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European Association for
Injury Prevention and Safety Promotion

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Special issue: Conclusions and recommendations from the 3rd European Conference on Injury Prevention and Safety Promotion

This special conference issue of the Alert-magazine presents the conclusions and recommendations from the 3rd European Conference on Injury Prevention and Safety Promotion, Budapest-Gödöllő, June 16th and 17th, 2011.

Up to two hundred delegates from 39 different countries, including 26 EU-Member States, 4 candidate countries and 3 EEA-countries attended the two days conference. Governmental departments, academic institutions, safety promotion agencies and the health service sector were well represented among the delegates.

The conference succeeded in highlighting evidence based interventions and challenges in implementing good practice in new settings, in particular in less resourced environments.

The range and depth of the plenary presentations and discussions in the break out sessions provided to participants an excellent opportunity to learn about the latest developments in the field of injury prevention and safety promotion.

This special issue presents the main conclusions from the conference as well as the conclusions and recommendations from the topical break out sessions.

On behalf of our conference partners, the Hungarian Ministry of National Resources of the Republic of Hungary, the European Commission and the WHO Regional Office for Europe, EuroSafe thanks all speakers, panel members and participants for the inspirational and invaluable two days we had together in Gödöllő.

Wim Rogmans
EuroSafe

"Working together to make Europe a safer Place"

Call for better co-ordination of actions on injury prevention in Europe

During the 3rd European Conference sessions, participants have been invited to discuss and amend a set of conference conclusions that had been drafted by the conference organisers and the programme committee members in the overture to the event. Session moderators reported after the close of their sessions the comments and additional suggestions for actions to consider. The consolidated set of conclusions was presented at the closing session and are as follows:

Government leadership

The conference participants are calling for stronger European co-ordination in the development of national policies and infrastructures and for better targeted resources for injury prevention and safety promotion.
The Ministries of Health are uniquely positioned to coordinate such initiatives as their mandate includes the prevention of the disease burden, including injury. Ministries of Health should acknowledge that significant improvements in safety of populations can be achieved by influencing public policies in other departments and therefore need to put greater emphasis on a 'whole-government approach' in injury prevention and safety promotion, along three lines of action:

National plan development
Over the past four years progress has been made in national plan development and in encouraging the implementation of evidence based multi-sector interventions within countries. However, in the majority of Member States, current injury prevention policies are still fragmented.

Therefore:

- Governments are urged to step up their efforts in interdepartmental coordination in injury prevention and to develop a national response to the issue. Each Ministry of Health should develop a national plan of action (or a consistent set of regional plans) for injury and violence prevention, in collaboration with the sectors of transportation, justice, labour, education and social welfare. These plans should include clear priorities and measurable targets. A section on injury and violence prevention should be included in the national framework policy for public health.
- The Commission and WHO-Europe are recommended to facilitate the development of national injury prevention plans by exchanging good practices in plan development, and should continue their annual consultations of Member States in view of mainstreaming injury prevention within public health and other relevant policies at European, national and local level.
- The Commission should introduce an annual reporting duty for Member States on plan development and implementation from 2014 onwards, as one of the follow up actions of the Council Recommendation on the Prevention of Injuries and the Promotion of Safety (2007/C164/01).

Standardised indicators and reporting

Monitoring injuries provides the foundation for advocacy, policy development and EU-wide action. Monitoring is not limited to tracking data on the magnitude and trends in injuries, it also includes evaluating the effectiveness and impact of interventions and assessing progress made.

There is an urgent need to improve the collection and access to reliable and comparable injury surveillance information to make the extent, causes and effects of the problem more visible across Europe and use this information to evaluate national policies and programmes. Therefore:

- Governments should strengthen surveillance systems and routine data collection on injury incidence in accordance with the latest guidelines provided though previous EC coordinated actions (IDB) and the current initiated EU-Joint Action on Monitoring Injury in Europe (JAMIE). Governments are urged to agree upon measurable and standardised indicators so that information can be used to convince other sectors and enables comparison between countries as well as performance assessment as a tool for greater accountability.
- The Commission is recommended to initiate a binding arrangement for injury data exchange at EU-level, within the framework of the Regulation on Community statistics on public health and health and safety at work (2008/L354/70).
- WHO-Europe is urged to continue its efforts in enhancing the quality and depth of information provided by Member States in their mortality statistics and relevant morbidity data.

Capacity building

The prevention of injury and violence requires knowledgeable and skilled human resource capacity and effective networks. Professionals from a wide range of backgrounds have to share a common base of knowledge and skills in order to be able to communicate and collaborate efficiently. The creation of networks across a range of public and private sectors should be encouraged in view of efficient exchange of information, planning and action on key injury areas. In order to strengthen the evidence base for cost-effective injury prevention additional research is indispensible, in particular into the transfer of experimental research into real life contexts. Therefore:

- Governments are urged to reallocate financial resources commensurate to the importance of the issue of injuries and violence, to designate a lead organisation for coordinating multi-stakeholder initiatives for injury prevention and to enhance institutional capacity. It is recommended to integrate basic injury prevention training programmes -such provisioned by WHO's TEACH-VIP programme- into a wide range of educational curricula.
- The European Commission and WHO-Europe are urged to continue its support to training programmes and to the development of European networks of expertise on the seven priority areas as identified in the Council Recommendation on the Prevention of Injuries and the Promotion of Safety (2007/C164/01). Extended funding of such networks under the post 2013-EU-health programme is an essential requirement.
- The Commission is recommended to introduce within the new Framework Programme Research explicitly the need for implementation research into the challenges and opportunities of a wider uptake of the available evidence base for injury prevention.

Addressing cross cutting risk factors

Common risk factors for injury and violence are social deprivation, the use of alcohol and exposure to unsafe products and environ-

ments. Strategies addressing these modifiable factors need the involvement of multiple sectors such as social policy, finance, transportation, leisure and recreation, urban planning, education and sport.

Social deprivation
Evidence strongly indicates that lower socioeconomic status and residence in less affluent areas are related to increased injury risk and death. This is being observed for most causes of injuries: unintentional injuries (at home, on the road and at work) as well as intentional injuries (interpersonal violence and suicide). Reducing the social divide in a sustainable manner through existing economic, social and education policies is therefore an effective strategy. Therefore:

- Governments are urged to strengthen programmes that aim at reducing the social divide and to initiate actions targeted at socioeconomically vulnerable groups, by direct changes in their physical environment and by providing educational support and assistance.
- Regional and local authorities are urged to promote partnership at local community level based on existing community values related to social solidarity.
- The Commission and WHO-Europe are being invited to innovate current policies for fighting poverty and social exclusion so that they also contribute to lower inequalities in access to safe housing, schooling, recreational environments and transportation facilities.

Alcohol abuse
Alcohol abuse is shown to be a significant contributory factor in the occurrence of accidents on the road, at home, at work, in recreational and sports activities, and in violence and suicide. Alcohol also harms others who are the innocent victim of reckless, aggressive or violent behaviour of those under the influence of alcohol. There is a growing body of evidence to show that injury and violence prevention strategies can be cost-effective, if they include alcohol control measures. Therefore:

- Governments should pursue a policy of 'Zero tolerance' to alcohol consumption for drivers of all means of transport and at the work place. Injured patients attending emergency units should in principle be screened on alcohol use and offered interventions such as brief physician counselling
- The Commission and WHO-Europe should promote strict and harmonised rules as to the marketing and accessibility of alcohol in the Member States and facilitate research into the effectiveness of innovative alcohol policy options in relation to the prevention of road traffic injury, interpersonal violence, suicides, home and leisure accidents and work-related accidents.

Unsafe products and environments
Exposure to unsafe products, homes or urban environments -e.g. residential areas, playgrounds and bodies of open water- is an important determinant for unintentional injuries, i.e. product related injuries or accidents on the road, at work and in leisure.

In many of these areas regulations and/or international standards have been established.

However, due to rapid technological developments and innovations these requirements need constant updating and, what is even more important, consistent enforcement and control as well as a continuous monitoring of their effectiveness in preventing injury risks. Urban design can also contribute to increase social control and thus reduce the incidence of violence. Therefore:

- Governments should ensure proper legislation and enforcement of regulations and standards related to the safety of products and environments (on the road, at work, at school and in local community). Interdepartmental task forces should review current provisions as to their completeness in covering the entire spectrum of relevant injury risks and their effectiveness. Member States should carefully monitor incidents related to unsafe products and environments in order to respond more rapidly to emerging hazards and to monitor effectiveness of protection policies.
- The Commission and WHO-Europe should ensure a more unified approach in responding to unsafe environments and products and prompt action in countries. It should encourage Member States to enhance EU-wide cooperation and to enhance enforcement capacities in Member States.
- The EU Action plan for Health and Environment (2004/ C416) should be continued after 2010 in view of the implementation of the Parma Declaration on Environment and Health (WHO-EUR/55934/2010). A new action plan is needed in order to guide and assist the Commission and the Member States to live up to their Parma-commitment as to providing healthy and safe environments and settings of daily life and to prevent injuries by implementing effective measures and promoting product safety.

Reports on and recommendations from sessions on priority issues

► Child safety

Childhood injury is the number one cause of death for children in every EU Member State, annually killing thousands of children and sending hundreds of thousands to hospital or emergency services, possibly leading to life long disabilities. Injury is also the leading cause of inequity in childhood deaths, with inequities existing between and within countries with respect to both injury rates and preventative action. These disparities continue even though many evidence based good practice solutions exist and have been widely communicated. Implementation of effective interventions at the national and local level needs to be increased and sustained to further reduce childhood injuries.

The European Child Safety Alliance (ECSA) has been working with Member States to encourage uptake and implementation of evidence based good practices with the intent to move countries towards good investments-strategies that are known to work or have the greatest probability of success.

The panel members in this session, moderated by *Joanne Vincenten* (ECSA), presented various approaches encouraging the use and uptake of evidence-based good practices. Many of the presented strategies are already used in countries and other countries that have yet to do so have expressed strong interest in developing national action plans, participating in national report cards and taking up European position statements to be broadly communicated within their borders as means of supporting implementation of evidence based good practices.

In the discussions it was highlighted that significant progress has been made in implementing evidence based good practices over the past ten years, and where political and resource investments are being made, results are being seen. Yet more progress would be made with increased use of a multi-pronged approach with uptake of effective educational, engineering and enforcement strategies by various professional sectors, and with increased support from national governments and the European Commission. Longer term investments in leadership, infrastructure and capacity to support efforts to reduce childhood injury are also needed.

Specific recommendations that were viewed as assisting in moving child injury prevention forward in Europe included:

- Country comparisons, such as the use of Child Safety Report Cards, are useful as they raise awareness and can help to motivate politicians to influence policy, and should be continued.
- Ministries beyond the Health Ministry need to be engaged in collaborative work in injury prevention to address the cross cutting approach necessary and provide appropriate solutions in child injury prevention.
- Increased capacity amongst a broader range of stakeholders in injury prevention is required and including injury prevention training in various professional degree and development programmes would be a good first step to address the current gap.
- Further investment and commitment by national governments and the European Commission to enhance the quality and availability of child injury data is key. There is a need for timely, reliable and valid data to allow benchmarking of progress and evaluation and/or monitoring of effectiveness of actions taken and a particular gap is the lack of data on exposure to hazards and preventative actions.
- Policies at the local, regional, national and EU levels need to be based on what has proven to be effective and more work needs to be done to ensure knowledge transfer between these four levels, particularly given that policy decisions adopted at an EU national and/or regional level are often implemented and/or have their largest impact at a local level.

An evidence-*based* approach is essential for the long-term success in preventing both unintentional and intentional injuries in children.

Therefore:

- Governments should commit themselves, spurred by the WHO/UNICEF *World report on child injury prevention* and the 2011-WHO Assembly Resolution, to support action on preventing child injuries, which are a major cause of death for children, and to address the magnitude of child injury by developing, adopting and implementing multi-sectorial national child safety action

plans with all relevant sectors. Each Ministry of Health should firmly anchor the prevention of intentional and unintentional injuries within its policy for maternal and child health.

- The Commission is recommended to continue, through the EU-programmes for health, research and youth policies, their support to EU-wide exchange of evidence based good practices related to leadership, infrastructure, capacity and national, regional and local injury prevention policy and programmes in child safety promotion.

► Adolescents and injury risks

This session, moderated by *Jenny McWhirter* from RoSPA UK, started by presenting injury statistics that show that across the world and in the EU, the greatest injury risk for young people agreed 15-24 occurs on the roads, especially involving young drivers. This theme concurred with other data presented during the conference and highlights the need for action in all countries to use evidence based approaches to reduce this toll amongst adolescents and young adults. However, attributing injury risk to 'risk taking behaviour' has the potential to demonise young people in the eyes of the authorities who seek to reduce injuries and save lives. Compared with younger age groups there is relatively little attempt to understand risk taking and injury by first understanding the evidence for developmental aspects of the associated behaviour.

Two presentations demonstrated interventions aimed to reduce adolescent injury risks on the road. One related to the PARTY programme in Canada, which invited adolescents to visit emergency rooms to see and discuss the consequences of risk behaviour on the roads. The programme has been adapted based on the Health Belief Model, specifically on boosting perceived susceptibility to harm. The adapted programme uses DVD footage of trauma experts, emergency services and victim statements and importantly, interactive workshops and discussion groups which, evidence suggests increases the chance of benefits for young people.

Another programme presented consisted of a short interactive workshop for learner drivers in the UK based on the theory of planned behaviour and the willingness prototype model.

Both presentations demonstrated that when an intervention has a clear theoretical foundation it becomes easier to carry out an appropriate evaluation and to demonstrate effectiveness.

Unfortunately, when planning injury prevention interventions we disregard too often theory which has been developed in other aspects of health related behaviour. Many interventions also lack a proper needs assessment and evaluation.

Evaluation was also the focus of the final presentation which described a project aiming to improve the capacity of road safety practitioners (e.g. local authority road safety officers, fire and rescue services and others) and to carry out evaluation of road safety education, training and publicity interventions. A free, web based toolkit provides structured advice and guidance to design and implement an evaluation tailored to the specific intervention that is being carried out. It encourages users to write up their findings by exporting all the information input to the website into a report template. The presentation showed that the site is being actively used by the intended users.

In the following discussions there were a range of recommendations aimed at reducing the specific and non-specific risk factors for injury:

- Basic educational standards should be raised for young people by providing more funding for primary and secondary education.
- EU members should be encouraged to consider how they can integrate safety education interventions with opportunities for young people to gain a meaningful qualification, e.g. relevant to workplace safety.
- Programmes should be developed where young people are partners in the design and delivery of educational programmes aimed at preventing injury in their own age group e.g. through peer to peer learning, but also at a more strategic level to inform policy at local and national levels.
- With regard to effective practice, guidelines should be developed which state that educational interventions aimed at preventing injury should be expected to have

a sound theoretical base, and to draw on published evidence for effective practice.

- There should be training and financial support for evaluation of effective approaches.

The EU-Council resolution on the renewed framework for European cooperation in the youth field (2010-2018) calls for initiatives to enable young people fulfil their potentials and to pay an active part in society and rightly earmarks injury prevention as one of focus areas. In the framework of 'the Youth in Action' programme, governments should be stimulated to initiate actions to enhance the quality of life of adolescents aged 15-24 by encouraging the creation of stimulating environments and learning opportunities where

► Safety for young employees at work

Young workers are more vulnerable in the work place because of their inexperience and physical and psychological immaturity. They are also susceptible to peer pressure, often they will have an unrealistic perception of risk and they are less likely to question work procedures. Each year, over half a million young workers are being injured in the EU. Although the occurrence of accidents seems to decrease for workers aged 25 to 64, those related to young workers aged 15 to 24 actually increase.

This means that safety training and supervision are vital for young workers. The first few months in employment are when attitudes and commitment to safety is shaped and this is an important time to reinforce positive safety attitudes and combat poor health habits, which might lead to problems in later life. The Council of the European Union recommendation on the prevention of injury and the promotion of safety (2007/C 164/01) rightfully highlights safety education and training as major component of a comprehensive health and safety policy in the Member States.

This session, moderated by *Jill Joyce* of the Institution of Occupational Safety and Health in the UK, focused on how best to introduce injury prevention and safety promotion in schools and in training of health and other professionals so that these groups can serve as competent actors and advisors in the field of injury prevention. Various initiatives in European workplaces were presented and discussed as to the training, organisational factors and individual differences that can influence risks to young workers.

Apart from the quality of health and safety training, health and safety at work, including the workplace safety culture, the quality of supervision and individual differences such as conscientiousness of the learner are found to influence the impact training on young people. Learners are more likely to apply information they see as relevant, so the more occupation/sector specific information is, the better. There is evidence that supervisors have a direct impact on worker safety, which has implications for supervisor training.

In the discussion it was noticed that there is quite some diversity among Member States as to their ability to define at national level core curriculum subjects. Unlike for instance in the UK and the Netherlands, safety and health is a compulsory subject in Danish schools. However, in the current political climate to make health and safety compulsory in the curriculum, although teachers do include some health and safety issues in physical education lessons, design and technology and practical work and health issues covered as part of personal, social and health education.

With or without mandatory arrangements, it remains important to embed learning objectives on risk education and occupational safety and health through core curriculum subjects in primary, secondary and professional levels of education.

It is, of course, a challenge to find interesting ways of presenting health and safety to young people. Good examples do exist however, for example the Dilemma game in Denmark and the ‘Split the Risk’ programme in the Netherlands.

In schools it is a recommended to combine occupational health and safety for staff and pupils so that there is a ‘whole school’ approach as has been developed in the Netherlands and in Sweden.

At the work place, it was found that:

- The role of the supervisor is crucial to the safety of young people in the workplace. These supervisors, although often very competent at supervising a job, need specific training in occupational health and

safety and also in how to supervise a young person.

- Also health and safety inspectors need to be trained on how to coach employers who hire young people and how to involve young people creating a safer work environment. The Netherlands has a system of approval for employers of apprentices, which could provide a model for other countries. The European Commission should facilitate the development of national standards for safety and health for workplaces employing young workers.

It will be necessary for "joined up" working between policy areas of national governments to develop and promote standards for legal adolescent employment and to raise awareness and health literacy in parents, children, employers and relevant professional groups.

Continued efforts are also needed by EU-members to share best practice in promoting risk education and to collect more detailed data on the types of circumstances of work accidents to children and young people still at school and, for example, helping out in family businesses, to help target interventions.

Finally, the session participants conclude that governments should respond the World Health Organization (WHO) Executive Board Resolution 128/15 Child Injury Prevention of 24 January 2011, which calls for actions at national and local level to raise the awareness and health literacy among parents, children, employers and relevant professional groups about risk factors for child injury, especially those related to workplace hazards. The European Commission is being strongly advised to establish a EU-programme for safety of young people, including work place safety as one of the focal areas.

► Prevention of youth violence

Interpersonal violence is the third leading cause of death and a leading cause of disability among people aged 10–29 years in the WHO European Region. This burden is unequally distributed between countries and within countries. Interpersonal violence disproportionately affects young people from deprived sections of society and males. Numerous biological, social, cultural, economic and environmental factors interact to increase young people's risk of being involved in violence.

Evidence indicates that reducing risk factors and enhancing protective factors will reduce violence among young people. The experience accumulated by several countries in the Region and elsewhere shows that social policy and sustained and systematic approaches that address the underlying causes of violence can make countries in the Region much safer.

The panel members in this session, moderated by *Mark Bellis* from the Liverpool John Moores University in UK, highlighted relevant biological, social, cultural, economic and environmental factors that interact to increase young people's risk of being involved in violence and knife-related crime. Factors that can protect against violence were identified, such as developing good social skills, self-esteem, academic achievement, strong bonds with parents, positive peer groups, good attachment to school, community involvement and access to social support. Special attention was given to violence in bars and nightclubs and though policing counter measures may create safer environments, people who routinely got drunk often took the violence elsewhere, adding to health and social problems. Measures were needed to prevent harmful alcohol use which often led to violence and injuries.

In the discussion, it was concluded that good evidence indicates that reducing risk factors and enhancing protective factors will reduce violence among young people. This makes a compelling arguments for advocating for increased investment in prevention and for mainstreaming objectives for preventing violence among young people into other areas of health and social policy.

Violence has been traditionally been seen as a problem involving the criminal justice sector. Nevertheless health systems which must often deal with the results of violence, should play a leading role in coordinating a multisectoral approach to injury prevention, and not limit their activities to care of victims. This means raising policy interest and advocating actions based on evidence to reduce the magnitude of the problem by tackling risk factors by using interventions and programmes that work.

A variety of approaches have been tried to reduce violent behaviour among young people, by:

- Changing individuals' skills, attitudes and beliefs. These types of programmes are frequently carried out in school settings and are designed to help children and adoles-

cents manage anger, resolve conflict, and develop the necessary social skills to solve problems.

- Early intervention with children and families. Such programmes provide parents with information about child development and teach them how to effectively discipline, monitor and supervise children, as well as how to manage family conflict and improve communication.

- Changing community settings and some of the more prominent societal factors related to youth violence. They range from public information campaigns and community policing to improving settings such as schools and hospitals. Also included are legislative, judicial, and educational reforms as well as other policy reforms designed to mitigate the effects of rapid social change and tackle gun violence among youths.

Parent and family-based interventions are among the most promising strategies for producing long-term reductions in youth violence.

The EC-DAPHNE-programme aims to contribute to the protection of children, young people and women against all forms of violence and attain a high level of health protection, well-being and social cohesion in the Community. It has helped to stimulate collaborative projects and exchange among organisations working on violence-related issues.

A major weakness in efforts to date is the lack of rigorous evaluation of measures and initiatives. Therefore, the post 2013 DAPHNE-programme should provide much more room for evaluating the outcome of promising approaches in a variety of settings in order to help transferring the available anecdotic evidence in a wider range of communities and countries.

▶ Vulnerable road users

Road traffic injuries are the leading cause of death and disabilities among the youth and constitute a huge economic burden estimated in as much as 3% of the gross domestic product.

Vulnerable road users such as pedestrians, motorcyclists and cyclists constitute 41% of all road deaths in the European Union. High vehicle speeds, roads and urban design place these road users at increased risk.

The recent EC-communication "Towards a European road safety area: policy orientations on road safety 2011-2020" calls on Member States to reduce by half road deaths between 2010-20. The Decade of Action for Road Safety 2011-2020 provides a complementary opportunity to increase action to address the road safety crisis over the next ten years. Through the Decade, countries, with the support of the international community, are committing themselves to actions in areas such as developing and enforcing legislation on key risk factors, i.e. limiting speed, reducing drink-driving, and increasing the use of seatbelts, child restraints and motorcycle helmets.

The panel members of the session on road safety, moderated by *Francesco Zambon* from the WHO Country Office in the Russian Federation, challenges in implementing national action plans, strengthening capacity and promoting evidence-based approaches for prevention and care of road victims in different countries in the European region, including Macedonia, Turkey, Hungary and the UK.

Key success factors for generating concerted actions at national and local level were identified, in particular the importance of:

- Having a comprehensive approach addressing the above mentioned five key risk factors;

- Strengthening the enforcement effectiveness of police and raising public awareness;

- Involving high level officials from different sectors in strategy development and deployments;

- Including focussed and measurable targets in such strategies; and of

- Having government endorsement by different ministries.

It was concluded that all major stakeholders in road safety need to be involved at all time, i.e. government, civil society, private sector, NGO's and academia. With respect to government, the health, education, transportation, interior, justice, labour and social welfare and communications sectors have to play their roles in a comprehensive strategy for road safety.

The EC communication on 'Policy orientations for road safety 2010-2020' and the 'Decade of Action' are providing straightforward strategic

objectives and implementation actions for Member States.

Nevertheless, much more efforts have to be invested in developing a detailed road map against which performance by Member States can be measured and delivery made accountable.

► Consumer product safety

Consumer product safety remains a vital focus area in assuring the safety of European consumers and in particular to vulnerable groups. It is of fundamental importance that consumer products are designed to be as safe as they can be. It is also important that these design specifications are brought effectively to market with appropriate quality assurance and traceability. Key players in the enablement and management of product safety are industry and government.

The session, moderated by *Ron Gainsford*, Trading Standards Institute UK, highlighted the role of injury data in the assessment of consumer product risk to safety of consumers and to enable proactive action to be taken either in the design and manufacture of products or the taking of measured remedial compliance action when injuries occur or fatalities are likely.

The absence of product related injury data that covers the entire EU-region undermines effective risk based priority setting in the use of public and private sector market surveillance. It is recommended that all EU- and EFTA- countries endorse and operate a single format injury data base, like the EU-Injury Data Base (EU-IDB). The US-national electronic injury surveillance system, operated by the US-Consumer Safety Commission, should serve as a model for bringing the current EU-IDB programme more in line with the information needs of product safety authorities and the business sector.

In cases where proactive responses have been taken, such actions require at least proper implementation and monitoring of compliance. However, it was concluded that a number of administrative hurdles today create a situation where the European enforcement efforts need significant improvement. Namely:

- The implementation of EU-Directives and Regulations by Member States should be subject to critical review.
- Their enforcement should be bound to agreed key marker surveillance performance indicators.
- The creation of a European-wide framework for market surveillance is also desperately needed to increase political and operational alignment of the Member States in the removal of dangerous and non-compliant products from the market.

Finally it was concluded that the business community has to be more strongly engaged and new public-private funding should be designed in order to challenge the current resource limitations and to create greater added value with available public and private resources. Better proactive liaison between government and industry is required to enable this .

► Safety in sports

There is strong evidence that sports and physical activity is essential for health in all age groups. The levels of physical inactivity are high in all European countries but efforts to decrease them must not lead to increases in injury, as injuries are a major public health issue already now.

While the overall positive effects of sports and physical activity clearly outweigh the negative ones, there are undesirable side-effects due to overuse and traumatic injuries. Within the EU-region, each year about 5.8 million injuries are being treated in emergency departments which are related to sports and physical activity.

When promoting sport, often too little attention is paid to the importance and necessity of effective accident prevention measures. Coaches and teachers are often inadequately qualified to guarantee safety in sports. Moreover, many people practise sports outside of the framework of clubs or schools, in a free – or let's say self-organized – way, like hikers, skiers or open-water swimmers. These athletes, who may have little knowledge about risks and adequate prevention measures, are particularly difficult to reach.

The discussion in this session, Chaired by *Othmar Brügger* from the Swiss Accident Prevention Council, it was concluded that:

- Effective programmes require a national plan for sport injury prevention that is being endorsed by the most important stakeholders in public and privates sector, preferably integrated into a overall strategy for promoting health enhancing physical activities. Such a strategy should in particular highlight the benefits of injury prevention, i.e. gains in monetary terms as well as in terms of increased and sustainable level of participation, and follow the basic principles of the action cycle (data=>evidence as to solutions=>pilot testing=>evaluation=>wider transfer into practice).

- The priorities and intervention-mix promoted in such plans need to be customised to the typologies of sport participation in countries as well as to their cultural and organisational characteristics. At least they should include increase efforts for integrating sport safety promotion in existing education programmes and relevant professional degree programmes, including for medical students and physiotherapists.

- Available evidence as to effective measures for individual sportsmen to prevent injuries should be wider communicated to these public audiences through the mass media, dedicated websites for sportsmen and women at amateur level and by user-friendly school training packages.

- As sports injuries are also a major economic burden for employers, it is recommended to strengthen public-private partnerships in promoting safety in sports, by integrating injury prevention as a key component on all training and coaching programmes.

- It is recommended to oblige sports clubs and service providers in the domain of leisure and physical activity promotion to have proper safety management systems in place. Grants to such organisations, provided by national and local governments, should be bound to minimum requirements as to the safety management policies and programmes that these organisations should have in place.

Governments should include as part of their national policies for "sports for all", specific plans for the prevention of injuries related to physical activity. Injury prevention should be included in all levels of education and should be made mandatory for local, regional and national level.

The Commission is urged to prioritise the prevention of injuries related to physical activities and sports within its next work plan for the preparatory action in the field of sport in view of future EU actions in the framework of its implementing Article 165 of the Lisbon Treaty. The proposed EC-Communication on Developing the European Dimension in Sport should include the firm commitment to have safety management and injury prevention becoming a core component in training programmes for regulated sport-related professions and for volunteers at amateur level and to oblige sports organisations to put safety management programmes in place.

The EU Physical Activity Guidelines should be complemented with guidelines that strengthen the mutual benefits of physical activity promotion and injury prevention.

A few countries have already adopted national regulation on the 'safety of services' and a few other countries have established specific legislation in the area of sport and leisure services specifying requirements as to the safety of premises and the qualifications of commercial and public service providers. It is strongly recommended to extend consumer protection regulations within the EU, in particular the EU-General Product Safety Directive (GPSD), with provisions as to the general safety of services, including those provided in the area of sports and leisure services.

► Water safety

Drowning is the second most important cause of death by accidents in the world. In Europe alone approximately 40 000 citizens lose their lives each year as the result of drowning. By including non-fatal drowning, which can have serious life long consequences, the number of (near-) drowning cases will increase 4-fold.

The panel members in this session, moderated by *Klaus Wilkens* - President of the International Life Saving Federation of Europe (ILSE), presented the latest evidence as to risk factors and prevention measures and examples of current activities underway in Germany, Denmark and Poland. The areas in Europe with the highest rates of drowning are the North-East (Finland, Russia, Belorussia, Baltic Area) and the South-East (especially Ukraine, Romania, Moldavia, Greece, Albania, Macedonia). High drowning rates are also found in

Hungary, Czech Republic and Slovakia. In terms of preventative measures inequalities exist both between and within countries in terms of adoption and implementation of known effective prevention measures. However, there are a number of evidence-based strategies and a wide range of, simple to implement, knowledge building activities available that would be relatively easy to replicate in countries that are in an early stage of addressing this issue.

It was concluded that reducing drowning rates in Europe requires:

- In-depth analysis of water related accidents to better understand the circumstances of both fatal and non-fatal drowning incidents on the basis of a European-wide (near) drowning reporting system;
- EU-wide exchange of data on drowning incidents as reported in national and local media (by a systematic processing of drowning related news clippings), by rescue services and at emergency in hospitals;
- Installation of water rescue services at public swimming pools and in designated swimming locations at beaches, lakes and on rivers.
- Analysis of risks and hazards at designated swimming locations across Europe using standardised risk assessment methods to determine the need for additional safety signs, flags and information boards;
- Development, implementation and monitoring of evidence-based prevention programmes for different age groups;
- Standardised swimming education concepts and programmes and harmonised qualification levels for instructors and supervisors.

Specific recommendations coming out of the Water Safety session included that:

- The European Commission and Member States should encourage and support the implementation of a systematic risk assessment process and the EU-wide application of signs, flags and information boards in compliance with the International standard, ISO 20-712. The public and private providers of aquatic environments should have the legal obligation to have an adequate safety management programme in place, on the basis of risk assessments carried out by qualified assessors. An EU- safety of services regulation can offer the proper legislative framework for such an obligation.
- The European Commission and international water safety organisations should encourage and support the integration of specific objectives related to drowning prevention and water safety into national action plans for injury and violence prevention in Member States, taking into considerations the local characteristics of water related injury risks and the specificity of the national and local infrastructures for actioning concerted and sustainable drowning prevention programmes. Comprehensive tackling of the issue will require Ministerial involvement from departments for interior affairs, environment, health and education, along with a wide range of local authorities and NGO's such as rescue and life saving organisations.
- The European Commission and Member States should work together to support a Europe-wide clipping service to collect drowning data, initially through a pilot expansion of current activity in Germany and the UK to three or four more countries as a starting point for Europe wide system.

There is an apparent loophole in European legislation as to the safety of consumer services and on particular water related leisure areas.

It is therefore strongly recommended to include the safety of services as integral component of the EU-General Product Safety Directive, which then should be renamed into a General Consumer Safety Directive.

► Prevention of suicide and self harm

This session, chaired by *Ella Arensman* from the National Suicide Research Foundation in Ireland, gave clear evidence that suicide and deliberate self harm rates vary significantly across European countries, with very high rates in Lithuania, Estonia, Latvia and Hungary.
There are also large differences between European countries in the way national governments work with information of evidence based and successful suicide prevention programmes. For example, in Germany the national government supported the implementation of a multi-level suicide prevention programme in all regions (German Alliance Against Depression) fol-

lowing a successful pilot project in Nuremberg (Nuremberg Alliance Against Depression). In other countries it is more difficult to convince national governments of evidence based suicide prevention programmes.

Considering that many European countries are facing increasing suicide and deliberate self harm rates since the start of the economic recession, suicide prevention strategies should be broadened to link in with social welfare policies.

As mood disorders and a history of deliberate self harm are major universal risk factors for suicide, the panel members underlined the importance of continuous depression and suicide awareness/skills education among primary care physicians in order to equip them to identify people with depression and people at risk of suicidal behaviour at the earliest possible stage. This should be accompanied by providing appropriate ongoing support for GPs and referral pathways to relevant mental health services

In the discussions, participants supported the further implementation of evidence based multi-level suicide prevention programmes across all European countries:

- A stepped approach is recommended for countries without national suicide prevention strategies and lack of openness among governments to collaborate with other European countries in the area of suicide prevention. It was suggested that in addition to the EC, the International Association for Suicide Prevention may also be able to play an important role in this process. Participants expressed an interest to start collaboration/ intensify collaboration with existing alliances in the area of depression awareness and suicide prevention in their own country.

- Participants and speakers underlined the importance to prioritise innovative interventions to reach young people at risk of depression and suicidal behaviour, because they are not likely to access the traditional health services. An example was discussed of a new European project with the aim to develop and pilot an internet-based guided self-management intervention for people with mild depression, with specific modules for young people and adults.

- In order to enhance implementation of multi-level suicide prevention programmes, both a bottom-up and top-down approach is required. Key stakeholders to involve are national and local governments, primary care physicians, health care professionals including psychiatrists, psychologists, psychiatric nurses, and public health nurses. A wide range of community facilitators including police, social workers, pharmacists, teaching staff, youth workers, the media etc. should also be involved.

The participants welcomed the Council conclusions on 'The European Pact for Mental Health and Well-being: results and future action' (June 2011) and the plea to Member states to make mental health and well-being a priority of their health policies and to develop strategies and/or action plans on mental health including depression and suicide prevention.

It is in particular recommended to strengthen mental health promotion of children and young people by supporting positive parenting skills, holistic school approaches to reduce bullying and to increase social and emotional competences.

The Commission is invited to set up a Joint Action on Intersectoral collaboration on Suicide prevention under the EU Health Programme 2008-2013 and its successor programme providing a platform for cooperation between Member States to identify evidence based best policy approaches in developing and implementing intersectoral and multilevel suicide prevention programmes.

► Safety for seniors

Falls and their subsequent outcomes are likely to remain a major health care cost for all European countries for the foreseeable future. This session highlighted falls as the dominant cause of injuries among elderly people. These injuries often lead to long- term physical disability, anxiety, depression, reduced confidence and social isolation among elders. The loss of life quality is huge. In addition to the human suffering, the cost of treatment and rehabilitation of older people consumes a large proportion of health care expenditures.

The panel members in this session, moderated by *Chris Todd* from the University of Manchester, presented the approach and results of a number of multifactorial interventions in the UK, Hungary, Norway and Australia, most of them carried out among community dwelling older people. All of them proved to be effective in reducing injuries while maintaining sufficient levels of mobility among older people.

There are still some gaps in knowledge and questions about generalisability of interventions across cultures, countries and settings. However, research evidence suggests that targeted multifactorial interventions are more effective than interventions aiming to change one risk factor alone.
Effective interventions used in a multifactorial programme include:

- Home-based professionally prescribed exercise, to promote dynamic balance, muscle strengthening and walking.
- Group programmes based on Tai Chi-type exercises or dynamic balance and strength training.
- Home visits and home modifications for older people with a history of falling.
- Medication review, particularly for those on four or more medicines and withdrawal of psychotropic medications where feasible.

In some countries, geriatrics societies have developed guidelines for clinical practice including outlines of assessment and management procedures. Also fall prevention programmes in hospitals and care facilities need to be up-scaled. Health care services will certainly benefit from EU-wide exchange on good practices in safety management in these settings.

In concluding discussions, it was stressed that national policies and infrastructures for injury prevention should be more strongly targeted at safety for older people. Coherent multidisciplinary programmes should be developed at the national level. These should be implemented with national data collection mechanisms to evaluate interventions by outcome, i.e. in terms of reduction in fall/fracture rates.

However, still today, only very few countries in Europe have established concrete targets for prevention of injuries in elderly people and even fewer evaluate whether their targets are met. Health and social care agencies need to work together to prioritize fall prevention as part of their overall strategy for promoting healthy ageing.

Therefore governments are being advised to enable older people to continue to participate in society, keeping good functions and being able to cope with daily life without an undue increase in injury risks, by taking the necessary measures that relate to a range of social, economic, housing, planning, transport and other relevant policies. This requires a whole government approach towards health and safety of older people in all facets of life.

It is recommended that the Commission takes the European Year for Active Ageing - 2012 as a kick-off opportunity for coordinated action and earmark funds for implementing available evidence-based good practices in increasing safety at older age, and their being protected from intentional as well as intentional injuries. The European Innovation Partnership on Active and Healthy Ageing should provide sufficient room for health promotion initiatives and the wider dissemination of evidence based good practices, in addition to its currently predominant social and health care systems and product innovation approach.

► Prevention of elder abuse

In the past two decades there has been increasing recognition of elder maltreatment as a health and social issue in many countries in Europe. Elder maltreatment can occur in the home or in institutional settings. With the increase in the proportion of older people in Europe, elder maltreatment is likely to be a growing problem.

The panel members and the moderator, Bridget Penhale of the University of East Anglia in Norwich UK, shared with the session participants the latest research evidence and the currently identified risk factors for elder abuse and practical experiences in preventing elder abuse in a diverse range of counties like the UK, Hungary, Norway and Finland.

The discussions in this session learned that it is helpful to compare experiences in different countries in order to see what works and in what conditions and to start a process of thinking about potential usage within their own countries and situations.

Some strategies are more likely to be transferable than others and some programmes would need more adaptation to cultural contexts than others. For example strategies to reduce ageism or promote inter-generational connectedness and interaction will need to take into account the cultural and local contexts fairly carefully and adapted with sensitivity.

EU-level lead in some areas would assist with this, for example by initiatives and strategies that can be used within long-term care

and by disseminating project findings as and when they are completed.

Resource constraints are affecting many countries across the European region. We therefore need to work smarter with available resources, but using what already exists in different ways, f.i. by using emergency services and first responders to assist individuals in need at home. This means that such professionals will need to be aware of and trained in how to respond in situations of elder abuse in the domestic setting, together with an understanding of the nature of their roles and responsibilities when confronted with such situations. This is likely to require both country and context specific arrangements and attention to detail.

Long-term care policies need to include institutional abuse. The issue of elder abuse is not just about individuals being abused at the micro-level, but societal and structural abuse at the macro level is also pervasive. It may be helpful to consider a continuum of maltreatment spanning a range of different levels. Policies concerning rights and freedoms of older people need to include freedom from abuse, neglect and exploitation and explain the different types and settings in which abuse may occur, including attention to institutional settings and long-term care. Current UN work on human rights and older people may also have an impact in the wider European region and beyond. Attention from the central political level, for example the European Commission, should lead to increased awareness and potential for action at member state level. EU guidance at MS level relating to long-term care should include consideration of this area and provide clear guidance about the issue and the development of appropriate responses to abusive situations.

Tackling elder abuse and neglect should be 'everybody's business', including civil society as well as the public sector, private sector and NGOs. Therefore, the approach has to be inter- and multi-sectoral in order to achieve required outcomes.

Inter-ministerial approaches such as the establishment of steering committees to draw up and oversee Action Plans have proved to be beneficial, e.g. in Norway and Finland. Typically, ministerial involvement is to be recommended from the departments of Justice, Interior, Health and Social Care, Education, Women and Families. The approach needs to include NGOs and volunteers as well as civil society and older people themselves.

International organizations (WHO and EC) can serve to generate and initiate discussion and promote actions at the level of individual countries and assist in dissemination of information about successful prevention programmes, training modules and strategies for intervention.

► Safe communities

The responsibility of the health sector in injury prevention and safety promotion, both at national and at local level, is evident:

- The health sector's mandate is to respond to all major causes of morbidity and mortality and injuries are a major cause of ill health and premature death;
- The health sector absorbs a substantial proportion of the direct costs due to injuries, i.e. the cost of health care related to emergency services, hospital treatment and rehabilitation services; and
- The health sector is uniquely positioned to provide evidence as to the magnitude and characteristics of the injury problem at national and local level and to initiate prevention efforts across sectors and to campaign for legislative change.

This session, moderated by *Gabriele Ellsaesser* of the Regional Health Department of Brandenburg, looked into the role of emergency services at local community level, in particular of hospitals, to raise political interest in the issue and local initiatives. It addressed questions such as how hospitals can increase their injury data collection efforts and how these efforts can be best utilised for injury prevention.

Examples were presented of hospital coordinated medical services initiatives for injury prevention in local communities in Norway, Germany and Austria. These initiatives have led to enhanced efforts in capturing more specific information on the causes and circumstances of injuries treated in the involved emergency departments and the use of this information for publications and advocacy at local level and for promoting intersectoral initiatives on the basis of information on 'black spots' and particular high risk settings or groups in the local community.
There is ample evidence that the voice of medical staff greatly helps to convince politi-

cians to give higher priority to this issue that remained unveiled in the traditional statistics and to increase resources in injury prevention.

Also the huge number individual patient contacts in hospitals gives an opportunity for reaching out to the local community members and to inform people, e.g. parents of young children or older people, about age-, gender- and health condition-related injury risks and provide tailor made advise on safety precautions.

It was concluded that, if the data is being regularly utilised for such advocacy purposes, the actual collection of additional circumstantial information from injury patients, will not be seen by the hospital staff as an additional administrative burden but as an opportunity for fulfil their professional call in public health.

It is recommended to make smarter use of available information technology in hospitals for database linkage and for facilitating capturing information from patients (e.g. self administrated questionnaire on i-pad). Current developments in e-Health can reduce administrative burden of hospital staff both in information collecting and in providing customised health and safety promotion messages.

The Commission should encourage Member States to initiate a legal obligation for all hospitals to provide injury data from patients treated in their emergency departments and to actively use this information for local community initiatives addressing high risk groups and black spots in the community.

The post 2013-programmes for European policy for economic and social cohesion should accommodate initiatives in regions and local communities in view of reinforcing their information capacity within medical services and for enhancing their performance as local advocates and initiators of intersectoral actions for making their local communities safer.

Regional and local authorities are urged to promote partnership at local community level based on existing community values related to social solidarity and to facilitate a more widespread implementation of evidence-based injury control programmes for socioeconomic vulnerable groups in local communities.

The facts

- Injuries are, after cardiovascular diseases, cancer and respiratory diseases, the *fourth* most common cause of death in the Member States.
- Injuries are the *leading* cause of death among people aged 4-55 years and a major cause of disability in all age groups.
- Compared to other health issues the relative burden of injury and its pressure on health systems in Europe as a whole is increasing[1].
- In particular vulnerable and socially excluded groups are exposed to an above average risk to injury and violence in society, resulting in even greater inequalities due to socio-economic consequences of injury and disability.
- There are huge disparities also between countries in injury risks which are also reflecting the disparities between countries and regions in levels of uptake of evidence based good practices.
- As is the case for non-communicable diseases in general, social and environmental determinants play an important role in the causation of injuries and violence; therefore intervention programmes need to be developed in synergy with those addressing other health issues.
- In many area of safety concerns, in particular regarding home and leisure accidents and interpersonal violence, there is a lack of transparency as to stakeholders' responsibility. In these areas prevention efforts are seriously lagging behind compared to the traditional domains of safety policies, such as road safety, safety at work and crime prevention)[2].
- Current fragmentation of injury prevention policies[3] calls for a 'whole government' commitment in countries.
- Newly emerging issues in injury prevention, such as violence among youth and abuse of older people in institutional settings, require rapid actions in local communities facilitated by European wide exchange of good practices in addressing these emerging issues.
- Investments in injury prevention and safety promotion suffer serious shortcomings and are not at all commensurate with the level of the burden of injuries and the availability of cost-effective measures.

References

[1] WHO-Europe, The solid facts on unintentional injuries and violence in the WHO European Region, Copenhagen, 12 September 2005

[2] WHO-Europe, Preventing injuries in Europe, from international collaboration to local implementation, Copenhagen, 2010

[3] WHO, Preventing injuries and violence: a guide for ministries of health, Geneva 2007

The Swiss success story 'How we might envision national action on injury prevention'*

In Switzerland, the responsibility for accident prevention in the area of home, leisure, sport and road traffic is designated by law to the bfu, a non government organisation (NGO). bfu's activities are being financed by a surtax levied on the compulsory workers accident compensation insurances. This ensures a stable and substantial funding perspective for bfu.

The national Accident Insurance Regulation charges bfu to develop and implement prevention programmes itself, but also to co-ordinate accident prevention activities of other agencies and stakeholders in Switzerland. It is particularly this co-ordination role that presents a challenge for bfu, as bfu has no legal authority to impose rules or demands upon other organisations.

How does bfu manage to fulfil its primary functions?
Effective accident prevention relies on evidence-based findings. Therefore, bfu systematically researches accident rates, risk factors and the effects of prevention measures. The findings are fed back into bfu's own prevention programmes and are made available to prevention partners and other interested parties. bfu also makes its scientific findings available to national and local authorities. This information helps these authorities to monitor the effectiveness of current rules and to decide on new regulations, thereby continuously improving the protection of the Swiss population.

In preparing prevention programmes, bfu usually convenes relevant stakeholders for consultation meetings and for taking part in bfu plan development activities. In joining bfu-coordinated activities these partners benefit from the available information and the reputation of bfu as an impartial knowledge centre in safety promotion. Conversely, bfu can thus rely on a wider support from partners in implementing prevention programmes and maximise the multiplier factor in outreach to target populations.

bfu's specialist expertise and its independence from economic and political vested interests is a corner stone for its current effectiveness in steering actions nationally as well as locally. The right of bfu to exist is politically undisputed and the declining accidents rates in Switzerland demonstrate the success of the Swiss model of accident prevention.

Conclusions
For implementing effectively injury prevention programmes, it is essential:

- to have a lead institute in place that is independent and has secured long term, public sector geared funding;
- that operates on the basis of scientific evidence as to the characteristics of the issues and proven effectiveness of interventions;
- that works upon clear priorities and targets that prevention programmes shall meet; and
- that capitalises on a strong support network of a wide range of stakeholders in order to enhance significantly the impact of its action on society at large and on targeted risk groups.

* This summary is based on the presentation made by *Brigitte Buhmann*, director at the Swiss Council for Accident Prevention (bfu), in the plenary opening session of the conference

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