

were examined to see the process of the organising the strategies for safety at disasters and their activities.

Participant observations to the taskforce meeting were also conducted to see how they organise the countermeasure to improve the self- and mutual helps in relation to the existing services.

Results While there are variety of programs organised by the governments as public help, it was pointed out that countermeasures at individuals (self-help) and neighbourhood levels (mutual-help) are not well prepared yet. Considering gaps between practices and awareness of importance of the preparations for disasters among citizens, preparation at individual and neighbourhood levels is the one of the most important challenges in the current situations. The citizens take much less actions of self-help and mutual-help although they are well informed its importance. Therefore, through the Safe Community programs, the communities have organised the strategies to improve the aspects of self-help and mutual-help with the existing programs such as evacuation drills.

Conclusions The well balanced preparation among three (self-, mutual-, and public-) helps is necessary. Improvement of self- and mutual- help is the common challenges in many Japanese communities.

To get the situation better, therefore it is expected to improve the capacity of the individuals and neighbourhood association on a day-to-day level by recruiting younger generations into the community management, since they are the generation which are causing deteriorating of community tie but can be the main forces of the mutual help at the disaster and can promote self-help to the great extent.

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THE CHILD SAFETY GOOD PRACTICE GUIDE: WE DON'T NEED TO REINVENT THE WHEEL

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Background Despite child injury being the leading cause of death and hospital admissions among children over the age of one in Australia, there are scant resources available to guide child injury prevention planning. It is vital that practitioners and policy makers have ready access to the evidence about what works in injury prevention. However, in reality, strategies tend to be short-term and not necessarily optimally focused, with limited evaluation.

Methods To develop a resource that provides injury policy makers and practitioners with evidence from the literature and implementation points from the field, a group of Australian child safety researchers and practitioners turned to an existing resource, *The Child Safety Good Practice Guide*, developed by the European Child Safety Alliance and subsequently adapted for Canadian audiences by SafeKids Canada. The process of securing funds for the guide, collaboration with international partners and consultation with local practitioners, will be highlighted.

Results The guide updates current international evidence on effective strategies for 14 priority child injury topics together with local case studies that highlight implementation issues, partners and lessons learned. Building on the previous two iterations of the guide, further implementation and evaluation guidance has been included in the Australian version. Previous versions, utilised on two continents, have been reported to be an effective advocacy tool for injury resources, an impetus for evidence-based program planning and the foundation of inter-sectoral partnerships.

Conclusions The guide provides a valuable template for sharing and consolidating what works in the prevention of child injuries, without “reinventing the wheel”, so that precious resources in this area can be maximally effective.

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A COLLABORATION BETWEEN 21 STATES AND TERRITORIES TO PREVENT CHILD AND ADOLESCENT INJURY IN THE US

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Background Over the past three decades, we have generated a strong evidence base of effective interventions to prevent child and adolescent injuries. Nevertheless, a gap persists in the broad implementation of these strategies, and, in the U.S., injury is still the leading cause of death among children and adolescents ages 1–19.

Description of the Initiative The U.S. Maternal and Child Health Bureau, in cooperation with the Children’s Safety Network, has just launched the first cohort of 21 states and territories participating in the Child Safety Collaborative Innovation and Improvement Network (CS-CoIIN). In a CoIIN participants support, collaborate and learn from each other and recognised experts to collectively make improvements. With support of the CS-CoIIN, this cohort will apply a quality improvement methodology to pilot, test, and scale up evidence-based interventions at state, and local levels to achieve a measurable impact. Measurement is a critical part of the CoIIN and states will enter monthly data into a virtual data dashboard, including both real-time process and outcome measures.

Results The 21 states and territories participating in the CS-CoIIN represent 47% of the US 0–19 year-old population and account for 43% of their injury deaths. In fall 2015, a consensus process identified the following topic areas: injuries to child passengers and teen drivers; suicide and self-harm; interpersonal violence including bullying; and falls. In December, 2015, states will choose to address up to three of these topics. In September 2016 the CoIIN will be at the end of the first of two years. The proposed presentation will: 1) provide a detailed overview of the injury data that served as the impetus for the initiative; 2) describe the ways states have engaged in CoIIN efforts; 3) present the data collected to-date; and 4) discuss lessons learned.

Conclusions Other countries may benefit from the lessons learned from the groundbreaking work of the CS-CoIIN.