children’s environment and health made by European Ministers at the Budapest Conference on Environment and Health in June 2004. They will also provide a basis for the development of a European Child Safety Action Plan.

Project partners

The lead partner is the European Child Safety Alliance, an initiative of the European Consumer Safety Association (ECOSA). The Alliance focuses on strategies aimed at bringing about reductions in injury-related deaths and disability amongst children from 0 to 18 years of age in the European Union. ECSA works with a network of expert partners and stakeholders from various disciplines involved in child injury prevention.

Eighteen of the Alliance country partners agreed to take part in the CSAP project and signed on early enough to be official partners in the project: Austria, Belgium, Czech Republic, Denmark, Estonia, France, Germany, Greece, Hungary, Ireland, Italy, Netherlands, Norway, Poland, Portugal, Scotland, Spain and Sweden. The individuals and organisations in these countries participating as country representatives are listed in Annex 1. There are also five countries who have expressed an interest in observing the process – Cyprus, Finland, Iceland, Malta and UK.

In addition, an Expert Group provides advice and guidance to the project partners. Its membership is made up of representatives of the European Public Health Alliance (EPHA), UNICEF and the WHO Regional Office for Europe together with experts in “best practice” and health indicators from the University of the West of England and University of Keele in the UK (Annex 2).

Background

Injury is the leading cause of death for children living in the European Union and results in more deaths than all other causes combined. But while death is the most dramatic outcome of injury, it is not the most common. Nonfatal injuries occur with much greater frequency than deaths for most categories of injury. In The Netherlands for example, for every child death that occurs from a home or leisure injury, another 160 children are admitted to hospital with a severe traumatic injury, and another 2,000 children are treated at the accident and emergency departments. If this injury ratio is applied throughout the EU, we estimate that every day 14 children die, 2,240 are admitted to a hospital and another 28,000 are treated in an emergency and accident department.
Many people view these injuries, which result from road accidents (where children are killed as passengers, pedestrians and cyclists), drowning, falls, fire and choking, as unpreventable. But this is not true. These injuries are a major health problem with known solutions. The challenge for prevention is two-fold. First many Europeans do not see injuries as the major child health problem. Second, although effective measures to reduce childhood injury exist, they are not always widely implemented by governments, industry and parents/caregivers.

**Aims and objectives of the CSAP Project**

The Child Safety Action Plan project aims to develop national action plans to enhance child safety in countries within the European Union. The specific objectives are to:

1. **Establish a set of indicators and standardised data collection tools focussing on child injury**
   Building on previous indicator projects, two standardised sets of indicators will be assembled – one core, and one extended. The sets of indicators will address child injury (exposures, outcomes and actions). These standardised collection and benchmarking tools will serve to identify a baseline level of child injury burden and action in the 18 countries. They will also provide a means of evaluating progress in reducing injury as the individual countries plan and implement action.

2. **Identify, document and distribute examples of Best/Good Practice in child injury prevention**
   Building on existing best evidence, examples of best/good practice will be identified and compiled into a good practice guide. Included will be an analysis of key factors in successful implementation. The guide will be shared with all EU countries to encourage and support evidence based action as part of national action planning. A standardised tool for collecting good practices will be made available for capturing future examples.

3. **Develop national Child Safety Action Plans**
   Although the Project Secretariat and Expert Group will work hard to support the activities of Member States’, the most important efforts will take place at the country level. Therefore, an action plan development and mentoring process will be implemented to assist countries through three planning stages, the completion of which will result in national level Child Safety Action Plans.
   - **Stage 1**: Countries will conduct an assessment and collect a baseline of child injury indicators, including information on national capacity and infrastructure needs, using standardised collection tools.
   - **Stage 2**: Countries will use the results of their assessment together with the good practice guide to develop a national vision, national goals, and priorities for action with measurable objectives.
   - **Stage 3**: Countries will develop plans for the concrete tasks required to reach each of the objectives.

   Countries will be encouraged to engage government departments and a wide range of partners throughout the entire process. This will ensure that the resulting plans are truly national and multi-disciplinary. Finally, the European Child Safety Alliance will examine the national plans collectively to provide direction for a European Child Safety Action Plan.
Report on progress to July 1, 2005

The project is proceeding well and progress is outlined in the following table which lists the tasks, progress to date and scheduled next steps on the Child Safety Action Plan Project. Those tasks that are 100% complete are shaded.

<table>
<thead>
<tr>
<th>CSAP PROJECT TASK</th>
<th>PROGRESS AND SCHEDULED NEXT STEPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirm Country Coordinator for each of the 18 Country Partners</td>
<td>Completed by December 2004 for the majority of countries and by February 2005 for all</td>
</tr>
<tr>
<td>Review of past reports, good practice, indicators, capacity building materials</td>
<td>Initial review completed in November 2004; ongoing as additional materials are reviewed as identified</td>
</tr>
<tr>
<td>Develop survey tool to assess country leadership, infrastructure and capacity related to child injury</td>
<td>Completed in April 2005</td>
</tr>
<tr>
<td>Pilot survey tool to assess country leadership, infrastructure and capacity related to child injury</td>
<td>Piloted in Austria, Italy and Portugal in March/April 2005</td>
</tr>
<tr>
<td>Distribute survey tool to assess country leadership, infrastructure and capacity related to child injury for completion</td>
<td>Distributed in April 2005 and as of July 1, 2005, received completed assessments from eleven of the 18 participating countries and one observer country</td>
</tr>
<tr>
<td>Review and analyse information from survey tool to assess country leadership, infrastructure and capacity related to child injury</td>
<td>Scheduled for completion by fall 2005</td>
</tr>
<tr>
<td>Develop core set of child injury indicators and sub-sets specific to eight injury issues for piloting</td>
<td>Work ongoing from October 2004; completed April 2005</td>
</tr>
<tr>
<td>Participate in WHO Bonn office lead initiative to develop an environmental health information system including indicators to respond to CEHAPE regional priority goals</td>
<td>Participating in process on an ongoing basis; have aligned ENHIS injury related indicators (CEHAPE - RPG2) with CSAP indicators as much as possible to ensure consistency of information; ENHIS indicators piloted in summer 2005</td>
</tr>
<tr>
<td>Develop plan and process for obtaining and analysing data to support indicators that use data from existing sources</td>
<td>Ongoing and scheduled for completion summer 2005; University of Udine responsible for mortality and determinants data; Mathilde Sector and Marc Nectoux to examine data sources for morbidity and exposure data</td>
</tr>
<tr>
<td>Conduct data gathering and analysis for indicators using data from existing data sources</td>
<td>Ongoing and scheduled for completion fall 2005</td>
</tr>
<tr>
<td>CSAP PROJECT TASK</td>
<td>PROGRESS AND SCHEDULED NEXT STEPS</td>
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<tr>
<td>Develop standard tools for indicator data collection for indicators using new data from country partners</td>
<td>Completed June 2005</td>
</tr>
<tr>
<td>Pilot indicator data collection tools and edit</td>
<td>Data collection tool currently being piloted in six countries - Austria, Hungary, Greece, the Netherlands, Norway and Portugal. Scheduled for completion by fall 2005</td>
</tr>
<tr>
<td>Collect indicator data by country partners</td>
<td>Scheduled for fall/winter 2005</td>
</tr>
<tr>
<td>Review of indicator results, analyse, write report(s) and disseminate findings</td>
<td>Scheduled for fall 2005/spring 2005</td>
</tr>
<tr>
<td>Develop format for country report cards (baseline profiles)</td>
<td>In progress and scheduled for completion in fall 2005</td>
</tr>
<tr>
<td>Develop and distribute country report cards</td>
<td>Scheduled for completion by spring 2006</td>
</tr>
<tr>
<td>Launch of country report cards</td>
<td>Tentatively scheduled for May/June 2006 to coincide with a CEHAPE related meeting</td>
</tr>
<tr>
<td>Develop outline and process for national CSAP development</td>
<td>Completed April 2005</td>
</tr>
<tr>
<td>Develop outline and process for a feasibility study of the Burden of Child Injury in Europe report</td>
<td>Completed in March 2005</td>
</tr>
<tr>
<td>Conduct feasibility of doing a Burden of Child Injury report for Europe</td>
<td>In progress and scheduled for completion in spring 2006</td>
</tr>
<tr>
<td>Launch and disseminate report on feasibility of doing a Burden of Child Injury report for Europe</td>
<td>Tentatively scheduled for spring 2006</td>
</tr>
<tr>
<td>Develop template for national CSAP processes (assessment, strategic planning, action planning)</td>
<td>In progress and scheduled for completion in fall 2005</td>
</tr>
<tr>
<td>Development of national CSAPs</td>
<td>In progress and scheduled for completion in fall 2006</td>
</tr>
<tr>
<td>Translation and final CSAP for Europe report</td>
<td>Scheduled for fall/winter 2006</td>
</tr>
<tr>
<td>Develop criteria and process for selection of good practice examples</td>
<td>Completed in March 2005</td>
</tr>
<tr>
<td><strong>CSAP PROJECT TASK</strong></td>
<td><strong>PROGRESS AND SCHEDULED NEXT STEPS</strong></td>
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<tr>
<td>Develop format for electronic &amp; hard copy directory and database of good practice</td>
<td>Outline completed April 2005; development of initial draft in progress and scheduled for completion by fall 2005</td>
</tr>
<tr>
<td>Develop template for collecting good practice examples</td>
<td>Completed in April 2005</td>
</tr>
<tr>
<td>Pilot template and survey process</td>
<td>Completed April 2005</td>
</tr>
<tr>
<td>Survey and interviews for good practice examples</td>
<td>Initiated April 2005; in progress and scheduled for completion in summer 2005</td>
</tr>
<tr>
<td>Review, process and summarise lessons learned for good practice guide</td>
<td>Scheduled for fall 2005</td>
</tr>
<tr>
<td>Develop electronic and hard copy directory and database of good practice content</td>
<td>Scheduled for fall 2005</td>
</tr>
<tr>
<td>Launch, distribute and disseminate availability of good practice guide</td>
<td>Tentatively scheduled for late fall 2005</td>
</tr>
<tr>
<td>Develop a project word mark</td>
<td>Completed November 2004</td>
</tr>
<tr>
<td>Develop a project communications plan</td>
<td>Outline completed in March 2005, strategy completed in April 2005 and development of detailed work plan in progress and scheduled for completion in July 2005; implementation ongoing</td>
</tr>
<tr>
<td>Develop a project newsletter</td>
<td>Plan for quarterly newsletter completed in November 2005; 1&lt;sup&gt;st&lt;/sup&gt; issue distributed January 2005, 2&lt;sup&gt;nd&lt;/sup&gt; issue distributed May 2005; 1&lt;sup&gt;st&lt;/sup&gt; and 2&lt;sup&gt;nd&lt;/sup&gt; issues available on ECSA website; 3&lt;sup&gt;rd&lt;/sup&gt; issue in progress and scheduled for completion in July 2005</td>
</tr>
<tr>
<td>Develop project brochure</td>
<td>Completed - two brochures developed – technical and non-technical; technical printed and distributed to project partners; non-technical available in colour and black and white for easy downloading from ECSA website (all versions available on website)</td>
</tr>
<tr>
<td>Submission of abstracts on the CSAP project to the 8&lt;sup&gt;th&lt;/sup&gt; World Conference on Injury Prevention and Safety Promotion</td>
<td>Scheduled for completion by August 31, 2005</td>
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<tr>
<td>CSAP PROJECT TASK</td>
<td>PROGRESS AND SCHEDULED NEXT STEPS</td>
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<td>----------------------------------------------------------------------------------</td>
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<tr>
<td>Submission of abstracts on the CSAP project to the</td>
<td>Scheduled for fall 2005</td>
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<tr>
<td>to 1st European Conference on Injury Prevention</td>
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<tr>
<td>and Safety Promotion</td>
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<tr>
<td>Hold first expert group meeting</td>
<td>Held November 2004 in Rome, Italy (minutes included in Annex 3)</td>
</tr>
<tr>
<td>Establish mentoring, support and partnering of</td>
<td>Approach and plan for support tools established in November 2004; roll out</td>
</tr>
<tr>
<td>participating countries</td>
<td>ongoing as process continues</td>
</tr>
<tr>
<td>Work with Country Partners on engaging</td>
<td>Ongoing; initial report back from country partners in April 2005 indicates</td>
</tr>
<tr>
<td>government and national organisations in CSAP process</td>
<td>some progress in majority of countries</td>
</tr>
<tr>
<td>Hold second expert group meeting</td>
<td>Held April 2005 in Rome, Italy (minutes included in Annex 4)</td>
</tr>
<tr>
<td>Hold CSAP Country Coordinators Meeting</td>
<td>Held April 2005 in Madrid, Spain (minutes included in Annex 5)</td>
</tr>
<tr>
<td>Development of capacity building guide and seminar</td>
<td>Planning started; scheduled for completion in summer 2005</td>
</tr>
<tr>
<td>Conduct capacity seminar</td>
<td>Scheduled for November 9th and 10th, 2005 to coincide with the EPHA and UK</td>
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<td></td>
<td>Presidency sponsored conference entitled, “Future Europeans - the right start</td>
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<td>in life for children and young people in Europe”</td>
</tr>
<tr>
<td>Hold third expert group meeting</td>
<td>Tentatively scheduled for spring 2006</td>
</tr>
</tbody>
</table>

**Discussion regarding changes in timeline or methods**

Despite the late signing date on the contract, the project is proceeding well and is anticipated to be completed within the original timelines. There have been a number of minor challenges for the CSAP Project to date.

First as this is a large scale project and the 18 participating countries are starting from different points of readiness, there were initial challenges for some countries in having partners identify individuals to serve as a country coordinator for the project. This has resulted in a few countries proceeding at a slightly slower pace than the others, but this was anticipated given the scope of the project and countries are receiving additional attention/coaching as needed.
Second, there are many other related and ongoing activities in Europe which provide an opportunity for synergy to advance the CSAP initiative. As a result, several of the tasks have been rescheduled to allow for alignment of CSAP activities to take advantage of potential synergy (e.g., for example fall workshop will be held in November instead of October).

Finally, when the readily available data relating to burden of child injury in Europe were examined in fall 2004 it became clear that conducting a burden of child injury study for Europe was a premature step. Instead in partnership with the WHO – European Office and partner researchers at the University of Udine in Italy, we are undertaking work to examine the feasibility of conducting such a study. The report coming out of these efforts will set the ground-work for a future burden of child injury in Europe study by examining:

- Methodology for a burden of child injury study including proposing steps in the design and conduct of national burden of child injury studies
- A summary of the status of data availability and infrastructure in EU 25 countries
- Literature review for selected countries to identify studies attempting to quantify the burden of child injury in different strata of the child population and identify factors that might explain differences in injury incidence and mortality (e.g. SES, rural/urban location and other exposures)
- A synthesis of all findings and a discussion of implications based on currently available data/infrastructure and results of scientific research for a burden of child injury study for Europe.

**Conclusion**

The project is running well to meet its objectives, complete tasks and stay on budget at this time. We do not anticipate any major challenges in the completion of work and to date are excited to see the level of involvement from the Member States.
Annexes
Annex 1 - Country partner representatives

**Austria**
Mathilde Sector, Austrian Institute for Home and Leisure Safety
Gudula Brandmayr, Grosse schützen Kleine/ Safe Kids Austria

**Belgium**
Carine Renard, CRIOC-OIVO

**Czech Republic**
Veronika Benesova, Charles University

**Denmark**
Hanne Møller, National Institute of Public Health

**Estonia**
Liis Rooväli, Ministry of Social Affairs of Estonia

**France**
Helene Bourdessol, Institut National de Prévention et d'Education pour la Santé (INPES)

**Germany**
Thomas Altgeld, Bundesarbeitsgemeinschaft Mehr Sicherheit für Kinder e.V. (Safe Kids Germany)

**Greece**
Aghis Terzidis, Center for Research and Prevention of Injuries among the young (C.E.RE.PR.I)

**Ireland**
Janice Bisp, Royal Society for the Prevention of Accidents, RoSPA

**Hungary**
Éva Zentai, General Inspectorate for Consumer Protection

**Italy**
Francesca Valent, University of Udine, Unit of Hygiene and Epidemiology

**Norway**
Johan Lund, Norwegian Safety Forum

**Poland**
Marta Malinowska-Cieslik, Institute of Public Health, Jagiellonian University, Medical College

**Portugal**
Elsa Rocha, APSI (Portuguese Association for Child Safety Promotion)

**Scotland**
Elizabeth Lumsden, Royal Society for the Prevention of Accidents
Celia Gardiner, NHS Health Scotland

**Spain**
Jorge Parise, Sociedad Española de Cirugía Infantil
Teresa Robledo de Dios, Ministerio de Sanidad y Consumo

**Sweden**
Lotten Strindberg, Swedish Consumer Agency (Konsumentverket)
Linda Smedberg, Swedish Rescue Services Agency
Annex 2 – Expert Group and additional advisors

Expert Group

Genon Jenson,
European Public Health Alliance
genon@env-health.org

Maryam Farzanegan,
UNICEF
mfarzanegan@unicef.org

Elizabeth Towner,
University of the West of England
elizabeth.towner@uwe.ac.uk

Michael Rigby,
University of Keele
m.j.rigby@hpm.keele.ac.uk

Leda Nemer,
WHO Regional Office for Europe, European Centre for Environment and Health
len@ecr.euro.who.int

Additional technical advisors

Francesca Racioppi,
WHO Regional Office for Europe, European Centre for Environment and Health
frr@ecr.euro.who.int

Dinesh Sethi,
WHO Regional Office for Europe, European Centre for Environment and Health
din@ecr.euro.who.int
Annex 3 – Agenda and minutes of Expert Group Meetings #1

AGENDA

Expert Group Meeting #1 - November 18-19, 2004
World Health Organization Regional Office for Europe
European Centre for Environment and Health
Via Francesco Crispi, 10 (Metro A – BARBERINI)
00187 Rome, Italy
Phone No. +39 06 487751
Fax No. +39 06 4877599

Attendees:  
Génon Jensen, EPHA  Joanne Vincenten, ECSA  
Leda Nemer, WHO – European Office  Morag MacKay, ECSA (Chair)  
Michael Rigby, University of Keele  Mathilde Sector, ECSA (Notetaker)  
Maria Santos Pais, UNICEF  
Liz Towner, University of the West of England

Guests:  
Francesca Racioppi, WHO – European Office  
Dinesh Sethi, WHO – European Office

Please read and bring ALL pre-meeting preparation documents with you.  
Dress is business casual so please dress for comfort.

DAY I – November 18, 2004, 09:00-17:00

<table>
<thead>
<tr>
<th>Time</th>
<th>Agenda Item</th>
<th>Lead</th>
<th>Supporting documentation (Attachment #)</th>
</tr>
</thead>
<tbody>
<tr>
<td>09:00 – 09:15</td>
<td>1. Welcome and introductions</td>
<td>Morag, Joanne</td>
<td></td>
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<tr>
<td></td>
<td>2.1. Overview</td>
<td></td>
<td>2.12 CSAP proposed project timeline</td>
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<tr>
<td></td>
<td>2.2. Roles &amp; Responsibilities</td>
<td></td>
<td>2.13 CEHAPE overview</td>
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<tr>
<td></td>
<td>2.3. Expert Group Meeting #1 Expectations</td>
<td></td>
<td>2.21 Draft roles &amp; responsibilities for project partners</td>
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<tr>
<td></td>
<td>2.4. Review of agenda</td>
<td></td>
<td>2.22 Project contact list (meeting handout)</td>
</tr>
<tr>
<td></td>
<td>3.1. Review and discuss scope of the CSAP deliverable</td>
<td></td>
<td>3.21 Draft outline for Child Safety Action Plans</td>
</tr>
<tr>
<td>Time</td>
<td>Agenda Item</td>
<td>Lead</td>
<td>Supporting documentation (Attachment #)</td>
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<tr>
<td>11:15 – 11:30</td>
<td>Coffee break</td>
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<td></td>
<td><strong>4. Indicators</strong></td>
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<tr>
<td></td>
<td>4.1. Review and discuss scope of indicator deliverables</td>
<td>Morag</td>
<td>2.11 CSAP Project overview</td>
</tr>
<tr>
<td></td>
<td>4.2. Background and the Balanced Scorecard (BSC) Project</td>
<td>Joanne</td>
<td>4.21 Balanced Scorecard Report</td>
</tr>
<tr>
<td></td>
<td>4.3. Review and discuss draft process for developing CSAP indicators</td>
<td>Morag</td>
<td>4.31 Draft indicator development process</td>
</tr>
<tr>
<td>11:30 – 12:30</td>
<td><strong>4. Indicators Cont’d</strong></td>
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<td></td>
<td>4.4. Discuss strengths and limitations of work to date</td>
<td></td>
<td>4.41 Synthesis of expert review of BSC project</td>
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<td>4.5. Review and discuss indicator selection criteria</td>
<td>Morag</td>
<td>4.42 Examples of indicator templates</td>
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<td>4.6. Review and discuss initial list of indicators</td>
<td></td>
<td>4.51 Examples of indicator selection criteria</td>
</tr>
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<td></td>
<td>4.7. Next steps for indicators</td>
<td></td>
<td>4.61 Initial list of indicators (meeting handout)</td>
</tr>
<tr>
<td>12:30 – 13:30</td>
<td><strong>Lunch (in-house)</strong></td>
<td></td>
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<tr>
<td>13:30 – 16:00</td>
<td><strong>5. Best /Good Practice</strong></td>
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<tr>
<td></td>
<td>5.1. Review and discuss scope of best/good practice deliverables</td>
<td>Morag</td>
<td>2.11 CSAP Project overview</td>
</tr>
<tr>
<td></td>
<td>5.2. Opportunities for synergy (UK Health Development Agency Evidence &amp; Guidance initiative, Virtual Observatory, others??)</td>
<td>Liz</td>
<td>5.21 Overview of Health Development Agency Evidence &amp; Guidance initiative</td>
</tr>
<tr>
<td></td>
<td>5.3. Review &amp; discuss draft best/good practice development process</td>
<td>Morag</td>
<td>5.31 Draft best/good practice development process</td>
</tr>
<tr>
<td>16:00-17:00</td>
<td><strong>Meeting adjournment &amp; free time</strong></td>
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<td><strong>Expert Group Dinner</strong></td>
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<td>Ristorante Piccola Roma</td>
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<tr>
<td></td>
<td>Via degli Uffici del Vicario, 36</td>
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<td></td>
<td>Tel. +39 06 6798606</td>
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## DAY II – November 19, 2004, 09:00-16:30

<table>
<thead>
<tr>
<th>Time</th>
<th>Agenda Item</th>
<th>Lead</th>
<th>Supporting documentation (Attachment #)</th>
</tr>
</thead>
<tbody>
<tr>
<td>09:00 – 09:15</td>
<td>Welcome and brief review of Day I</td>
<td>Morag</td>
<td></td>
</tr>
<tr>
<td>09:15 – 11:15</td>
<td>5. Best/Good Practice cont’d</td>
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<tr>
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<td>5.4. Discuss definitions of best/good practice</td>
<td></td>
<td>5.71 Draft outline for Good Practice Example</td>
</tr>
<tr>
<td></td>
<td>5.5. Brainstorm for criteria for best/good practice</td>
<td></td>
<td>5.72 WHO Case Study example (meeting handout)</td>
</tr>
<tr>
<td>09:15 – 11:15</td>
<td>5.6. Brainstorm for criteria for selecting examples of best/good practice</td>
<td>Morag</td>
<td></td>
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<td>5.7. Initial thoughts on best/good practice example content</td>
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<td>6. Capacity enhancement</td>
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<td>6.1. Review and discuss scope of capacity deliverables</td>
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<td>6.21 Draft CSAP/capacity development process</td>
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<td>6.2. Brainstorm for capacity enhancement content areas</td>
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<td><strong>7. Communications</strong></td>
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<td>7.1. Discuss communication needs for CSAP project</td>
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Minutes of the Child Safety Action Plan Project Expert Group
Meeting #1 - November 18-19, 2004

World Health Organization Regional Office for Europe
European Centre for Environment and Health
Rome, Italy

Attendees:  Génon Jensen, European Public Health Alliance (EPHA)
            Michael Rigby, University of Keele
            Liz Towner, University of the West of England
            Leda Nemer, WHO – European Office
            Dinesh Sethi, WHO – European Office
            Francesca Racioppi, WHO – European Office
            Joanne Vincenten, European Child Safety Alliance (ECSA)
            Mathilde Sector, ECSA (Note taker)
            Morag MacKay, ECSA (Chair)
            Kathrin von Hoff, WHO – European Office (guest on November 19th)

Regrets: Maria Santos Pais, UNICEF

DAY I – November 18, 2004, 09:00-17:00

1. Welcome and introductions

J. Vincenten welcomed the group and indicated that although the contract is not official yet as UNICEF has
yet to sign, the project would proceed. She thanked WHO-Rome Office for hosting the meeting and indicated
that this was the first of three Expert Group meetings to be held, with perhaps a fourth. She introduced M.
Mackay as project manager for the Child Safety Action Plan (CSAP) project and chair of the meeting. M.
Mackay welcomed everyone and said she was pleased to meet the group and hoped to create an informal
atmosphere that would encourage participation. She then asked each person present to introduce
themselves. F. Racioppi welcomed the group and stated how interested the Rome office is in participating in
the project and hosting this first meeting.

2. Overview of Child Safety Action Plan (CSAP) Project

2.1. – 2.4 M. Mackay presented an overview of the project including the project aim, components and
main outputs, as well as the timeline. She then shared the proposed the roles and responsibilities of
the project secretariat, Expert Group and for the country partners. She also reviewed the meeting
agenda and expectations, outlining the overall meeting task and explaining that specific meeting
tasks for each of the four sections of the meeting (national Child Safety Action Plans, indicators,
best/good practice and capacity enhancement) would be addressed as the group worked through
the agenda.
F. Racioppi asked whether the project coordinator has been discussing the project with the country partners, and if and how the child injury action plans will be integrated into the policy section of the broader Child Environment and Health Action Plan for Europe (CEHAPE). She also stated a contribution from WHO-Rome could be to make the focal points from the Budapest ministerial process aware of the CSAP project process, to identify technical counterparts and facilitate communication.

J. Vincenten responded by stating that each partner signed a letter of participation which stated that the government partners needed to be involved in ‘approving’ the plan. She stated the government needed to be involved from the beginning, in order to have buy in. She asked whether F. Racioppi could facilitate the exchange between the CEHAPE focal points and the CSAP Country partners so that the focal points were not only informed of the CSAP process, but in fact encouraged to be involved in the CSAP development process.

G. Jensen stated that an EPHA contribution could be to have a link on their website to the CSAP project, for all members of EPHA to have access to the information, with CSAP country information and contacts.

D. Sethi asked if the project would include intentional injury and J. Vincenten stated that the scope of the project would be unintentional injury due to the background of the experts and the resources.

F. Racioppi agreed that the Expert Group does not have the skills to include intentional injury.

M. Rigby stated it is important to define what is included under child safety for this project as it is such a broad term that it needs to be defined more specifically as to what is being considered. Not only was there intentional injury and bullying which the general audience might expect to be included in “child safety”, but also food safety and environmental safety as they affected children. “Safe play”, and “safe walking routes to school”, were examples of actions for child safety which seemed to be outside the scope of this project despite its title. He indicated that “Injury Prevention” might be a more appropriate working title for the work, even though the formal title was now fixed.

J. Vincenten asked that the group to keep in mind for future consideration how intentional injury might be included in the process as we proceed as it is such an important issue and while beyond the scope of the current project would certainly potentially gain from such reflections.

F. Racioppi stated that CEHAPE was focused on environmental health concerns. She agreed with J. Vincenten that it would be important as there may be an intentional component to many injuries.

L. Towner asked that psychosocial factors (e.g. social deprivation) be strongly integrated into the project, in addition to environmental factors (e.g. existence of legislation).

F. Racioppi stated that the group needed to narrow the definition of unintentional injury and M. Mackay indicated that for the project it would be the traditional definition of unintentional injury. However, the Expert Group could certainly conduct periodic reflections on how to incorporate intentional injury at a later time. Further, a project glossary was in development and would be updated as definitions became available and posted on the CSAP section of the European Child Safety Alliance (ECSA) website.

Decisions/Next Steps:
- F. Racioppi to inform and ask for involvement with respect to the CSAP project from the focal points of both the WHO survey on violence and injury prevention and CEHAPE.

- G. Jensen to post all relevant CSAP project information on the EPHA website as it becomes available.

- Project secretariat to ensure reflection on scope of the project at appropriate times to allow assessment of implications for incorporation of intentional injury.

- M. MacKay will maintain glossary of terms for the project and ensure it is posted on the ECSA website


3.1. Review and discussion of the scope of the CSAP deliverables were completed by M. Mackay. She indicated that initial thinking was to proceed with the planning in three stages: assessment, strategic planning and action planning. Assessment would be assessing the burden of injury and progress on action and capacity and infrastructure to support action. Strategic planning would be the traditional visioning and goal setting and action planning would be taking the strategic plan and planning for specific actions.

3.2. What does a national Child Safety Action Plan look like and what should be included? – M. MacKay posed the question and participants discussed Attachment 3.21, Draft Outline for CSAP.

M. Rigby stated that there is a danger in calling the plan a national Child Safety Plan as we do not include the intentional aspect, and lifestyle factors, which he sees as in the scope of safety.

F. Racioppi stated we must clarify how the national Child Safety Action Plans would link to the national CEHAPE national child health and environmental action plan. Only some of the countries will produce these, but it is not known which countries will do that. She stated we must make clear that our action plan can be linked into this process, for Member States to consider using this plan as a part of their larger action plan.

M. Mackay responded that the process will be different for each country but each country will be asked to provide specific deliverables for this initiative that can be a stand alone plan or integrated nationally as they wish.

F. Racioppi suggested there would be two ways to present the project to national politicians. One is the dual linking with CEHAPE and one is to emphasize the focus on unintentional injury, the value of the tool, to move a political agenda forward.

G. Jensen asked what timeline and what tools are planned for the CEHAPE action plans.

F. Racioppi replied that there were several different processes being initiated to support the broader CEHAPE action plans. In addition to a WHO related government focal point for violence and injury prevention, focal points were also being identified for CEHAPE. She again indicated that WHO could facilitate linkages between those focal points and the national coordinators for the CSAP project.

F. Racioppi indicated that the description of the national Child Safety Action Plan that goes out to project partners needs to include a strong introduction to clearly state how it is envisioned the plan is
to be used. Further as the resources are developed a guide through the proposed process should be developed.

M. MacKay indicated that this was what the capacity enhancement aspect of the project was proposing to do.

M. Rigby stated the guide should include a chapter on community involvement and empowerment as the national government cannot make the plan happen on its own.

F. Racioppi stated that the process is as important as the action plan itself for Member States. The development of the process is to be a part of the mentoring and to be documented for other Member States to learn from others.

L. Towner stated that as part of the national Child Safety Action Plan outline, an emphasis needs to be more explicit to include social deprivation, specific vulnerable groups.

D. Sethi stated that measurable health outcomes would be useful as part of the action plan or provide examples of targets, as well as how the plan links with the national agenda.

F. Racioppi stated it would be helpful to understand the rationale for decisions made on each of the national Child Safety Action Plans and that again the resource developed should consider this and include a prompt to ensure it is documented.

Decisions/Next Steps for CSAPS:

- Each country will be asked to document in its national Child Safety Action Plan how the plan addresses socially deprived groups or vulnerable groups—justification and evidence for inclusion or why not necessary.

- As the development of the process is as important as the production of a plan itself, ensure careful documentation of how each country initiates and works through the national Child Safety Action Plan development process, including rationale for decisions made and provide guidance to support the activity.

- Ensure SMART (Specific Measurable Achievable Realistic and Time Specific) targets are identified by each partner, in conjunction with the capacity building seminar.

- Ensure that national Child Safety Action Plans include a discussion of how they link with CEHAPE action plans, as well as other national agendas/plans/targets. Ask country partners to document how their national Child Safety Action Plan may be integrated with CEHAPE.

- Add a requirement to comment on community involvement and empowerment as part of the national Child Safety Action Plan write-up.

- M. MacKay will send out revised Child Safety Action Plan development process and proposed contents to Expert Group and country partners for comment.

4. Indicators

4.1. The scope of indicator deliverables was reviewed by M. Mackay, who proposed two indicator definitions: ‘Injury indicator’ as a summary measure that denotes or reflects, directly or indirectly,
variations and trends in injuries, or injury-related or injury-control related phenomena (Cryer, 2003) and ‘Action indicator’ as an indicator that specifically addresses commitment at the political level and progress in policy implementation (WHO Europe, 2004)

M. Rigby stated that an indicator reflects a scientific measurement, but does not measure a trend or variation and proposed that we consider calling those measures something other than indicators.

L. Nemer stated that there is an EC-DG Sanco funded project from 2003 to identify core indicators for Member States to measure environmental health indicators, with project coordination in Bonn. Lead on the project is Michal Krzyzanowski and Rokho Kim is coordinating the indicators piece. There will also be government focal points throughout Europe related to this piece.

M. Rigby stated that the Commission is developing a short list, medium list, long list of indicators for Member States to use and that we want our action plan indicators to be integrated into the European Commission process. WHO-Copenhagen is hosting a meeting on Child and Adolescent Strategy in Europe, with a wide scope in December. He will bring up at that meeting the need for a Child Indicator Database and a coordinating lead agency in order to try and reduce duplication and ensure the various initiatives build upon one another. He noted that there is also an EC-DG Sanco group starting up on indicators related to Lifestyles.

F. Racioppi suggested the group put the indicator definition on hold until a review is completed of other indicator definitions.

M. MacKay indicated that she had done a fairly broad search for a definition of indicator and had only found one that was injury specific. The group agreed that it will be possible to take a general indicator definition and add to it an injury-specific ending like the one in the proposed definition by Cryer which ends with “in injuries, or injury-related or injury-control related phenomena.”

Discussion also took place regarding the definition of the child. The group agreed that 0-14 year olds are the focus of this project, but the group will keep implications for expansion up to 18 years of age as CEHAPE is to 19 years old and the Rights of the Child are up to 18 years old.

4.2. Background of the Balanced Scorecard Project was completed by J. Vincenten.

D. Sethi asked if the framework was adjusted for use in the injury field and L. Towner responded that it had not, but that the group felt that would be necessary for a better fit.

F. Racioppi and G. Jenson both indicated the four components as titled were confusing and it was agreed that they should be renamed so their meaning was clearer if the Balanced Scorecard framework was going to be used again.

L. Towner stated the project reflected a snapshot in time and therefore the measures could not explain the reasons why one country had less child injuries than other countries.

M. Rigby stated how important it is in preventive health to commend positive actions via indicators, and not just focus on the negative.

4.3. Review of the draft process for developing CSAP indicators was guided by M. Mackay and while the group agreed with the proposed process in principle, it was clear from the earlier discussions that the final process would be dependent on what was decided with respect to definition and framework for
4.4. Discussion of strengths and limitations of child injury indicator work to date – Discussion continued on from the process and earlier discussions regarding definition of an indicator.

F. Racioppi stated that it would be difficult to have an outcome of the project being a scorecard in which countries are compared on rather soft indicators, due to political implications.

M. Rigby stated we should not lose sight of the importance of the methodology in capturing child safety indicators, versus comparison.

M. Sector stated that the CSAP indicators could be used for benchmarking within a country and not for comparison between, as based on the Balanced Scorecard Project the comparability of the indicators in 18 countries is likely to be weak.

F. Racioppi stated that it would be informative to document how certain countries capture the strengths and weaknesses of their indicators.

M. MacKay indicated that some information on data availability and quality could be collected and shared with the Expert Group if as part of the process we included an assessment of data to support the proposed measures as one of the steps. Depending on timing this could be included as part of the proposed needs assessment.

L. Towner mentioned that the UNICEF League Report on cause-specific injuries was very helpful in the UK as their plan was developed.

M. Rigby stated that he saw two uses for the plans: comparisons within and between countries and as a tool to engage communities. He stated we needed to define the scope of unintentional injury and child safety, what’s in and what is out. He also encouraged use of indicators that already exist Europe-wide and are available now.

M. Mackay suggested that as the plans will likely address three components: capacity, infrastructure, and injury-specific causes, we should look at possible indicators along those lines.

L. Towner stated for England’s Child Safety Plan, priorities were set using three factors: burden of injury, socioeconomic factors, and proven interventions.

D. Sethi mentioned the use of structure, process, and outcome measures.

4.8. Review and discuss indicator selection criteria –

F. Racioppi suggested we start by defining what the action plan would include and then back-up to look at what indicators measure it.

M. Rigby stated that for the child indicator process he was involved in, an informal inclusion yardstick had been used, whereby it had to be expected that at least 60% of the countries would be able to collect the data to compile the indicator within 3 years. Then the report stated what areas were not included, either because scientifically validated measures could not be identified from the literature, or because data flows were unlikely to be developed in the near future. He suggested the action plan...
could include what further work was needed, because it is a problem, but is not doable as not much data exists.

L. Towner stated it is important to subdivide broad categories such as road traffic injuries.

F. Racioppi stated that a long list of indicators (like those produced for the European Commission Health Indicators [ECHI] project) will be unmanageable for Member States and suggested a shorter list.

M. Mackay suggested that as a compromise perhaps we can identify a core set of indicators to be collected in a standardized way, and a longer list of indicators that are specific to injury issue that countries can add into their plan as appropriate to their priorities. She suggested creating a list of measures for each of the broad external cause categories for comment by the Expert Group and broader indicator experts, and a similar process for capacity indicators. The Expert Group agreed.

Decisions/Next Steps for Indicators

− L. Nemer to provide contact information of Ro kho Kim and provide more details of the project.

− J. Vincenten to speak with this project group to ensure the necessary linkage with the Bonn office initiative occurs.

− M. MacKay to work with Expert Group members to create a list of groups, projects working on indicators, contact persons and project overviews, to ensure communication and linkage (Bonn office, WHO-Copenhagen, EC-DG Sanco, etc.)

− M. MacKay to pull together list of potential indicators as they relate to 1) specific injury issues, 2) capacity and 3) infrastructure. As full documentation as is available to be included and existing indicators to be included wherever possible. List to be circulated to Expert Group.

− M. MacKay to pull together an initial list of criteria based on Expert Group discussions for comment by group and with an understanding that other indicator initiatives may influence the final list of criteria.

6. Best /Good Practice

6.1. Scope of best/good practice deliverables was reviewed by M. Mackay.

6.2. Opportunities for synergy (UK Health Development Agency Evidence & Guidance initiative, Virtual Observatory, WHO Case Study initiative)

L. Towner presented information about the UK Health Development Agency and the Evidence and Guidance initiative (see presentation).

M. Mackay asked the group to read the literature on the Visual Observatory for more details on that project.

L. Towner stated that one can get more details about it on the website.
6.3. Review and discuss draft best/good practice development process

L. Nemer stated that due to her experience it is difficult to identify ‘best’ practice versus good practice and that criteria are needed to delineate these categories.

M. Mackay asked for comments on the best/good practice development process, for which M. Brussoni will assist L. Towner in this task.

L. Nemer asked what sources would be used for examples of best/good practice as very few randomized approaches exist, many are simply actions.

M. Mackay stated that publications and grey literature would be reviewed and that the group must address the issue of transferability.

F. Racioppi stated it would be important to document the methodology in collection of best/good practices.

Day I ended with M Rigby giving his regrets for Day II.

DAY II – November 19, 2004, 09:00-16:30

Welcome and brief review of Day I

M. Mackay gave a brief review and then introduced Kathrin von Hoff who is working at WHO-Rome on the Case Study initiative.

5.4–5.6 Then she invited L. Nemer to present about the WHO work being done on actions/interventions to improve children’s health and environment and following the presentation there was a broad discussion that encompassed definitions of best/good practice, criteria for best/good practice and for selecting examples of best/good practice.

The WHO project elicited a lot of discussion. D. Sethi commented that the methodology of the WHO process is important to discuss, including selection criteria for best or good practice.

J. Vincenten questioned whether the purpose of the WHO case book study could be fleshed out further -- is it to share knowledge of existing programs or to share examples of best/good practice? The answer would have implications for the amount of overlap between the WHO initiative and the CSAP project.

L. Nemer stated that initial thoughts had been to follow the levels of evidence outlined in the CEHAPE documentation around the Table of Actions, but that when it came to implementation those guidelines had not really been followed.

J. Vincenten questioned why injury is not included as a specific section for case examples since it is one of the four regional priority goals of CEHAPE.

L. Nemer responded that the cases were grouped by risk factor.

J. Vincenten indicated that this was unfortunate as it failed to take advantage of an opportunity to give injury more of a profile.
F. Racioppi suggested a definition for best practice as: evidence-based strategy with a demonstrated multi-sectoral implementation process that has been evaluated.

M. Mackay stated a review of best evidence in injury prevention exists to a large extent.

D. Sethi agreed and stated what is not well documented is implementation of best practice (what works is known but how to implement what works is not so known).

L. Towner stated that to make it approachable, add how the barriers were addressed for what went wrong. Her Evidence Center has a role to collect best practice examples and ask community professionals/practitioners as to how they could implement these practices. They are looking at the evidence to identify “nuggets” of information that can then be explored as an educational tool on success factors.

One of the other challenges discussed was the fact that much of what was being discussed with respect to best practice were strategies/activities that would occur at the local level and not so much at the national level. Was there a need to be more focused from the perspective of usefulness to a national Child Safety Action Plan? If that was the case, then should the focus be more on capacity building than assembling a complete picture – i.e. do we focus on collecting information on all programs and then select the good ones based on criteria or whether are we specific up-front with a focus and select exemplars to address that focus. It was agreed that for the Child Safety Action Plan project the latter was more appropriate and in fact the examples/case studies would be a tool to facilitate good practice. Further F. Racioppi and J. Vincenten agreed that we should be looking for case studies of good practice that could be used to demonstrate to government and that those types of examples might be most useful as supports of the Child Safety Action Plan project.

F. Racioppi suggested that if one of the purposes of the Child Safety Action Plan project is to convince governments to invest resources in child safety, then by showing data on the burden via the indicators, case studies that convince them of the value of interventions via published literature, case studies that these interventions can be successfully implemented, as well as the value of investment in infrastructure and capacity to make these actions happen. Provide just 20 good examples of powerful interventions where we know the money will be well spent.

Another issue discussed was how to highlight innovative interventions that may not be evidence-based. M. MacKay suggested looking for a mechanism to identify and keep updated Emerging Approaches or Promising Approaches.

L. Towner also suggested getting an intervention in one country to be piloted in another country to document transferability. She also asked what strategy we will take: take one injury action and examine its implementation in different contexts versus different injury cases with one example each for implementation. It was agreed that if there were more than one possible example to use in a case study we would include additional examples and then select the one(s) which best illustrate from a capacity building focus.

L. Nemer asked if the group was willing to share the injury-related good practices for the CEHAPE project as if that was possible they would focus less on the injury area and more on the other three priorities.
J. Vincenten and M. MacKay replied that yes the Child Safety Action Plan project would share the examples of best/good practice that are developed, but that the relevance of those case studies to the WHO initiative would be dependent on what the final focus of the WHO initiative was.

Initial thoughts on best/good practice example content were also discussed. M. Mackay asked the group for comments on the drafted list of best practice content. The addition made was to ask if the target audience was involved in the planning and implementation process.

L. Towner asked if we could consider including a request for visuals – pictures, logos, resources, etc. to illustrate the case studies.

M. Mackay summarized the discussion by stating that the group seemed to have reached a consensus that good practices were strategies based on best evidence (evidence-based) that have been implemented and quantitatively evaluated and shown to be effective. There was a further suggestion that the levels of evidence used in the Table of Actions for CEHAPE might provide a starting point for grades of evidence for the Child Safety Action Plan project. For the good practice guidelines for the Child Safety Action Plan project we were looking at selected illustrative case studies that supported the three groups of action indicators discussed earlier – infrastructure, capacity and injury specific. Suggestion was also made to glean a set of “things to think about when implementing” from both the best practices analyses that L. Towner’s group was doing and from an analysis and synthesis of the examples we selected. Possible items were consulting the target population, considering vulnerable populations and hard to reach groups, combined approach (education, enforcement, engineering), innovation, political will.

Further, several criteria for selecting the exemplars also emerged. It was agreed that exemplars should be as representative as possible within Europe but not at the expense of taking weaker examples, that preference would be given to European examples over others if they existed. In all examples an effort would be made to capture the key areas of success that might influence transferability.

**Next steps for best / good practice**

- M. Mackay to send the existing evidence document from L. Towner to the Expert Group.
- Consensus was reached that the scope of the project is unintentional injury using the traditional definition of injury, external cause codes, 0-14 years old. Excluded from the scope of the project are intentional injuries, youth 15-19 years of age, food safety, environmental health, etc.
- L. Nemer to send M. Mackay the types of evidence and the comment as to why it should be changed from three tiers to four tiers.
- M. MacKay to develop a brief description to assist in the identification of possible case studies. The first step will be identifying the best practices in unintentional injury in the three areas: infrastructure, capacity and injury-specific and then examples of how to implement them in the best way. This would be followed by identifying the key factors for success and barriers and facilitators. Use a reference to show evidence-based, and then search for a Europe example of implementation and the country partner will look for some in their own country.
- Once the list of action indicators is decided upon, a list of initiatives that might serve as good practice exemplars will be compiled by the Project Secretariat with the assistance of the Expert Group and country partners.
M. MacKay will begin to develop a modified version of the WHO Case Study questionnaire based on Expert Group discussions. This will only be sent out to the selected case study examples that meet the criteria and will be followed up with an interview.

6. Capacity enhancement

6.1. Review of the scope of the capacity deliverables was presented by M. Mackay and discussed with the group of experts.

L. Towner asked whether the project was too ambitious for countries with large populations.

F. Racioppi asked if the capacity building component was facilitate the development, implementation, and evaluation a national Child Safety Action Plan.

M. Mackay stated that the purpose of the capacity piece was to facilitate the countries going through the plan development process and to ensure that issues related to eventual implementation and evaluation are thought through during the process.

J. Vincenten clarified that the implementation and evaluation of the plans are seen as outside the scope of the current project and funding opportunities for those two pieces would be explored in the future.

G. Jensen asked if it would be helpful to the CSAP process to examine the National Environment and Health Action Plans for Europe (NEHAPE) process.

F. Racioppi stated there is a list of which countries have completed a NEHAPE but no review exists of results. Two of the strengths of the NEHAPE were the bringing together of the sectors and the raising of political awareness. There was no media/communications involvement. Some seed money was available for meetings, consultants, and writing of key documents. It was suggested that the project secretariat look into what is available by way of the NEHAPE initiative and consider interviewing a few key contacts to document their process.

M. Sector asked if it would be possible to have a regional action plan if no national plan was possible for whatever reason.

M. Mackay indicated that the intent was to have national plans so that a request for a regional one would be acceptable would have to be evaluated by J. Vincenten as project leader. However it was also acknowledged that there are 18 countries at very different stages of readiness at the beginning of this process and while it is the desirable, due to circumstances beyond the control of the project secretariat and Expert Group it is unlikely that all will have a completed CSAP by the end of the process.

M. Sector also asked the number of years a national Child Safety Action Plan should cover and M. Mackay responded that a 3-5 year strategy was being suggested, but that input from the Expert Group and Member Countries would be appreciated.

6.2. The group discussed ideas for capacity enhancement content and the following were initial suggestions as to areas where we would want to focus:
- Is there ministerial engagement / financial support, dissemination, logo?
- Is there multi-sectoral collaboration, via a taskforce, who would be the key players, competing players?
- Is there consensus on a vision, strategy, and action plan?
- What are national priorities in unintentional injury that are known, have political will and have been addressed in the past?

6.3. Possible capacity enhancement/mentoring ideas were discussed and it was clarified that mentoring is important because although the end goal is a national Child Safety Action Plan, the process is as important both from a standardisation of measurement perspective as well as learning how the process goes. There is also likely to be a difference in timeframe between countries, thus documentation of their progress and work done toward the national Child Safety Action Plan will be imperative. The program manager’s role will be to check in with partner countries and to assist in working through the phases with tools and suggestions of time frame for each phase, etc.

L. Towner suggested that the UK process be examined for facilitate planning and indicated that Nicola Christie and/or Heather Ward would be great contacts for this purpose.

A question that arose was what is the minimum from a country perspective for success? F. Racioppi stated that expecting 18 national action plans might be unrealistic and that it was probably important to have other success factors outlined and a minimal requirement for completion. She also suggested that a session on how an action plan was done in England might be a valuable piece to do at the workshop as that knowledge is not known. The consensus following the discussion that ensued was to develop success criteria for each of the ‘stages’ identified for the process – e.g., ministry engagement, development of taskforce/working group, assessment, strategic planning, action planning. It was also agreed that along with the criteria, should be a suggestion of timeframes for the different pieces be developed to assist in moving the process along and clarity on the specific deliverables for the steps towards success.

J. Vincenten suggested pairing/partnering countries that had similarities or were already beginning to work together – e.g., Sweden and Estonia or Greece and Cyprus or those countries that would struggle with strong regions – Italy, Spain and Belgium.

Discussion around the workshop and country coordinator’s meeting suggested that listening and discussion between countries might be useful and that again the UK might serve as an example of the process.

D. Sethi stated that he was involved with a project to develop a document providing guidelines for developing injury policy which was being led by Jean Dominique Lormond at the WHO Geneva Office and that the timelines on the two projects might allow for some synergy. M. Sector agreed to get more information on the initiative.

Decisions/Next Steps for Capacity Enhancement
- Develop a set of criteria for evaluating progress toward an action plan if not achieved at the end. This will allow us to show progress to the Commission and documentation of barriers encountered (e.g. achieved, approached, under consideration, etc.)

- Consider providing the partner countries with a template of a national action plan from England for example, as an example story to follow the process, resources, challenges

- Consider having a role model sharing with the coordinators as part of the seminar, and cluster the countries who may opt for a regional plan

- M. Sector to contact Jean-Dominique Lormand from WHO-Geneva regarding his progress in injury policy tools

- Develop and provide a list of references for further reading: handbook on evaluation, etc.

- Rename of the capacity building piece and integrating it more with the Child Safety Action Plan Developmental Process

7. Communications

7.1. M. MacKay initiated a discussion around communications for the Child Safety Action Plan project. G. Jenson indicated that the most important thing was to identify the important milestones or products from the project and develop a communications strategy around them. J. Vincenten indicated that a Communications Specialist had been contracted through the EPHA to assist with this role. F. Racioppi indicated that there might be assistance from WHO as well, particularly with respect to publicity around documents they were involved in producing.

Other suggestions included:

- Consider having countries post major milestones/achievements with a short story of how they got there, barriers and facilitators and put this on the website

- Post monthly progress report from each country on the website

- Develop a monthly newsletter for sharing progress towards a national plan in 18 countries

- Have the Project Secretariat disseminate information to inform the Ministries of Health and Environment in preparation for country partners, before they approach the ministries for support

- Links of partners on website

- Utilize existing networks and communications by translating a paragraph about the project for partners to disseminate via newsletters, websites, etc.

- External launch the project and link to the European Commission by locating the launch in Brussels, Luxembourg, UK-child inequalities, Austria / only once a product exists such as the Burden of Injury Report (fall of 2005 is planned)

- Internal launch at coordinator’s meeting with invited media - carefully consider location of this – might also work for Brussels idea
− Develop an identity to distinguish the Child Safety Action Plan project but ensure identity with Alliance is clear (e.g., the same logo but include title Child Safety Action Plan)

− Dissemination of the products via WHO if logo is on the material, along with other logos

− Listserv for coordinators to share challenges and successes, ask questions, etc.

− Country partner information in the Directory of EPHA Environment and a stand alone child safety directory (make sure up-to-date and consent to post information)

− F. Racioppi suggested the development of a two-page descriptive brochure that includes both purpose and activities of the project and contacts. This communication tool could be sent out to the CEHAPE and Children’s Health & Environment focal points to initiate communication between the Child Safety Action Plan country partners and government contacts for those initiatives in addition to a wider distribution list.

Decisions/Next Steps for Communications

− M. MacKay to draft a two-page brochure about the project and ask the EPHA Communications Specialist to review and provide suggestions for distribution

− F. Racioppi to disseminate the project information to the WHO Injury focal points and ministerial focal points once the project partners have it and then with the Children’s Health and Environment focal points via L. Nemer.

8. Meeting wrap-up

8.1. M. MacKay indicated that the next steps would be to get out minutes of the meeting with the list of actions and begin to work on the next steps. She indicated that she would work to have the minutes out within the next two weeks.

8.2. Next meeting – several dates for the next Expert Group meeting were discussed. The last week of February looked like it might be possible, location to be determined.

M. MacKay will send out possible dates with the minutes so a date can be selected. The WHO-Rome office offered to host again if the meeting room was available.

F. Racioppi offered to travel to other meetings if chosen of value by the group.

8.3. Closing thoughts

− L. Towner asked if there were any gaps in the steering group. J. Vincenten responded that there are also outside experts in that M. MacKay has discussed a broader reference group for the indicators and something similar could be done for best practices.

− M. Mackay indicated that if the Expert Group members had suggestions for missing skills sets they bring them forward so that appropriate consultation on specific pieces could be sought.
- J. Vincenten added that while the project secretariat will look at asking for broader expert input if deemed appropriate, the project budget will not support additional members on the Expert Group.

- F. Racioppi stated she now has clearer ideas about the project and the deliverables. For the good practice part it would have been interesting to get a broader range of inputs as just UK, WHO, Western Europe view. The clarification of what is good practice, of what the process is was helpful. Also she stated that the meeting was well prepared and well run, with the opportunity to express ourselves, with a good atmosphere. The group agreed.

- L. Towner also stated that an executive report of the Balanced Scorecard would have been more beneficial.

- G. Jensen stated that the best practice discussion was very useful and creating the distinction between the political and the researcher perspective.

**Decisions/Next Steps:**

- M. MacKay to complete and distribute minutes and circulate possible dates for next meeting

- L. Towner to suggest possible consultants for review of good practice documents, to ensure international input

**16:30 - Adjournment**
Annex 4 – Agenda and minutes of Expert Group Meetings #2

AGENDA

Child Safety Action Plan

Expert Group Meeting #2 - April 7-8, 2005

World Health Organization Regional Office for Europe
European Centre for Environment and Health
Via Francesco Crispi, 10 (Metro A – BARBERINI)
00187 Rome, Italy
Phone No. +39 06 487751
Fax No. +39 06 4877599

Attendees:
- Leda Nemer, WHO – European Office
- Francesca Racioppi, WHO – European Office
- Dinesh Sethi, WHO – European Office
- Maryam Farzanegan, UNICEF
- Christian Farrar-Hockley, EPHA
- Michael Rigby, University of Keele
- Liz Towner, University of the West of England
- Joanne Vincenten, ECSA
- Morag MacKay, ECSA (Chair)

Regrets:
- Mathilde Sector, ECSA
- Génon Jensen, EPHA

Please read and bring ALL pre-meeting preparation documents with you, including the materials from Work Packages #1 and #2.

Dress is business casual so please dress for comfort.
### DAY I – April 7, 2005, 09:00-17:00

<table>
<thead>
<tr>
<th>Time</th>
<th>Agenda Item</th>
<th>Lead</th>
<th>Supporting documentation (Attachment #)</th>
</tr>
</thead>
<tbody>
<tr>
<td>09:00 – 09:15</td>
<td>1. Welcome and introductions</td>
<td>Morag</td>
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<td></td>
<td>Joanne</td>
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<tr>
<td>09:15 – 10:15</td>
<td>2. Review of minutes and review of agenda</td>
<td>Morag</td>
<td>2.0.1 CSAP Expert Group Meeting #1 Minutes</td>
</tr>
<tr>
<td></td>
<td>3.1 Country partner update, including Madrid meeting</td>
<td>Morag</td>
<td>3.1.2 Draft agenda for Madrid Meeting</td>
</tr>
<tr>
<td></td>
<td>3.2 Leadership, Infrastructure and Capacity Survey update</td>
<td>Morag</td>
<td>3.2.1 Draft Leadership, Infrastructure and Capacity questionnaire</td>
</tr>
<tr>
<td></td>
<td>3.3 Proposed plan for National Child Safety Action Plan</td>
<td>3.3.1</td>
<td>Draft CSAP Summary Template</td>
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<tr>
<td>11:15 – 11:30</td>
<td>Coffee break</td>
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<tr>
<td>11:30 – 12:30</td>
<td>4. Communications</td>
<td>4.2.1</td>
<td>Detailed brochure</td>
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<td></td>
<td>4.1. Update on CSAP communication planning</td>
<td>Joanne</td>
<td>4.2.2 Draft of non-technical brochure (hand out at meeting)</td>
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<td></td>
<td></td>
<td>Christian</td>
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<td></td>
<td>4.2. Communication tools</td>
<td>Morag</td>
<td>4.2.3 Paragraph for newsletters</td>
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<td></td>
<td>- brochures</td>
<td>Morag</td>
<td>4.2.4 Proposed contents for Communiqués #2 and #3</td>
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<td></td>
<td>- Communiqués</td>
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<tr>
<td>12:30 – 13:30</td>
<td>Lunch (in-house)</td>
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<td>13:30 – 16:00</td>
<td>5. Indicators</td>
<td>5.1.1</td>
<td>List of indicators for ENHIS</td>
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<td></td>
<td>5.1. Update on ENHIS</td>
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<td>5.2.1 Outline for feasibility report on burden of childhood injury in EU25</td>
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<td></td>
<td>5.2. Update on Burden of Childhood Injury work</td>
<td>Morag</td>
<td>5.3.1 Indicator data collection process and proposed products (handout at</td>
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### CSAP Interim Report on Progress to July 1, 2005

#### DAY I – April 7, 2005, 15:00-17:30

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<tr>
<td>5.4. Core indicators</td>
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<td>5.3.2 Summary of feedback on proposed indicators – core and extended (handout at meeting)</td>
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<td>5.3.3 Proposed criteria for indicator selection (handout at meeting)</td>
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<td></td>
<td>5.4.1 Draft list of core indicators from Work Package #1</td>
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<tr>
<td>15:45 – 16:00</td>
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<td>5.5 MV Passenger</td>
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<td>Morag</td>
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<tr>
<td>5.6 Pedestrian</td>
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<td>5.6.1 Draft list of pedestrian indicators from Work Package #1</td>
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17:30 Meeting adjournment

### DAY II – April 8, 2005, 09:00-16:30

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</thead>
<tbody>
<tr>
<td>09:00 – 09:15</td>
<td>Welcome and brief review of Day I</td>
<td>Morag</td>
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#### 5. Indicators Cont’d

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<td>5.7 Drowning</td>
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<td>Morag</td>
<td>5.7.1 Draft list of drowning indicators from Work Package #1</td>
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<tr>
<td>5.8 Falls</td>
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<td></td>
<td>5.8.1 Draft list of falls indicators from Work Package #1</td>
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<tr>
<td>5.9 Burns</td>
<td></td>
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<td>5.9.1 Draft list of burn indicators</td>
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CSAP Interim Report on Progress to July 1, 2005 34
<table>
<thead>
<tr>
<th>Time</th>
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<td>from Work Package #1</td>
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<td>10:45 – 11:00</td>
<td>Coffee break</td>
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<tr>
<td>11:00-12:30</td>
<td>5. Indicators Cont’d</td>
<td>Morag</td>
<td>5.10.1 Draft list of poisoning indicators from Work Package #1</td>
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<td>5.10 Poisoning</td>
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<td>5.11 Choking/strangulation</td>
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<td>5.11.1 Draft list of choking indicators from Work Package #1</td>
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<td>5.12 Next steps for indicators</td>
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<td>12:30 – 13:30</td>
<td>Lunch (in-house)</td>
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<tr>
<td>13:30-15:00</td>
<td>6. Best /Good Practice</td>
<td>Morag</td>
<td>6.1.1 Document on good practice from Work Package #2</td>
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<td></td>
<td>6.1 Review of progress to date including summary of feedback from EG review</td>
<td>Morag</td>
<td>6.1.2 Summary of feedback on good practice document (handout at meeting)</td>
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<td></td>
<td>6.2 Review and discussion of draft case study example</td>
<td>Liz</td>
<td>6.2.1 Draft case study example – Lifeskills</td>
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<td>6.3 Discussion regarding table of examples</td>
<td>Liz</td>
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<td>15:00-15:15</td>
<td>Coffee break</td>
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<td>15:15-16:00</td>
<td>7. Fall CSAP Workshop</td>
<td>Morag</td>
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<tr>
<td>16:00-16:30</td>
<td>8. Meeting wrap-up</td>
<td>Morag</td>
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<td>8.1. Summary of next steps with focus on Apr - Sept ’05</td>
<td>Morag</td>
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<td>8.2. Timing of next meeting</td>
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<td>8.3. Closing thoughts</td>
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<td>16:30</td>
<td>Adjournment</td>
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Minutes of the Child Safety Action Plan Project Expert Group Meeting #2 – April 7-8, 2005

World Health Organization Regional Office for Europe
European Centre for Environment and Health, Rome, Italy

Attendees: Christian Farrar-Hockley, EPHA (for Genon Jenson)
Michael Rigby, University of Keele
Leda Nemer, WHO – European Office
Dinesh Sethi, WHO – European Office
Francesca Racioppi, WHO – European Office
Maryam Farzanegan, UNICEF
Joanne Vincenten, ECSA
Morag MacKay, ECSA (Chair)

Regrets: Mathilde Sector, ECSA
Liz Towner, University of the West of England
Génon Jensen, EPHA

Note: It became apparent mid morning that the government building in which the WHO offices are housed would likely be shut down on Friday, April 8th because of the funeral of John Paul II. This was confirmed by midday. As a result participants agreed to work into the early evening and the agenda was reviewed and the priorities were identified so that the most pressing objectives of the meeting would be met. As such, the minutes reflect the work done and not the originally distributed agenda.

1. Welcome and introductions
Joanne welcomed everyone to the second Expert Group meeting at a historical time with the funeral of Pope John Paul II. Morag then took over and introductions were made and Maryam Farzanegan, the representative from UNICEF and Christian Farrar-Hockley, attending on Genon Jenson’s behalf were given a warm welcome.

2. Review of minutes and meeting agenda
Morag asked for any changes to the minutes of the first Expert Group meeting and updates on any of the to-do items not specifically addressed by the agenda. Francesca provided an update regarding focal points of both the WHO survey on violence and injury prevention (VIP) and CEHAPE. She indicated that information has gone out to VIP Focal Points and is also available on the WHO website. The VIP focal points names are also listed on the WHO website. These are individuals in Member States. No contact information because of privacy, but country partners should be able to find them if they have a name. The CEHAPE focal points are still being identified, but information will be shared with them as well.
The agenda was reviewed and Morag informed participants of a few changes which in the end were not followed due to the shortening of the meeting.

3 National Child Safety Action Plan Update

3.1 Country partner update, including Madrid meeting
Morag spoke to handouts of the Workplan for 2005 and the agenda for the Country Partner Meeting in Madrid, providing a brief update on expectations of countries to date. Although the countries vary in where they are starting from, many will be building from existing platform. The project secretariat anticipates that at minimum half of the participating countries will have a Child Safety Action Plan in place by the end of the project and the remaining countries will be somewhere in the process of plan development.

Francesca suggested that for the Madrid agenda to give careful thought on how the country partners update will be done. She suggested that there would have to be a good plan to keep the section on time. Francesca asked how the countries will disseminate information on their countries at the meeting. Morag stated that the project has developed a brief tool for countries to assist with dissemination. The tool consisted of a set of questions which would be sent out to participants ahead of the Madrid meeting to assist in their preparations.

Morag provided an update on situations in various countries like Norway, Sweden, Spain, and Italy. Every country will and is advancing at an individual pace – a reality the project must deal with. Dinesh asked about the observer countries like Cyprus. Morag indicated they are part of the email list and have been invited to participate as “observers” – receiving all tools, etc., but without the funding the official partner countries receive. Joanne suggested that we be proactive to invite all remaining countries as observer countries in the project and ensure that those who are interested are kept in the loop.

3.2 Leadership, Infrastructure and Capacity Survey update
Morag reported that a Leadership, Infrastructure and Capacity (LIC) assessment form was developed and an initial pilot project with three countries was underway. Using questions from Balanced Scorecard Project and where possible from the WHO survey being led by Dinesh. Morag outlined the rationale for continuing with this step even though WHO has collected some data that overlap. All agreed that it would be beneficial to look at the data as a whole once it has been collected. Comments/suggestions were made for modifications to the questionnaire. The specifics are not listed here; a revised version of the questionnaire with suggested changes will be circulated with the minutes. There were also several questions which were identified as possible challenges for country partners and it was suggested that these be specifically reviewed in Madrid. For example, the availability of reports in English and the socio-economic measure questions.

The potential overlaps and synergy between the LIC and the WHO Country Capacity Survey were also acknowledged and it was agreed that it would be valuable to examine the results of the two initiatives collectively. Morag and Dinesh agreed to speak further on this once the LIC is complete in CSAP countries.
3.3 Proposed plan for National Child Safety Action Plan
Morag shared a draft template for the information to be collected from country partners on their Child Safety Action Plans. All agreed it was a good start and Morag will continue to work on it as the project progresses.

Action items
- Project secretariat to strategise on best way to invite other countries to be observers; one possibility is to invite them at Alliance meeting in Madrid.
- Morag to send summary of country updates to Expert Group (this will likely be sharing the minutes of the country partners meeting)
- Morag to circulate revised LIC questionnaire with minutes and share revised version with Country partners in Madrid.
- Morag will discuss questions of concern with partners in Madrid as part of the CSAP meeting
- Morag, Dinesh and possibly Ian Scott to examine results of WHO and CSAP efforts once all data are collected.

4 Communications
Christian Farrar-Hockley provided an overview of the CSAP Communication Strategy Development Process, the next version of which will be circulated in draft format to the Expert Group for comment/input.

Morag then discussed one of the strategies, the idea of Expert Group (EG) Members acting as Ambassadors for the CSAP project, with the group. The proposed strategy is to have the EG members will work to raise awareness of the project at meetings they are attending for other initiatives and ensure connections are made where there is potential overlap or synergy. Morag provided copies of the CSAP brochure to EG members and had prepared a few slides on the project. These along with an electronic copy of the final non-technical brochure electronically will be made available for EG members use. All EG members agreed to act as ambassadors. Leda noted that her email needed to be corrected. Francesca also suggested that country partner organisations also be ambassadors in their respective countries and Morag indicated that this was the plan and in fact they were already working on engaging government and national partners in the process. It was suggested that a “Tips for Ambassadors” sheet be developed for Country Partners.

Morag also shared the ideas for the next two CSAP Communiqués and asked for feedback by April 22nd.

Action items
- Morag to ensure Leda’s email is corrected in all communications materials.
- Morag to ensure that when CSAP section of Alliance website is developed more fully that all Observer countries also be listed and that links be made with the WHO and EPHA CEHAPE websites.
- Morag to share next draft of Communication Strategy with EG for comments.
- Morag to include CSAP slides and copy of the final non-technical brochure electronically with meeting minutes for EG members use.
- Morag to assess need for Tips for Country Ambassadors sheet with country partners.
- Expert group members to send any comments on CSAP Communiqué content to Morag by April 22nd.
Expert group members to look for Ambassador opportunities to promote CSAP and keep the Project Secretariat informed.

5 Indicators

5.1 Update on ENHIS
Morag provided an update on related projects including ENHIS. She shared the final list of indicators that ENHIS will be using and indicated they would be piloting the policy related indicators in May 2005. The main comment on the ENHIS indicators was that they had split injury into two groups – transport and non-transport. Joanne raised the concern that this resulted in a lower than ‘true’ rate of childhood injury overall. It was agreed that this should be taken into account in eventual reports to ensure that an overall rate was reported in addition to transport and non-transport specific rates.

5.2 Update on Burden of Childhood Injury work
Morag provided a brief update on the proposed feasibility study into conducting a European Burden of Child Injury Report. This is a change from what was originally planned, which resulted from a realisation that what had been proposed was not possible at this time. The University of Udine, Italy has been sub-contracted to conduct the feasibility study. The completed feasibility study is due by end of February 2006, with opportunities for input and comment built in along the way. In addition, some of the items from the Leadership, Infrastructure and Capacity assessment will also serve to inform this piece of work.

5.3 Update on indicator data collection process and proposed products
Morag then moved to the CSAP indicators and shared the proposed data collection process and proposed products. This was discussed and led to several questions about other indicator initiatives, so Morag asked Michael Rigby to provide an overview of child health and indicator reports and process. Michael gave an update of the CHILD indicator initiative. WHO Copenhagen is working on a report for Europe with child health as the theme. The report will include the CHILD indicators from the European Commission funded CHILD Project and may also include some of the other ENHIS indicators. WHO Copenhagen has been working on obtaining data for the 38 indicators that are routinely available from existing databases – of these only 2 or 3 are relevant to injury. Given that Leda and Morag, both participating in the ENHIS project were not aware of the Copenhagen data collection process, it was suggested that we work to make the links and ensure we know what is happening with Bonn and Copenhagen so we can understand any possible implications for the CSAP process.

Morag described the differences between the core set and specific injury indicators and the proposed methods of collection of indicators referred to in 5.3.1. Francesca expressed concern about the number of hours to develop templates and methodology sheets (MS) for each indicator and then the time for experts to review. Morag indicated that although it was the intent to develop the MS, they would only have to be completed by the end of the project (to share what we had done). She would be responsible for developing them and further, due to the fact that the ENHIS project had already developed MS for the Core indicators and most of the specific indicators were just sub-components of the Core indicators and thus most of them would be fairly easy to develop using existing MS. It was also noted at this point that
composite measures would be used instead of attempting to weight the indicators as at this time we do not have evidence to support weighting of the indicators.

Francesca suggested we ask the Country Partners their impression of indicators and what to collect. For example is it enough to collect only the core set or should we also gather the additional data to allow for incident specific information. Essentially, what about the users – what do they feel is useful, do we have a demand for this type of information? Michael indicated that this was an important question as we needed to clarify the purpose of the indicators before we began narrowing the list. Dinesh added that in addition we should anticipate that specific indicators would be drafted and/or developed by countries after they write their plans to support their evaluations. Morag indicated that in response to all three of these, one of the purposes of the CSAP project was to have standardised definitions and methods of collecting data that would allow comparisons between countries and the measurement of changes over time. Joanne added that the idea was not to develop new measures, but rather to make use of existing data from various projects, initiatives, databases and bring the feasible measures together so that countries assess their starting point in some “standardised” way. This would help with their national plan, but would also allow European level comparisons. Michael added that this made sense as long as we accepted that after the plans are prepared, indicators/targets will need to be redefined to use to measure progress on actions from implementation of the plan. Morag indicated that of course we anticipated that refinement might have to occur, but the hope is that where possible the standardised indicators will be used – further that any refinements be done at the European level if at all possible so that we continue to have a basis for comparable data.

Morag summarised the discussions as follows: the indicators are to assist/inform the assessment of countries along with the leadership-infrastructure-capacity assessment. Purpose is to provide a baseline to assist with action planning and help serve as potential benchmarks for measuring progress. The project proposes to collect these data in two ways – those available from existing data sets at the European level will be collected by the secretariat and others where primary data collection is necessary, by the country partners. This information will be put into a summary report for overall and into 18 individual country summaries (report cards). Michael indicated that as we are going for a baseline picture to assist with assessment at this point in time that we should be looking at indicators where data already exist (i.e., not a huge amount of further development is needed). Given that this would limit what was kept on the indicator list, he also suggested that we keep track of gaps or indicators that aren’t quite ready and make some recommendations in the future. He also suggested as a future idea, the development of technical tools to standardise child household survey information related to injury. In summary it was agreed that we need to identify gaps for future research and indicator development. It was agreed that the criteria being used were that the indicator addressed burden, action or exposure and that data of reasonable quality were available from a reputable source or could be collected from country partners in a reasonably rigorous way. It was also agreed that in all likelihood this would result in a list of indicators that would be a mix of the best and interim data available and that recommendations for future work would also be made.

5.4 Review of Proposed Indicators (this covers 5.4 – 5.11 Core, Motor Vehicle Passengers, Pedestrians, Cyclists, Drowning, Falls, Burns, Poison and Choking/Strangulation and Determinants)
Morag reviewed that the process to date has been to pull together a broad list of potential indicators and the task at hand is to review and based on a set of agreed upon criteria reduce that list. The group then began to review the 10 indicator tables (Core, Motor Vehicle Passengers, Pedestrians, Cyclists, Drowning, Falls, Burns, Poison and Choking/Strangulation and Determinants [this was renamed Profile Information as it was discussed that not all items were really determinants]).

The first comment was the need to decide on an age group and be consistent. Morag indicated that the discussion at the previous meeting on data availability had led to an agreement to use 0-14 years. However, this was only because data are rarely available for the 15-17 year olds. However she had received some assurances that it was possible to examine the 15-17 year old age group. Further it was agreed that the child injury community would never get the age breakdowns they needed in the data if they did not begin to request it and list it as part of indicators. Therefore it was agreed that all indicators would refer to children defined as 0-17 year olds.

After reviewing the Core indicators, it was recognised that there was a pattern to what was available and the following guidelines were used:

- DALY’s are not available at the country level at this time for overall injuries or by specific injury so will not be included in the main list but will be included in the wish list.
- Morbidity data are not comparable at this time, thus will not be included in the main list but will be included in the wish list. However it was decided that if country level data existed and were readily available in a European database that they could be included in the country specific reports, but not for the purposes of comparing countries. One possibility for country specific data are the data collected by WHO Copenhagen office for the European Health Report on Children, which may provide data for the CHILD indicators included as indicators of morbidity. Another possibility is if the data in the Injury Database (IDB) being funded by the European Commission becomes available in time to be included. Morag to follow-up on both these items.
- Cost data are limited at this time, but the possibility of including data from the countries that participated in the Eurocost study should be explored. It may be possible to provide data on % direct medical costs of injuries in children out of total direct medical costs. Morag to follow-up on this item to assess what is possible.
- The indicator addressing parental beliefs proposed for the core set was not included as the survey questions upon which the proposed indicator was based were not seen as providing validated information. It was suggested that parental beliefs be considered for a future project examining the development of robust standard measures.
- The survey data addressing parental behaviour was included for issue specific questions but only for reporting at the country level, not for international comparisons, due to concerns with the quality and validity of the data. Further, the raw percentage and not the difference from the European average will be reported. The proposed composite score examining parental behaviour was excluded from the main list due to concerns of interpreting the indicator. However it was included on the wish list.
- There were two questions around cost of safety devices in several of the injury specific indicator lists (child passenger restraints, PFD, bicycle helmets, stair gates, etc.). These addressed 1) availability and price and 2) affordability. It was decided that the availability and price were not as valuable as stand alone indicators as they were necessary data to
calculate the affordability indicator. Therefore only the latter would be included in the actual list although the same data would still be required and would have to be collected by country partners.

- Strategies related to making education a compulsory part of a school curriculum were not included unless there was specific evidence of the effectiveness of this approach in reducing injuries.

- Finally data on exposure were acknowledged to be limited at this time. However again for country specific reports only, it was suggested that we include what is available and put those items on the list of indicators requiring further work to be valuable.

It was decided that in an attempt to keep the number of indicators down, and because the level of mortality from choking/strangulation injuries is so low, this group would be excluded. However, it was suggested that this be point out to / discussed with country partners so they had an opportunity to comment on this decision.

Other comments related to the use of the words “law” and “standard” in the action oriented indicators. This will be looked at as we want to ensure common understanding of the indicators across country.

The question of mopeds, scooters, etc., was also discussed. Injuries in motor vehicle drivers were not included in the original list as the original age group was 0-14. With the expansion to 17 years, these injuries would become important for older children/youth. It was therefore suggested that they be added. However, it was also suggested that this be discussed with country partners prior to proceeding to develop additional indicators.

For several of the proposed indicators, final inclusion will depend on availability of data – particularly in the areas of motor vehicle passenger, pedestrian and cyclist – and some further research will be required to assess this.

There was also the suggestion that we re-visit the list of indicators requiring further work and prioritise them for the final report.

A final list of proposed indicators based on the discussions is attached to the back of the minutes.

**Action items**

- Morag to notify Bonn/ENHIS regarding Copenhagen/CHILD and follow-up with Copenhagen/CHILD and assess what if any implications for CSAP.
- Morag to create final list of proposed indicators to share with Country Partners and to bring up specific questions around the issues identified during the discussions (law/standard, excluding choking/strangulation indicators, including indicators related to mopeds/scooters.
- Morag to follow-up on possibility of cost data from Euro Cost study.
- Christian to look into word “law” and “standard” regarding definitions.
- Morag to develop data collection forms for indicators where country partners will collect primary data.
- Morag to work with Udine and Marc Nectoux/Mathilde Sector to identify sources of data and obtain data for other indicators.
- Christian to check on any policy guidelines related to cycling lanes and mention of any data collected at the European level as part of the investigation into that policy option.

6 Good Practice
Morag introduced the process to date and proposed process for development of the Good Practice guide. Maryam suggested that we examine instructive practices and not just “good/best” as this would allow learning from mis-opportunities / failures. One can learn as much, or even more, from what did not work. While Morag and Joanne did not disagree with this suggestion, they indicated that current resources would not allow for this at this time. However, the Good Practice Guide was seen as a “living document” in that as new evidence and/or good practice examples became available, they anticipated it would be added to. Maryam therefore suggested that failures be identified so this could happen in the future. It was also suggested that two questions be added to the Leadership, Infrastructure and Capacity survey regarding what works and doesn’t work and why to inform the ‘key message/learning’ piece. The Project Secretariat agreed to think about this, but indicated that they would assess the length of the final assessment form before adding questions that were somewhat unrelated to the forms main purpose.

Morag briefly reviewed the outline for examples. She also circulated a second example and asked for feedback on the overall process and the two example drafts by April 22nd to allow for any modifications to the presentation to be made to country partners in Madrid on April 29th.

In closing Maryam suggested we try and use more “positive” language for children and cover equity and most vulnerable groups as part of any documents written.

Action Items
- EG members to share any comments with Morag on Good Practice pieces by April 22nd.

7 Closing
The next time the Expert Group will meet is at the Capacity Workshop in the fall. Morag to provide that date as soon as possible (to be decided in Madrid).

The meeting adjourned at 19:30 hours.

8 Attachments to Minutes
- Revised LIC assessment form
- CSAP slides for ambassador role
- Electronic copies of non-technical brochure
- Revised list of proposed indicators (format simplified for sharing with country partners)
# Annex 5 – Agenda and minutes of Country Partners Meetings

**Date:** 2005-04-15  
**From:** Morag Mackay  
**To:** All participating country representatives of the Child Safety Action Plan Project  
**Subject:** Child Safety Action Plan project meeting  
**Date & Time:** Friday April 29th 2005, 09.00-17.00  
**Location:** The Ministerio de Sanidad y Consumo (Ministry of Health and Consumption), Madrid

## Agenda

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<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Enclosures</th>
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<tbody>
<tr>
<td>0900-0930</td>
<td>1. Welcome and introductions</td>
<td>1.1 List of CSAP Country Partner &amp; Observer Country contacts</td>
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<td></td>
<td>2. Approval of agenda</td>
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<tr>
<td>0930-1030</td>
<td>3. CSAP Project overview</td>
<td>3.1 CSAP overview presentation (hand-out at meeting)</td>
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<td>A  CSAP project activities and timeline</td>
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<td></td>
<td>B  Review of project roles and responsibilities</td>
<td>3.2 Updated 2005 workplan overview</td>
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<td></td>
<td>C  Review of funding and funding documentation</td>
<td>3.3 Detailed brochure (copies will be provided at meeting)</td>
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<td>D  Communication tools</td>
<td>3.4 Draft PDF of non-technical brochure</td>
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<td></td>
<td>E  Opportunity for questions</td>
<td>3.5 Ideas for future Communiqués</td>
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<td>1030-1045</td>
<td>Coffee break</td>
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<tr>
<td>1045-1230</td>
<td>4. Country partner update and discussion</td>
<td>4.1 Country partner update form (please complete in English prior to the meeting and either email a copy to the Project Secretariat or give one to Morag at the meeting)</td>
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<tr>
<td></td>
<td>A  Each country partner will have 2-3 minutes to share where they are at in their country with respect to a Child Safety Action Plan, particularly progress and challenges in</td>
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engaging government and other national partners. (Please note there is no opportunity to use PowerPoint and we will be keeping presentations to 2-3 minutes in order to allow everyone time to present plus some time for questions and discussions.)

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<th>Time</th>
<th>Topic</th>
<th>Enclosures</th>
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<tr>
<td>1230-1330</td>
<td>Lunch and opportunity to continue to network and discuss each other’s progress (Lunch provided)</td>
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<tr>
<td>1330-1445</td>
<td>5. Update on assessment phase of project</td>
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<td></td>
<td>A Leadership, Capacity and Infrastructure Assessment</td>
<td>5.1 Leadership, Capacity and Infrastructure Assessment survey (to be sent out week of April 18, 2005 – please be sure to review your copy prior to the meeting and be prepared to discuss)</td>
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<td>B Indicators</td>
<td>5.2 List of proposed indicators</td>
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<td>1445-1545</td>
<td>6. Update on good practices</td>
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<td>6.1 Good practices process</td>
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<td>6.2 Draft examples (Lifeskills and Kerbcraft)</td>
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<td>1545-1600</td>
<td>Coffee break</td>
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<td>1600-1700</td>
<td>7. Wrap-up</td>
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<td>A Ideas for fall workshop</td>
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<td></td>
<td>B Summary of next steps stemming from day’s discussions</td>
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<td>C Closing comments</td>
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Minutes of the CSAP Country Partners Meeting
The Ministerio de Sanidad y Consumo (Ministry of Health and Consumption), Madrid, Spain
April 29, 2005 09:00-17:00

Persons Present:

J. Vincenten, ECSA (Project Leader) J. Lund, Norway
M. Mackay, ECSA (Project Manager) M. Malinowska-Cieslik, Poland
M. Sector, Austria/ECSA (Notetaker) E. Roche, Portugal
G. Brandmayr, Austria J. Parise, Spain
C. Renard, Belgium T. Robledo de Dios, Spain
V. Benesova, Czech Republic T. Henke,
H. Möller, Denmark L. Strindberg, Sweden
B. Frimodt-Møller, Denmark L. Smedberg, Sweden
T. Altgeld, Germany E. Lumsden, Scotland
E. Zentai, Hungary C. Gardner, Scotland
G. Pall, Hungary J. Cave, UK (Observer)
F. Barbone (for F. Valent), Italy O. Finkelstein, France (Observer)
R. Dekker, Netherlands M. Brussoni, University of the West of England
J. Bisp, Northern Ireland (Researcher)

Apologies:

A. Terzidis, Greece P. Gatt, Malta (Observer)
L. Roovali, Estonia O. Kalakouta, Cyprus (Observer)
H. Bourdessol, France
1. Welcome and introductions
   M. Mackay welcomed the group and asked each member to introduce themselves. She then reviewed
   the agenda for the day. She highlighted the goal of the project being to create national action plans that
   specify how this will be done and stimulate political will. She stated that it was an ambitious agenda and
   an ambitious project that we hope will be taken up by national governments throughout Europe.

2. Approval of agenda
   No changes were proposed to the agenda.

3. CSAP Project overview
   M. Mackay made a power point presentation to review the CSAP project.

   A  CSAP project activities and timeline
   M. Mackay started out by explaining that the action plans are linked to international projects and
   initiatives. One is the commitment by the European Ministers at the Budapest Conference on
   Environment and Health in June 2004. Second is the United Nations Child Millennium Development
   Goals—one goal being to reduce mortality in children. CSAP will also support the development of the
   European Child Safety Action Plan. Scope of CSAP is unintentional injuries in children 0-17 years
   old, however she noted that countries were welcome to include intentional injuries if they perceived
   them to be a priority issue. She gave an overview of the various components of the CSAP. M.
   Mackay stated the tasks needed at the country level for each component of the action plan. She
   also listed the project deliverables. E. Rocha asked if there was an existing outline for Child Safety
   Action Plan content. M. Mackay explained that one had been drafted and would be further
   developed as the project progressed. She agreed to send out the draft with the meeting minutes. J.
   Vincenten stated that it would be important to have links and gain participation from government,
   NGOs and the WHO focal point on injury and the UNICEF representative in each country to
   advance the positioning of CSAP.

   B  Review of project roles and responsibilities
   M. Mackay reviewed the project roles within the project team and responsibilities of each member.
   There were no questions regarding the roles and responsibilities.

   C  Review of funding and funding documentation
   M. Mackay stated that funding is 60% from the European Commission and 40% funding from each
   partner as contribution in kind. She also stated that as per the letters of agreement sent out in
   January, Country partners will receive their 60% in three instalments. The first constituting 25% of
   the 60% will be provided upon completion of the Leadership, Infrastructure and Capacity
   Assessment form following the Madrid meeting, the second also constituting 25% of the 60% will be
   provided upon completion of the indicators questionnaire following the fall CSAP workshop and the
   remainder will be provided at the end of the project upon completion of the CSAP summary forms.
   She also indicated that forms to claim these amounts will be provided by the Project Secretariat. V.
   Benesova asked if there were restrictions on the funding received from the Commission. M.
   Mackay indicated that it was expected that the funds would be spent on CSAP development and
that one example of that might be funds to support a planning meeting within a country. J. Vincenten added that each country partner could decide for themselves what to spend it on and that she would review the 2003 project grant to specify what was and was not allowable under the grant. She also stated it is the responsibility of each partner to do accounting on how the resources are spent so that in the case of a Commission audit, proof is provided.

In addition to the cash transfers, the project will also reimburse 60% of travel and subsistence for one person to attend the Madrid meeting and the fall CSAP workshop. M. Mackay clarified that the project budget has separate monies for travel & subsistence (60% reimbursement) and for the CSAP partner work (cash transfer) so the travel reimbursement was not part of the cash transfers for project work. J. Vincenten added that these expense reimbursements were based on Commission guidelines and that a per diem was allowed by the Commission based on country visited and that she would send this out as a reference. She also indicated that for about 80% of the country partners the CSAP representative was the same individual as the Alliance representative and that expense reimbursements for the two meetings would be made in such a way that they benefited the participants. There were a few other travel cost questions, which M. MacKay indicated she would respond to on an individual basis during the coffee break.

D Communication tools

M. Mackay stated that several communication tools had been developed and would be utilized throughout the project. Two brochures – one detailed and one simple had been developed with input from the country partners. She distributed 2-3 copies of the detailed one and indicated that 50 copies would be mailed out to each country. Further, the version on the Alliance website had been updated to reflect changes in country representatives that had occurred since the brochure went to print. The simple brochure is available as a PDF file in black and white to facilitate photocopying and in colour. All three brochures would be made available on the Alliance website following the Madrid meeting. J. Parise noted that T. Robledo de Dios was not included in list of country partners and requested that she be added. M. MacKay indicated that she would have this updated. M. MacKay indicated that there was also a brief paragraph that could be translated and used in partner newsletters which would be provided with the meeting minutes. She also indicated that the second edition of the Communiqué would come out in May as she wanted to include a report on the Madrid Meeting.

E Opportunity for questions

M. Malinowska asked if it would be possible to publish pieces of the work during the project. M. Mackay indicated that she and J. Vincenten would discuss and get back to the group on a decision. M. MacKay provided a hard copy of the presentation for agenda item #3.

Action Items:

- M. MacKay to send out a proposed outline for Child Safety Action Plan content
- J. Vincenten to provide information on Commission rules with respect to spending cash transfers and travel and subsistence reimbursements relevant to the 2003 call for proposals.
- M. MacKay to add T. Robledo de Dios to the brochures and ensure the updated copies are made available on the Alliance website.
- M. MacKay to distribute brief paragraph for newsletters with meeting minutes
- M. Mackay to make the power point presentation available electronically

4. Country partner update and discussion
Each country partner received 2-3 minutes to share where they are at in their country with respect to a Child Safety Action Plan, particularly progress and challenges in engaging government and other national partners. M. MacKay requested that they please try and keep to this time line to allow for time for questions following the presentations. She also requested that country representatives forward electronic copies of their summaries to her for inclusion in the minutes and indicated she would try and obtain updates from the countries not in attendance.

Note: The summaries below may not capture all points made in the presentations; however more detail is available in the written summaries attached to the minutes where available.

Austria – Austria has received 40% co-funding from the Ministry of Health for CSAP and has an outline of work for gathering stakeholders to the table and defining the priority areas. The CSAP will be integrated into a National Injury Plan which will be presented to the Austrian government. The topic of national action plans will also be presented to the European Council of Ministers within the Austrian European Commission Presidency in the spring-summer of 2006.

Belgium – In consequence of the publication of the White book ‘Priorities for Child Safety in the European Union’, the Consumer Safety Commission (CSC) has been asked in 2002 to give an advice on concrete action to be undertaken to improve the situation in Belgium. This issue has been discussed with different actors. The CSC has given an advice on the overall situation of child safety in Belgium. They have discussed CSAP with the Belgium government and are awaiting a response regarding co-funding in early May. They have also contacted other stakeholders for input.

Czech Republic – the first interdisciplinary child injury prevention meeting was held recently with this group acting as an advisory group for the Ministry with the goal of writing a CSAP with all involved stakeholders-except for the Ministry of the Environment. As well a report will be disseminated on the burden of child injury in the country.

Denmark – Denmark has a cross-ministerial committee for an action plan on environment and health (CEHAP) and the project leader is at the National Board of Health for CSAP. The Board of Health states that accidents and chemicals will not be included in the Danish CEHAP. H. Möller will contact the CEHAPE respondents to ask for collaboration on CSAP. She will contact other stakeholders for their participation.

France – H. Bourdessol the official CSAP representative was unable to attend, but O. Finkelstein was able to provide a brief update on activities in France. In France the Prime Minister stated the goal of a 50% reduction for child injuries 0-5 years old for home and leisure injuries. He established a cross-ministerial working group for gathering data on the topic. It is thought that the work of this group will be in collaboration with CSAP questionnaires.

Germany – in Germany the topic of child injury is spread out across many sectors, some very organised and others not. T. Altgeld stated there is a lack of transparency on activities in the field. They have a
good contact at the Ministry of Health at the administration level but the Minister of Health does not see this as a priority. Injury prevention is not a part of the health targets. At this time it is unknown if co-funding will be provided from the Ministry. A cross-sectoral working group has been established and has been working on a national action plan.

Hungary – in Hungary there is no unified method for data collection on injuries and reported by different ministries. Data needs to be harmonised and integrated into one database. The drafting of a national strategy plan has been set as a priority by the Hungarian government, with delivery data September 2005. All relevant stakeholders were invited to a round table meeting in April and a child safety group exists within this initiative. The first meeting will be on May 2005.

Northern Ireland – Northern Ireland has both home safety and traffic safety strategic plans with specific targets for children. They have also obtained funding for the CSAP initiative and RoSPA will lead this group. There is a solid amount of data regarding home injuries as a minimum data set which will be spread throughout hospitals in Northern Ireland. Weakness with partners is getting more designers and architects for collaboration.

Italy – there is a new Italian health plan since March 2005 with one objective injury prevention with children as a target population, as well as the goal of obtaining more complete data collection in the regions. Italy also has a new agency, similar to the Centers for Disease Control and Prevention, which includes injury prevention. Italy is in the beginning stages of injury prevention interventions with focus on home accidents—one target population will be children. Discussions with the Ministry and Institute of Health have begun.

The Netherlands – in the Netherlands the Consumer Safety Institute (CSI) has many activities on child safety and has a policy plan for child safety with goals, but it is not a national action plan, it is a CSI action plan. The Ministry of Health is committed to the project but not yet to a national action plan. At this time no partners have been engaged but the institute is considering broadening the scope of its institute to include all injuries. All relevant partners will be invited to discuss this in the fall. CSAP will be presented at that time.

Norway – in Norway there is a lot of experience and plans in the past 20 years. There is a cross-sectoral working group that has been recently launched and active NGOs in the field. There is also an Ombudsman representative for child injury prevention who is an important advocate. J. Lund stated that his institute works on all safety sectors. Norway has received co-funding from the National Directorate of Health for CSAP and his government is committed to a national action plan for child injury prevention based on CEHAPE, which may include safety promotion. A Child Safety Council was established last week with all main NGOs and the government agencies will be observers. There has since 1997 been a national injury plan on prevention of home and leisure accidents in Norway, which involved nine ministries. Some activities were launched, however the lack of one responsible ministry with coordinating power made it difficult to promote safety activities in ministries with little interest in accident prevention. The new plan (signed be ten directorates and ministries, and which also involves transport and occupational accidents) will be based on work with NGOs. The plan is however rather vague with regards to aims, and has no resource allocation. J. Lund will try to get this plan translated.

Poland – at present in Poland there is a national health programme 1996 -2005 which includes only one component on the reduction of accidents, especially road traffic accidents, without focusing on children. Now there is a new programme for 2006 and beyond which highlights children. But there is no national
structure for child safety. In the fall there will be a conference on environmental health issues which will include child injury prevention and will have participation from all sectors.

**Portugal** – Portugal is starting from the beginning as injury prevention was never a part of the political agenda till now. There is no national coordination or lead on this topic at the government level. There exists a national plan for road safety only. But in the 2004-2010 health plan injury prevention is a priority so there is now a focal point for injury prevention. CSAP will be part of the national health plan.

**Scotland** - there is a national road safety plan but no child safety plan. Discussions with the Scottish Health Department have resulted in support for CSAP. A cross-sectoral meeting was held in March for discussion on involvement from other agencies for CSAP. Dissemination on the project has been extensive throughout multiple sectors.

**Spain** – the collaboration with the government is visible here as the host of the meeting. There is commitment on this issue by the Ministry of Health. Challenges are the variety of administrations in Spain. Much work has been done on the topic of child injury prevention and safety. J. Parise is advocating for a National Paediatric Registry for Spain.

**Sweden** – Sweden stated that there is good collaboration and coordination on child safety and children are a focus throughout all the ministries. The Swedish Rescue Service now has child safety as a major issue and will serve as the government lead with support from Konsument Verket.

Following the presentations there was an opportunity for questions and discussion. There was interest in those countries where some sort of plan existed (Norway and Italy), however it was noted that in both cases the plans were brief and fairly vague. There was also interest in those how priorities were set and resources allocated and it was acknowledged that these may be the biggest challenges facing the CSAPs. There was interest in the Norwegian Child Safety Council and how it was organised. J. Lund gave a brief description. F. Barbone asked for thoughts on who to begin to engage with a general lack of injury focussed NGOs in Italy. Several suggestions were forthcoming including professional associations, parenting organisations/schools, Royal Life Saving, specific contacts from northern Italy working with Germany, WHO Healthy Cities initiative, WHO Health Promoting Schools and WHO Health Promoting Hospitals. It was also acknowledged that what might be required is to begin to engage those not previously involved and increase their awareness of the issue before they would be in a position to be partners. The final question related to a perceived focus on the national level and what then about local level action. J. Vincenten replied that it was anticipated that information and eventually the country plans would trickle down to the regional and community levels. J. Lund asked about Safe Communities involvement and M. MacKay suggested that he consider involving a representative of the various communities in the CSAP process, thereby engaging them early in the process. G. Brandmayr asked if it would be possible to get a copy of M. MacKay’s presentation from the morning introducing the CSAP and M. MacKay agreed to make it available to all partners. M. MacKay closed this section by again asking country partners to provide her with their updates electronically for inclusion in the minutes.

5. **Update on assessment phase of project**

   A **Leadership, Capacity and Infrastructure Assessment**

   M. Mackay stated that this assessment is due May 20th and will require research as it is not expected that the partners have all of the information at hand. She requested that the assessment forms be completed as comprehensively as possible. She noted that the request for amount of time...
to complete the questionnaires was an attempt to get a rough estimate for future use of the assessment form. She also noted that for questions where country representatives felt they could not respond (e.g., the question asked a yes/no and they needed to say maybe) that they were requested to use the question at the end of each section (#14, 24 and 31) and note the number of the question they were commenting on and provide their answer. She also thanked Austria, Italy and Portugal for pilot testing an earlier version of the assessment form and providing valuable feedback.

Following her introduction to the assessment form there was discussion within the group regarding a few of the questions. J. Lund and B. Fridmodt-Moller stated that the question regarding a lead agency for child safety could be viewed as unfair to Scandinavian countries as that is not the model used in these countries. They have the responsibility for child safety spread throughout ministries with strong administration. J. Vincenten replied that the question was based on evidence from other sectors that suggests that success is increased with a primary or lead agency. M. Sector asked if it would be possible to add this choice within the questionnaire. M. Mackay stated that it is not possible to change the questionnaire at this time as we are now in the collection phase and this information can be documented in the comments section. V. Benesova asked what was meant by ownership in question #6.A. M. MacKay responded that it referred to whoever was accountable to/responsible for answering to the plan. This was further described by J. Vincenten. H. Möller asked about question #19 and the reference to coverage. She stated that under the data gathering, it is important to stress that coverage must be qualified, e.g. % of hospitals covered or % of population covered. M. MacKay asked that when completing this question people ensure they indicate percentage of either hospitals or population covered. She added that this question had been added to assist the group at the University of Udine who was doing a feasibility of conducting a burden of child injury study for Europe as part of CSAP and they would follow-up with country partners based on responses if needed. J. Lund asked what was meant by capacity and M. MacKay reviewed the definition. J. Lund asked for clarification of whether the existence of an organisation would be considered capacity and it was agreed that the organisation’s activities might be considered as capacity building but the organisation itself would not. M. MacKay closed this section of the agenda by indicating that country representatives were welcome to contact her with questions that arose as they began to complete the assessment form.

**Action items**

- Country partners to complete Leadership, Infrastructure and Capacity assessment forms and send completed forms to M. MacKay by May 20th.

**Indicators**

M. Mackay provided an overview of the indicator process for the lists provided in CSAP. The proposed indicators are based on previous work including the Balanced Scorecard Project which was a pilot of indicators which occurred with Austria, Greece, the Netherlands and the UK in 2001. She also reported that the Project Secretariat had collaborated with a parallel process led by WHO – Bonn Office to develop indicators for the CEHAPE process (the project is part of the Environment & Health Information System – ENHIS initiative) and that specific attempts had been made to ensure that the core indicators for both processes were reflective of one another. The purpose of the indicators is to provide a baseline for planning purposes. Further as the CEHAPE focuses on actions, many of the CSAP indicators are action indicators addressing policy and practice at the national level. She reviewed that some of the indicators would come from existing data sources and
that the Project Secretariat would be responsible for those. Others would require at least some
data collection on the part of country representatives and a questionnaire with clear instructions
would be provided to make the process as straightforward and standardised as possible.

Next M. MacKay reviewed several specific questions the CSAP Expert Group (EG) had raised and
requested input from the Country partners. The first question related to the use of the words ‘law’
and ‘standard’ – were there different meanings to these or were these straight forward. There
seemed to be consensus that they were clear, but M. Sector asked for a brief definition of
standards, laws, and regulations to be added to the indicator questionnaire. M. MacKay indicated
that the EG had recommended dropping indicators related to choking/suffocation/ asphyxiation due
to the length of the indicator lists and the relative small number of deaths attributable to this cause
of injury. She asked the group for their reaction to this decision. The group agreed that this was
reasonable but J. Vincenten asked that Greece be specifically asked about this given that they have
developed expertise in this area and were not in attendance. M. MacKay indicated that because
the original list had been developed with 0-14 year olds in mind and was now focussing on 0-17, the
EG had suggested the addition of questions related to mopeds/scOOTers/motor cycles and again
asked for thoughts from country partners. The group agreed that moped and motorcycle injuries
should be added to the indicator list motor vehicle as they were a particular issue for southern
countries and it was again suggested that Greece be asked about this item.

The discussion then opened up to questions from the country representatives. V. Benesova asked
about factory hours data. M. MacKay indicated she had this information from an international
source and was only asking the country partners to collect the average cost and availability for
these indicators. G. Brandmayr asked how cost would be assessed and M. MacKay indicated that
there would be specific instructions as to how to do that included in the questionnaire. J. Lund
asked what the difference was between the two indicators entitled “childhood mortality due to
unintentional injury” and M. MacKay indicated that there were two measures both getting at the
same concept. J. Lund then indicated that for traffic related questions the Project Secretariat would
have to keep in mind that the definition of death varied depending on whether one was using police
reports or mortality data. M. MacKay indicated that they were proposing to use the WHO mortality
data. E. Roche asked why there are not more indicators on educational approaches. M. Mackay
stated that the action indicators included were based very much on evidence-based practice and for
some educational strategies there was not enough evidence to support including the measure. G.
Brandmayr asked what home visits are referring to. M. MacKay stated that it can be a visit from any
health professional who is educating parents within the home about injury prevention and J.
Vincenten referred her to the question #23 in the Leadership, Infrastructure and Capacity survey,
but indicated that the indicators were referring to national programs not regional or local ones. E.
Roche asked how change in behaviour is to be documented over time. M. MacKay answered that
the indicators related to behaviour come from surveys such as the Eurobarometer survey that had
included some child safety questions and had been completed in 15 countries in the EU. She
acknowledge that these questions had not been rigorously tested and that this was why there was a
recommendation for further development in this area and that they would only be included in the
country specific report cards and not compared between countries. Another question related to
those questions that asked for a government ministry/department responsible for a specific issue
and a request for an opportunity to comment if there was not a single ministry. M. MacKay
indicated she would ensure that the questionnaire provided an opportunity for comment on each of
the items. J. Lund stated that one wish of his to be added to the wish list is the
development/establishment of Safe Community in a country or local organisations to form a safe
community or safe city. The goal of these initiatives is to stimulate local, coordinated safety promotion efforts. B. Frimodt-Møller offered to send a reference on this topic to assist in the development of an indicator around this issue. She also suggested that the indicator be broader to include other similar initiatives such as Health Cities. B. Frimodt-Møller also asked for further information on the Eurobarometer questions. J. Vincenten provided a brief historical overview of how these questions were gathered. E. Roche, R. Dekker and B. Fridmodt-Moller would like a copy of the Eurobarometer. M. Mackay agreed to send it.

H. Möller indicated that the questions relating to national media campaigns were very inexact measures and suggested that a better measure might be something like “euros spent per person”. M. MacKay agreed that the indicators were not as strong as we would like, but that previous indicator work and discussions with the EG had suggested that a more specific measure would result in no answer from most countries and as the purpose was to provide a baseline for countries the compromise had been to include weaker measures, but look for and anticipate improvements to those measures as the countries began to develop their specific plans and measurable objectives. M. Mackay indicated that she was looking for countries to pilot the indicators questionnaire in June/July to allow for finalisation of the questionnaire and collection of data by the remaining countries in the fall. M. Mackay asked the group to contact her by email by May 20th if interested in piloting the indicator list.

M. Malinowska asked if the group would receive a copy of the best/good practice references for each indicator listed. M. Mackay indicated that formal methodology sheets would be developed for each of the indicators and that these would be made available by the end of the project.

**Action items:**
- M. MacKay to arrange to send a copy of Eurobarometer questions to E. Roche, R. Dekker and B. Frimodt-Møller
- B. Frimodt-Møller to send reference re: Safe Communities approach to M. MacKay
- M. MacKay to include an opportunity to comment on individual questions as well as brief definition of standards, laws, and regulations in the indicator questionnaire.
- Country partners interested to assist in the pilot of the indicators to contact M. MacKay by May 20th.

### 6. Update on good practices

M. Mackay presented M. Brussoni who is working for Dr. Liz Towner and with the Project Secretariat on the development of the good practices guide. M. Brussoni gave a presentation on the topic to provide an overview of the process and contents of the guide (presentation based on material included in Enclosures 6.1 and 6.2). She stated it will be web-based so that it can be updated continuously. She indicated that the role for country partners was to assist in identifying case examples and to provide feedback on the two examples included to ensure that the case examples met country partner needs. She then opened up the discussion to include questions. J. Lund suggested excluding strategies that just looked at changes in knowledge and attitudes as outcome measures. M. MacKay indicated because the examples were being selected based on rigorous evaluations, and most systematic reviews excluded studies that just examined knowledge and attitudes there would likely be few of these strategies included. J. Lund suggested that effect size be considered and reported. M. Brussoni stated that for the articles that had this information it would be provided. F. Barbone supported that perhaps more work could be done on effect size to resemble a meta-analysis. M. Brussoni agreed to work on it. J. Lund suggested excluding those strategies that just involved distributing information, including those that use...
rewards and those that involve “orchestration” (using multiple approaches). M. MacKay replied that the definition of education being used included those strategies aimed at behaviour change or influencing behaviour and as such rewards were included. She also added that orchestration was included but that the two examples done to date just focussed on education. J. Lund suggested adding the size of the population reached to allow an assessment of cost per participant. The group agreed it would be valuable information. M. Brussoni agreed to try and address this. J. Lund also stated that in the document should be a section on what does NOT work as that is an important lesson and that it is a great work. M. Mackay responded that the topic of adding what does not work was discussed with the EG and it was decided that this document would not be able to include all of this information, but that it would be mentioned in the introduction and possibly addressed in future updates of the guide. J. Vincenten asked the group to please send in any references they have for measures on the matrix and also for any not on the matrix. M Brussoni described the contents of a case study and asked about the level of detail provided as well as the EUR star rating. J. Vincenten asked for clarification on the measurement of the EUR rating. M. Brussoni stated that it is not yet standardised. R. Dekker asked who would make the rating based on the financial information given. M. Brussoni stated that she would be doing the ranking in order for consistency. J. Bisp suggested that regarding the EUR rating, there are often small budgets in injury prevention so keep this in mind when creating the rating system. M. Brussoni indicated that she would look at a broader rating system and that in all likelihood she would wait until all examples were complete prior to assigning a rating. M. MacKay indicated it is anticipated that a draft guide will be available for comment by early fall.

**Action items:**
- M. Brussoni to build in changes to case examples as discussed and agreed upon during the session by May 10th.
- Country partners to review the matrix and contact M. Brussoni or M. MacKay with possible program examples to be used as case studies by May 10th.
- Country partners to provide any further feedback on the proposed good practice guide or examples by May 10th.

7. Wrap-up

A  **Ideas for fall workshop**

M. Mackay asked for feedback regarding ideas for the fall workshop. The group agreed that a country update, tips from the pilot countries and discussion on the draft good practice guide will be helpful. For a media advocacy workshop, the group will look at the material on this and email Morag if they think it will be interesting. J. Bisp asked for an evaluation piece regarding good practice. M. Mackay asked for emails if people had more suggestions.

M. Mackay asked for dates that would not be possible in the late fall of 2005. Because it was anticipated that two days would be better to cover everything we would look at dates for a two day meeting, although the final decision would be related to budget and perhaps combining with the Alliance meeting again to provide 1.5 days. Possible dates were discussed in October and November and three possible dates were identified: Monday/Tuesday, November 7-8th; Thursday/Friday November 17-18th and Monday/Tuesday November 28-29th. The group stated a preference for the Thursday/Friday dates. M. MacKay indicated that the location being considered at this time is Brussels in order to allow for some awareness building with members of the European Parliament (MEPs). J. Cave stated it will be necessary to look up the schedule of when the MPs are
in session in Brussels. M. Mackay agreed to do this and get back to the group with a date and location based on this feedback.

**Action items:**
- M. MacKay to finalise date and location as soon as possible and confirm with country partners.

**B Summary of next steps stemming from day's discussions**
M. Mackay summarised the action items for country partners as follows:
- contact M. MacKay if they are interested in piloting indicators questionnaire by May 20th
- forward an electronic copy of their country update sheet for inclusion in the minutes by May 10th
- send M. Brussoni or M. Mackay input and references for the good practice guide (preferably by May 15th after that they will begin contacting individuals to find examples).
- get back to M. MacKay with any further ideas for the fall workshop by the end of May.

**C Closing comments**
M. Mackay thanked the group for their participation at the meeting and reiterated she is available by phone and email for questions and comments. She asked for comments on the day’s meeting. J. Vincenten asked if there was anything to change in order to make the process easier. No comments were made. H. Möller asked if it is permissible to use the CSAP wordmarks for communication. M. Mackay agreed to send these to the group. J. Vincenten thanked M. Mackay, M. Sector and M. Brussoni for their assistance in the project. M. Mackay reminded the partners to send in their expense forms.

**Action items:**
- M. MacKay to send out CSAP wordmarks for use in country activities

Meeting was closed at 16:15.
Annex 6 – CSAP Communication Tools

6.1 Detailed brochure
6.2 Tri-fold brochure
6.3 Communiqué #1
6.4 Communiqué #2
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