



A Guide for initiating national action on adolescents and injury prevention in Europe

Impressum:

Project: AdRisk – European action on adolescents and injury risk.

Title: A Guide for initiating national action on adolescents and injury prevention in Europe (October 2007).

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Suggested citation: Löwe, Ursula (KfV): A Guide for initiating national action on adolescents and injury prevention in Europe. EU-Project AdRisk, 2007. KfV (Austrian Road Safety Board), Vienna. Available at: <http://www.adrisk.eu.com>

This report provides guidelines for initiating actions on a national level. It presents an overview on steps to take and provides a sample of tools in order to get relevant information and plan further initiatives.

It was prepared using the background documents from the Child Safety Action Plan project of the European Child Safety Alliance, EuroSafe and the WHO documents/guidelines (see detailed references in the Annex)

The following AdRisk deliverables are available at <http://www.adrisk.eu.com> :

- Document: Injuries and risk-taking among young people in Europe – The European Situation analysis.
- Document: Tackling injuries among adolescents and young adults: strategy and framework for action.
- Document: Good Practices Guide on adolescents and injury prevention in Europe.
- Document: Injuries and risk-taking among young people in Europe – Data summary of European situation analysis.
- Toolbox.

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	Austrian Road Safety Board	Austria	Workpackage 1: Coordination Workpackage 5: Strategy
	Azienda ULSS 20 di Verona	Italy	Workpackage 2: Dissemination
	National Center for Health Care Audit and Improvement	Hungary	Workpackage 3: Evaluation
	National Public Health Institute	Finland	Workpackage 4: European Situation Analysis Report and Good Practices Guide
	Consumer Safety Institute	The Netherlands	Workpackage 6: Toolbox development

This project is supported by a grant from the European Commission DG SANCO (AdRisk: 2005310) under the Public Health Programme 2003-2008.

ISBN

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1. Introduction

1.1 Background

One's youth is an age of discovery, exposure and exploring new potentials, no longer being a child, but still not completely grown-up. The age of adolescence is exciting, yet presents many challenges as a phase of rapid development with new connections being formed, values questioned, identities further defined, and new capacities and limits explored, potentially involving various levels of risk taking.

Adolescents are a vital component of our communities. They make up societies' young workforces, new voters of governments and next parents of the new generation. One of the most important commitments Member States and Europe can make for their future economic, social and political progress is to address the health and developmental needs of adolescents.

According to Eurostat, there are currently 62,6 million adolescents between 15 and 24 years of age in the European Union (EU27); a sizeable population. For these youth, injury (including unintentional and intentional) is their number one cause of death, accounting for 65 % of all fatalities, with a mortality rate for adolescents (51.8 per 100,000 persons) more than one and a half times that of the general population (34.6 per 100,000 persons). Motor vehicle collisions and suicide are the two main causes of adolescent deaths and occur at higher rates than that of the EU population as a whole.

Injury is also the leading cause of hospitalisation in this age group and accounts for 20 % of all visits to accident and emergency departments in most EU Member States. Road accidents, sport and leisure accidents, interpersonal violence, work related accidents and self-harm are the main areas of adolescent injury that have been identified. Whereas significant progress has been made in preventing injury deaths and disabilities in other age groups, adolescents still remain at greater risk of injury. Injuries among adolescents are unfortunately often neglected.

The high injury-related mortality and morbidity rate among adolescents may be partly explained by their risk-taking behaviour and lifestyles which may include experimentation with and consumption of alcohol and drugs, dangerous driving and leisure activities and their vulnerability to violent acts and emotional crisis.

Adolescence is also a period of enhanced self discovery, increased independence and further acceptance of responsibility. Yet often adolescents want to come to these next levels in their own way in their own time, which often includes various levels of risk taking, often challenging those who have been traditionally in the authority position such as parents and teachers. Thus influencing behaviour change for adolescents is a challenging undertaking.

1.2 Purpose of this guide

The purpose of this guide is to assist and provide tools to national stakeholders to develop and initiate national action on adolescents and injury prevention. The target group of adolescents is defined as young people aged 15 to 24. The process should lead to a road map for action to be taken by both government and non-government stakeholders. That road map for action may be a 'stand alone' policy document or may be integrated into broader initiatives such as a national Injury Prevention Strategy or a Health Promotion Strategy. Finally it should lead to the implementation of national programmes and projects.

There are several ways to address the issue of youth and injury prevention in a coherent manner at the national level.

Developing a national policy on adolescents and injury prevention

The time is ripe for creating a comprehensive national policy when injuries of adolescents are recognized among leaders as a serious health problem. A national policy can contribute to a common vision among the various stakeholders, facilitate co-ordination and raise political commitment.

Persons or interest groups who devote themselves to pushing the development of a policy and its implementation can be called “policy entrepreneurs”. They are essential to starting and sustaining a policy development process that leads to social change. The policy entrepreneurs are usually committed to a specific aspect of injury prevention. They are simultaneously apt to have the capacity to see the bigger picture and to identify the strategic steps needed to engage all partners. Policy entrepreneurs can come from different areas, i.e. health professions, academia, government, non-governmental organisations.

In each country, the advantages and limitations of a single document, such as a national action plan, covering all aspects related to adolescents and injuries prevention should be compared to the benefits of developing specific policies that address only specific aspects. The choice will depend on the political environment; such as the framing of the subject within an overall Health Promotion approach, on the magnitude of certain types of injuries, including different population groups, age groups, and settings; on possible budgetary allocations; and on existing policies, strategies and programmes.

In some instances it may be more effective to address specific settings to tackle the injury problem, such as school education programs for risk competence instead of injury prevention in general. Even if the eventual aim is to develop an overarching policy on injuries prevention for the age group, a step by step approach, addressing first visible problems or one for which solutions are readily available, may be the most realistic strategy.

Developing a national policy should be the ultimate goal. But in some circumstances an interim approach may be necessary, particularly if the policy environment is not yet receptive to developing a national policy on a specific injury topic. Two examples of such step by step approaches are described below.

Option 1: Integrating adolescents health promotion and injury prevention into existing policy and legislation

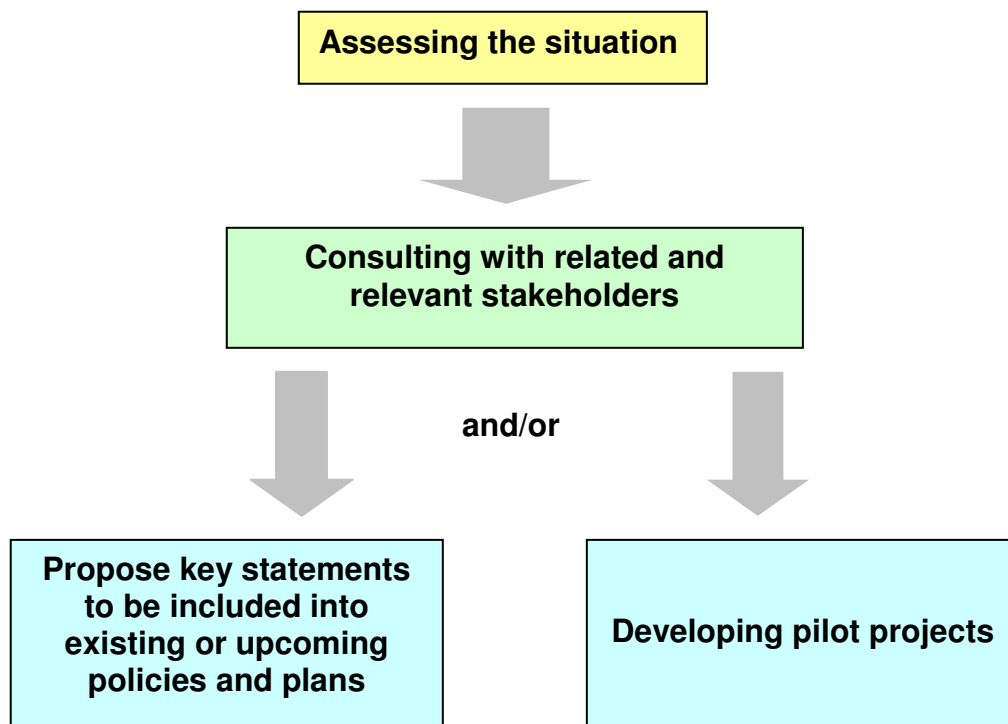
Instead of developing a policy that stands on its own, it may be easier to integrate certain elements or key statements to prevent injuries into existing national policies and/or legislation that address related issues, such as the national health, the health promotion, accident prevention, adolescence education policies. For example, this could mean to strongly focus political action on integrating risk competence programs and propose key statements to be included in a national health or education programme.

Option 2: Developing pilot projects

If the political environment is not (yet) favourable to developing a policy on adolescents and injury prevention, public support for a new view on adolescents /risk and injury should be increased first. This can be done by gathering and disseminating data on the impact of injuries, and demonstrating that action can be taken to reduce the problem referring to good practice experiences. Effective approaches and interventions should be tested in small pilot projects. Once these are successful, they can be used to attract attention to the problem, show that something can be done and may thereby become the starting point for a larger policy debate. In many countries a successful national policy has been preceded by small demonstration projects.

The objective of the process is to initiate national action on adolescents and injury prevention.

Chart 1: Overview of possible activities



2. Initiating action – step by step

A variety of actions can be taken to assist in supporting adolescents in having healthier and safer lives. Yet the actions undertaken should be strategically undertaken and coordinated to maximise financial as well as human resources and have a level of evidence to indicate what is being done will be effective. Therefore resources need to be invested in activities and programmes that will build upon each other and proven to work, rather than duplicating efforts or on actions that have no proven success. This can include innovative implementation of proven good practices. Thus it is essential to undertake some initial actions that will set a solid foundation for further work in the area of adolescence and injury prevention.

Such initial actions include knowing what the magnitude of adolescents' injury is in the country and being aware of what programmes and activities are already underway. Knowledge of existing and upcoming national policy documents and plans related to adolescents/health/injury prevention in the country can assist to set your intervention strategies. Identifying who are the main actors that are involved in the area of youth, injury prevention can contribute to building a critical mass around the issue for current and future planning and action.

The following steps and tools are available in this guide, in order to complete information that will assist for initiating action for adolescents and injury prevention.

2.1 Step 1- Assessing the situation

Before undertaking initial or additional actions for adolescents and injury prevention it is always a critical task to assess the current situation to ensure efforts are building on previous work, make use of existing resources and address the priority issues. By knowing where you are starting from it is much easier to identify the needed actions and undertake a realistic approach to achieve these.

A good assessment of the situation requires information and knowledge on a variety of issues including the injury problem, existing programs, activities and policies, other possible good practice solutions, potential partners and the policy environment for example.

When gathering information for an assessment, it is important to keep two things in mind. First a lot of information already exists in reports or meeting notes as the result of work already done, so this needs to be made use of.

Second, although the more information one has to base decisions on the better, but gathering information should not become the focus of ones' energies.

By the end of the assessment you want to have the following information:

- a description of adolescents' injury in your country
- an environmental scan of what is already taking place in the country
- an overview of the existing or upcoming national policy documents and plans related to adolescents/health/injury prevention in the country.
- a listing of key contacts and main actors that are involved in the area of adolescence and injury prevention in the country

The following tools are available in this step to gather information and will assist with initiating action for adolescents and injury prevention:

Tools for Step 1 - Assessing the current situation

- Data collection form for injury to adolescents
- Inventory form for programmes and activities for adolescents
- Inventory form for policy documents and plans for adolescents
- Registry form of youth practitioners, policy makers and researchers

2.1.1 Data collection for injury to adolescents (figures)

The data collection for Injury to Adolescents when completed is intended to give countries a general overview of the magnitude and circumstances of unintentional and intentional injury to young people in their country.

Attaining this information is important when assessing what priorities and actions could be undertaken to reduce adolescents and adolescents' injuries in your country. By ensuring a good understanding of the problem before solutions are sought, there is a greater chance that prevention efforts will have a positive impact.

These data will assist countries to:

- determine the size of the problem in your country
- describe who is at greatest risk
- identify the prevalent risk patterns and injury scenarios

The data for the following questions can be secured by accessing your national data registries for injury. As well additional data that can provide supplemental details include: country injury reports, World Health Organisation data registry, police registry, social services reports and surveys, and crisis centres' helpline reports for example.

Please assess and complete the following figures information about injury fatalities, hospital discharges and emergency consultations.



Form 1: Data collection form for injury to adolescents

Please use the grey fields to answer the questions.

1) Figures

Source of the data:

In [year:] about young people between the age 15 – 24 years die as a result of an accident or injury in [country:]. (15-19 years: / 20-24 years:)

This equals to people per 100 000 of the population. (Incidence rate calculation: Reported injury deaths 15-24 years/ population 15-24 years * 100 000)

In adolescents accidents and injuries are the leading cause of death, making up of % of the deaths in this age group.

About young people (15-19 years: / 20-24 years:) a year are admitted to hospital due to an injury.

[if available] injured people (15-19 years: / 20-24 years:) visit an emergency department for medical treatment.

Sex distribution

Age (years)	Deaths		Hospital discharges		Emergency department visits	
	% Male	% Female	% Male	% Female	% Male	% Female
15-19						
20-25						

Time series

Average rates per 100,000 population for of injury deaths and hospitalisation discharges for young people aged 15 to 19 and 20 to 25 years for the periods 1981 to 1985 and 2001-2005 (or the five most recent years of your data if 2001-2005 are not available).

	Deaths Rate/100 000		Hospitalisation discharges Rate/100 000	
	15-19 yrs	20-24 yrs	15-19 yrs	20-24 yrs
1981-1985				
2001-2005				
Rate difference				

2) Causes/ Mechanisms

What are the causes of injuries and accidents in your country?

Complete the table below with the 5 leading causes of injury death for young people aged 15-19 and 20-24 years using percent of all injuries by cause for most recent year(s) of data available (e.g., motor vehicle 52%, drowning 22%, homicide 13%, etc.)

Rank	Deaths	
	15-19 yrs	20-24 yrs
#1		
#2		
#3		
#4		
#5		

Which other national data sources do you have to determine the causes/ mechanisms/ scenarios of fatal and non-fatal injuries (to build upon the starting points of the national action plan)?

Please list/ attach references:

Has a study been carried out in your country in order to investigate causes of injuries of adolescents?

If yes, please give a short summary and the reference:

3) Costs

Are there any injury cost figures available for your country for this age group (in reports or studies) that provide information on what impact these deaths have on society and or families?

If yes, please describe:

4) Living conditions

Complete the table with the percentages of young people aged 15-19 and 20-24 are living in the following conditions.

	15-19 yrs	20-24 yrs
% living in a household of lower socio economic status (to be defined in national context)		
% living in a household of lower educational attainment (to be defined)		
% with who have had a legal offence with the law (to be defined)		
% who are school drop-outs (to be defined)		

Definition of lower socio economic status:

Has there been a study carried out on this topic in your country?

If yes, please provide the reference:

2.1.2. Inventory of programmes and activities for adolescents and injury prevention

Action to reduce injuries to adolescents and promote safe and healthy behaviours for this age group is an important public health initiative. In addition to regulations or directives that may exist to provide adolescent safety, additional actions in the form of various programmes or activities may also exist to compliment legislative actions and contribute to the formation of a culture of safety for young people.

Programmes can be defined as those actions that operate on a regular basis and have a set number of components and or actions that are associated to belong to that programme to collectively achieve an aim, while activities can be individual or isolated actions that occur on an ad-hoc basis to also contribute to an intended aim.

Programmes or activities to be initiated or undertaken should be those that have been proven to achieve the aim set out for the programme or activity and thus be proven to work. Therefore only those programmes that have been proven to be effective or a “good practice” should be adopted, invested in and implemented. Mackay et al. (2006)¹ state “the value of good practice, to us combines the best available research evidence with the practical expertise of professionals in the ‘real world’”. This approach requires that professionals are aware of both best evidence and practical aspects of transferring policies and programmes from one setting to another. With so much to do to address the health and safety of young Europeans and so little time and limited resources, there is a need to focus on good investments, those strategies that are most likely to reduce injuries.” If we do not do so we are not being ethically responsible as professionals in the field.

A good practice is defined as:

- 1) A prevention strategy that has been **evaluated** and **found to be effective** (either through a systematic review or at least one rigorous evaluation) **OR**
- 2) A prevention strategy where rigorous evaluation is difficult but **expert opinion supports the practice** and data suggest it is an effective strategy (e.g., use of personal floatation devices (PFD) to prevent drowning) **OR**
- 3) A prevention strategy where rigorous evaluation is difficult but **expert opinion** supports the practice and **there is a clear link between the strategy and reduced risk** but a less clear link between the strategy and reduced injuries (e.g., secure storage of poisonings) **AND**
- 4) The strategy in question has been **implemented in a real world setting** so that the practicality of the intervention has also been examined. (McKay et al. 2006).

Actions undertaken in countries in the forms of programmes or activities should therefore be built on existing good practices that are undertaken in the community to ensure value from past work is being maximised and not contradicted or duplicated by being unaware of its operation. Therefore before initiating new or additional action for adolescents and injury prevention an inventory should be conducted to be aware of what programmes or activities are or were conducted in the country or region and who were the key contacts responsible for these actions.

A suggested inventory form follows to assist with the collection of existing programmes and activities related to adolescents and injury prevention that can be completed to provide:

- an overview of current action in the country related to adolescents and injury prevention
- an starting point for key contacts and main actors in the area doing related work that may serve as future partners for continued work

¹ McKay, M., Vincenten, J., Brussoni, M., &Towner, L. (2006). *Child Safety Good Practice Guide*.
[www.actiononinjuries.org/.../0/5C013FEF526F9157C12571AF002F0561/\\$file/GoodPracticeGuide-Draft7.pdf](http://www.actiononinjuries.org/.../0/5C013FEF526F9157C12571AF002F0561/$file/GoodPracticeGuide-Draft7.pdf)

Form 2: Inventory form for programmes and activities for adolescents and injury prevention

Please use the grey fields to answer the questions. If you want to describe more than one programme, please copy and paste this section.

Name of the programme:

Name in English:

1. *At what level was the programme or activity implemented or focused at?*

- ☐ International ☐ National ☐ regional
☐ local level ☐ something else, please describe:

2. *Which approach(es) were used to implement the programme or activity?*

- ☐ education ☐ enforcement ☐ engineering
☐ community based ☐ something else, please describe:

3. *Where did the programme or activity take place/setting?*

- ☐ school ☐ home ☐ community
☐ traffic ☐ something else, please describe:

4. *Who was the programme or activity aimed for? Please indicate the target audience. (list primary and secondary audiences if applicable)*

5. *Describe the background for the programme or strategy including rationale, timeframe and major partners:*

6. *State the aim and objectives of programme or activity.*

7. *What evidence of effectiveness or evaluation has been conducted on this programme or activity to demonstrate proof for future investment?*

8. *What are key issues for implementation? What about transferability of the measure?*

9. *Please list your contact details:*

Name:

Address:

Telephone number:

E- mail:

Disclaimer Note: The programmes and activities listed in this form are an inventory of action currently underway in the country. This listing in no way comments on the evidence quality or effectiveness of the programmes or activities to reduce injuries to adolescents.

2.1.3 Inventory of policy documents and plans

In addition to assessing the situation in your country for data, programmes and activities, and key contacts and main actors, another important component is attaining information on what are the existing or upcoming national policy documents and plans related to adolescents/health/injury prevention in the country

Policy documents and government level plans are key strategies not to be overlooked when finding ways to advance health and safety for adolescents. Once a statement is included into a National Government plan or policy to address a specific issue, in principle a commitment has been made and obligations to full fill this commitment are to be honoured. Government level policies and plans are large public health interventions that have an impact on the broader population so their ability to have large benefits are probable if implemented and enforced. Therefore investigating which policies and plans exists or are up-coming that could include actions to support adolescents' injury prevention is a valuable undertaking.

When looking for current or up coming related policy documents and plans be diverse in your review from various government ministries that are related to adolescents and injury prevention, not only the National Health Plan. Does a national injury plan exist in which young people are included and identified?

Also investigate if the national governments have signed commitments or voted in favour to support European, or International Charters, Declarations or Recommendations that relate to adolescents injury prevention or will be doing so in the future.

Please complete the following inventory form for current and up coming policies and plans related to adolescents' injury prevention.

The questions deal with following topics:

- (1) Name of policy or plan
- (2) If the policy is on national, European or international level.
- (3) What is the aim of the document?
- (4) Who is accountable for the document?
- (5) What is the date or timeframe of the policy or plan (years)?
- (6) What are the text components that relate to adolescents?
- (7) What is the review, renewal or start date?

Form 3: Inventory form for current or up-coming policy and planning documents

Please use the grey fields to answer the questions (write or tick). Please use one line for every policy or plan you are going to describe

Policy or plan name	Level of policy/plan	Aim of the document is ...	Accountable for the document is...	Date or timeframe of policy/plan:	Text components related to adolescents:	Review, renewal or start date
	<input type="checkbox"/> National <input type="checkbox"/> European <input type="checkbox"/> international					
	<input type="checkbox"/> National <input type="checkbox"/> European <input type="checkbox"/> international					
	<input type="checkbox"/> National <input type="checkbox"/> European <input type="checkbox"/> international					
	<input type="checkbox"/> National <input type="checkbox"/> European <input type="checkbox"/> international					
	<input type="checkbox"/> National <input type="checkbox"/> European <input type="checkbox"/> international					
	<input type="checkbox"/> National <input type="checkbox"/> European <input type="checkbox"/> international					
	<input type="checkbox"/> National <input type="checkbox"/> European <input type="checkbox"/> international					

2.1.4 Key contacts and main actors: Youth safety practitioners, policy makers and researchers

To initiate and undertake action dedicated people are needed. It is also important to have the right people, those key contacts and main actors responsible and involved with young people in relation to injury prevention. These are the people who understand and work with adolescents, people who develop and make decisive decisions on youth policy, people who investigate the causes and circumstances related to adolescents' injury and its prevention. Building a critical mass of key contacts and main actors that work together to form partnerships, will enhance the probability of actions undertaken to be successful. Therefore investigating and compiling a listing of the key and relevant contacts/organisations in your country is an essential component to initiating or undertaking action in the area of adolescents and injury prevention. These key contacts will most likely also be linked to current programmes, activities or actions underway in your country that will need to be inventoried to ensure any new action proposed will build from these starting points and not duplicate or conflict with existing initiatives or related activities as noted previously. Be diverse when investigating your key contacts and look for relevant links across various disciplines. This can include the areas of health, education, psychology, enforcement, law, engineering, surveillance, communication, to name a few.

Please give an overview of major stakeholders in your country. Form 4 provides a template for listing the information.

In a next step a registry could be sent out to the stakeholders. Therefore, a registry form is attached in order to list and detail information about key contacts and main actors related to adolescents and injury prevention in your country. This registry currently designed to be an on-line resource which can provide practitioners, policy makers and researchers in the country with information on their peers, including their areas of interest and activity focus. The directory can be searchable to allow peers to identify and get in touch with each other to facilitate information exchange and possibly even collaboration. Please send this registry form to the key contacts you identify for completion. In a next step this shall be used for an overall AdRisk directory.

Form 4: Overview of major stakeholders

Please use the grey fields to answer the questions.

Key stakeholder (name and e-mail)	Sector / institution	Potential impact for the process

Form 5: Registry form for Youth Safety Practitioners, Policy Makers and Researchers

Please note that by completing this form you are giving the AdRisk Project of KfV and EuroSafe, permission to post the information in a on-line Directory of Youth Safety Practitioners, Policy Makers and Researchers. The purpose of the directory is to provide those working in the field of youth safety with information on their peers to facilitate information exchange and collaboration. We will also use this Directory to identify and contact experts in particular fields for consultation purposes.

Name:

Title:

Organisation:

Address:

Postal code:

City and Country:

Telephone number(s):

Email address:

**My work focuses on
(check all that apply):**

☐ adolescents 15 - 19 years

☐ adolescents 20 - 25 years

☐ other:

**My areas of interest
include (check all that apply):**

☐ motor vehicle passenger safety
☐ motor vehicle driver safety
☐ pedestrian safety
☐ cyclist safety
☐ moped/motorcycle safety

☐ burn/scald prevention
☐ fall prevention
☐ sport and recreation
☐ product safety
☐ poisoning prevention

☐ risk taking behaviour
☐ suicide prevention
☐ violence prevention
☐ other:

**My youth safety
related activities focus
on (check all that apply):**

☐ surveillance/injury data
☐ safer environments
☐ programme development
☐ policy development
☐ advocacy

☐ injury research
☐ risk assessment
☐ programme implementation
☐ policy implementation
☐ behaviour modification

☐ safety standards
☐ good practice
☐ program evaluation
☐ policy evaluation
☐ other.

**During the next year I
will be working on the
following: (briefly
describe the focus of
your youth safety
related activities)**

E.g. developing and implementing a 3-year national campaign targeting adolescents 15 to 19 years to build self esteem and positive decision making.

2.2 Step 2 - Consulting with related and relevant national stakeholders

As noted earlier, involvement of key contacts and main actors in the related areas of adolescents and injury prevention and building partnerships among these individuals and organisations will enhance your level of success for initiating and implementing action. Consulting these contacts that have a stake in the actions that can be undertaken to support adolescents will be part of a process to engage them in the building of joint work.

When partners are involved early in a development process then there is an increased probability of their continued involvement as stakeholders in the actions that are proposed and to be implemented at a later stage. Key contacts that become active partners and stakeholders also provide valuable knowledge, expertise and varied perspectives when analysing information, situations and proposals. Therefore obtaining their perspective early when determining what actions to initiate or further develop is a valuable undertaking to increase the options, breadth and depth of what is being considered for actions, as well as how to develop and implement these in an effective and possibly innovative way.

Undertaking a consultation can be done in several ways. Optimally bringing your group of key contacts and stakeholders to a common place for a face to face discussion provides for the highest level of person to person interaction. But if for varying reasons this is not possible, this can also be coordinated as a teleconference call, or as an electronic or paper interview.

Most importantly is inviting and securing participation from a critical mass of key contacts into the process and sincerely consulting their opinion on the needed matters and critically assessing how the responses are integrated in to a final agreement, priority actions and decisions to be taken that will support coordinated, effective and sustainable action for adolescents' injury prevention in the future.

Attached are a base set of questions for a youth stakeholder consultation (in person, teleconference or interview) related to injury prevention. Using the previous situation assessment as background reading prior to participation in the stakeholder consultation, specific questions related to your countries' situation should be considered and added as needed. When responses are gathered a written summary of the key points to the discussions should be summarised with proposed next steps.

The aim of this step is to collect proposals for priority areas of action and to create a network of dedicated stakeholders to initiate further steps

Form 6: Guidelines for initiating consultation process

Please use the grey fields to answer the questions

- 1.** What would you describe as the key issues and priorities for adolescents and injury prevention? (Discuss and come to consensus on 3 to 5 issues.)
- 2.** What would you describe as the relevant settings for intervention strategies?
- 3.** What would you describe as the relevant measures for adolescents injury prevention?
- 4.** Please describe your view about the importance of risk taking behaviour of adolescents
- 5.** What opportunities do you see to influence policies and plans related to young people and injury that will address the key issues and priorities agreed upon? (Refer to completed inventory form for policy documents and plans for adolescents from step 2.)
- 6.** What could be your and your institutions' role and contribution to the current and future actions related to the key issues and priorities agreed upon to support adolescents and injury prevention in your country?

2.3 Step 3 - Proposing key statements or preparing pilot projects

2.3.1 Proposing key statements to be included into existing or up-coming related policy documents

As noted earlier in this guide, advancing injury prevention for adolescents can be achieved at a broader population level by positioning the key issues and priorities (as identified in the stakeholder consultation) for young people within government documents that have a commitment to be delivered. Raising the profile and awareness of the injury magnitude, the need to address the issue and even proposed solutions to the problem can be integrated into larger national government policies and plans that will then support needed action to reduce injuries to adolescents.

Influencing policy and planning documents to include the needs for specific issues such as injury to young people can be a challenging and time consuming process. Factors that can assist to increase the odds of influencing the policy or plans is by having a key contact that is involved in the development or revision of the document, being part of the consultation process of the document preparation or review, and understanding the context of the document and the aim it is to achieve so you can provide solid rationale as to how the youth perspective fits in.

Broader policy documents and plans (i.e. National Health Plan) are meticulously and concisely worded documents and do not have great ability for large texts on specific issues to be included. Therefore to position key issues and priorities of injury among young people into broader policy and planning documents it is important to be clear on the what key message is to be included and succinctly word this into a specific statement that can be integrated into the main document. The intent is that this statement should position the key issues and priorities to advance adolescents injury prevention so needed action will be supported.

To follow is a suggested policy analysis process with guiding questions to assist you through the process of developing key statements that can be included into current or up-coming related policy or planning documents for adolescents.

Review the completed Inventory Form for Current or Up-coming Policy and Planning documents of Step 2 and then critically assess the results for the following points:



Form 7: Guiding questions for policy analysis process and actions to take

- 1.** Which policies or plans allow you to address the key issues and priorities identified in the stakeholder consultation?
- 2.** Look at the timeframes and review, renewal or start date columns and determine which policies or plans may allow you to influence the policy or plan to meet the identified needs for young people in relation to injury.
- 3.** Examine who is accountable for the policy or planning document. Do you have a key contact to help influence what you may want to position within this broader document?
- 4.** From the above points, identify which policies or plans would be the most likely to be influenced to include a key statement(s) to meet the identified issues and priorities for adolescents as agreed in the stakeholder consultation.
- 5.** Examine the policy or plan for its' overall aim and text component that relates to adolescents.
- 6.** Determine what key statement(s) could be influenced into the document that will assist you to achieve commitment and action towards the key issues and priorities for adolescents' injury prevention.
- 7.** Determine timing and process of review, renewal or start date to acquire statements into the broader policy or planning document.
- 8.** Liaise and work with a key contact of the broader document and be part of the consultation process if possible to influence the inclusion of the desired statement(s), its' intent and need for inclusion. Work together to edit the statement to integrate into the broader document, but ensure the aim of statement is maintained.
- 9.** Once a statement is included and the document released, ensure there is promotion of the statement to a wide audience and communicate its' meaning and impact. Use the statement to advance the needed action for young people related to injury and the commitment that has been made to do so.

Resume:

2.3.2 Developing pilot projects

- Promote the adoption and implementation of projects and activities that have been proven to work. (e.g. review the key issues and priorities for adolescents' injury prevention and examine which proven good practices could be adopted to address the issues) As well encourage evaluation of actions that appear promising to ensure investment in these activities is worthwhile.

Some cornerstones have to be considered when a pilot project is to be developed:

- Is the original project transferable?
When a proven good practice project has been selected for adoption, it has to be considered if it is transferable. What are the crucial conditions for transferability?
Are there specific partners to co-operate? Is it necessary to have a certain legislation or legislative framework? Is there a special hierarchy of actions?
These questions are only some examples for the considerations that should be taken into account when transferring a measure into another national or even cultural context.
- What are sufficient framework conditions for implementation?
These considerations concern all aspects of implementation: financing, cooperation of partners, preparatory steps (e.g. administration, legislation), training of involved persons, creation of materials, giving information on the project to relevant partners, publicity, ...
- Are there specific key elements for implementation of the project?
The key elements target especially at those aspects that make the project successful and efficient. This might be participation of youth at a high degree, cooperation of several partners from different areas, embeddedness of the project in other activities of the field of Youth, planning of the project in several steps and not as a single action,
Are the aims of the project clearly defined? Is there a clear conception of the project? Which methods are to be used in order to reach the aims? Do media play a specific role?
- Who is the target group to be aimed at by the project?
It is of specific importance to define the target group of the project in order to tailor the programme perfectly to the needs of this group.
- Ensure finance
For planning and conduction sufficient financial resources have to be available.
It has to be checked if there is a possibility for national funding e.g. by ministries or funding within EU projects.
- Option: support by AdRisk Project

Pilot Workshop on Risk Taking Behaviour / pilot activities / injury prevention
(based on experience of Dutch partner)
and provision of materials to initiate pilot activities

AdRisk will provide material: Good Practice Manual (in March 2008) and Tool Box (In July-September 2008); and Follow Up

Co-financing for national pilot start off: Can be foreseen within the frame of the seed money agreements.

Form 8: Guiding questions for pilot projects

- 1.** Transferability of the original project?
- 2.** Sufficient framework conditions?
- 3.** Key elements for implementation?
- 4.** Definition of target group
- 5.** Ensure finance

2.4 Step 4 - Recommending priority areas of intervention and next steps for action at the national level

By undertaking the **initial actions** proposed in this guide, countries have established or built further infrastructure to support injury prevention for adolescents in your country.

Step 1 has provided an assessment of the current situation related to injury prevention. Completion of the:

- data collection form for injury to adolescents describes the magnitude of the issue,
- inventory form for programmes and activities for adolescents describes action and resources to build from,
- inventory form for policy documents and plans for adolescents summaries political opportunities to advocate for stronger commitment to support adolescents injury prevention, and the
- registry form of youth practitioners, policy makers and researchers provides an overview of human resources to work collaboratively with.

Step 2 supported a consultation with related and relevant national stakeholders to come to joint agreement on key issues and priorities to be addresses for adolescents' injury prevention and identify partners that could work together on these issues.

Step 3 proposed statements on key issues and priorities to address adolescents' injury prevention to be included into existing or up-coming related policy documents by undertaking an assessment of existing policy documents and plans to enhance political support and commitment.

Step 4 now suggests further action that can be undertaken to build on the work that has already been accomplished.

- Recapitulate and document the process and the action that has been taken and recommend next steps for action
- Continue to build and foster the development of a country network for adolescents' injury prevention from the collective of key contacts and main actors that have been involved in the initial actions from this project work. (e.g. prepare a directory of key contacts, continue to recruit more contacts, undertake joint work, gather to plan and make decision together for joint action) By forming a strong, active and dedicated network for adolescents' injury prevention in your country, making advances in adolescents' injury prevention will have a greater ability for success.
- Increase the awareness of adolescents' injury in your country so key decision makers and the public know more about adolescents and injury prevention and the need to address the issue. (e.g. use the information gathered step 1 - assess the situation to prepare facts sheets, articles, letters and meetings with ministers of health, youth, social services to make them aware of the information gathered in the assessment, publish an inventory of current programs and activities for adolescents, etc) The greater the awareness of an issue the increased potential that needed action could be supported.

Annex: further resources and information

Sources and support

In addition to this guide the following resources and information are suggested for further reading and reference:

Sources:

WHO: Preventing injuries and violence
A guide for ministries of health, Geneva 2007

WHO: Child and adolescent injury prevention: a WHO plan for action 2006-2015, Geneva 2006

WHO: Programming adolescent health and development, Geneva 1999

European Child Safety Alliance; Good practice guide: investment in unintentional child injury and safety promotion, Amsterdam 2006

Further sources and support are available on AdRisk website:

www.adrisk.eu.com

