The Research to Practice Gap in Child Safety

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Valorisation
The context: past and current

The context within which this dissertation took place is relevant when considering ‘added value’ as much of the work was undertaken as part of the European Union funded project TACTICS (Tools to Address Childhood Trauma and Children’s Safety). The TACTICS project was funded within the 2nd health programme from DG SANCO (2010-2013). The call specifically focused upon capacity building and the development, implementation and monitoring of best practices in high need areas to address health inequalities, with a particular focus on vulnerable groups such as children. A clear need for this form of focus and action had, therefore, already been identified at the supranational level - to which this project responded and was eventually financed. The project built upon previous EC recommendations,(1) projects and strategies concerning child health and safety.(2,3)

Since 2014 many themes and determinants related to the occurrence of injury and its prevention have been integrated into large scale global, regional and local strategies. On the global level the UN sustainable development goals is a powerful agenda. Four of the 17 goals address injury determinants, in particular; goal 3 (Ensure healthy lives and promote well-being for all at all ages; goal 10 (reduce inequality within and among countries); goal 11 (sustainable cities and communities) and goal 16 (peace, justice and strong institutions).(4) Within the European Region the objectives of the WHO European Region health 2020 strategy also address overarching objectives relevant to injury prevention of health inequalities and good governance.(5) A positive example of action at the local level is the 2018 Copenhagen Consensus, a WHO healthy cities initiative. The strategy is bringing together city mayors across the European region aiming towards a transformative approach for safe, inclusive, sustainable and resilient societies.(6)

These examples of concrete strategies are encouraging signs that relevant science-based action is taking place at all levels of governance – with active participation of political leaders. Although the focus is not always explicitly on injury reduction the overarching themes and co-benefits of action on other social and environmental determinants will likely filter down to positively impact the field of injury prevention.

Perspectives

The objective of this dissertation was to explore the space between research and practice with the overall objective to develop tools that could support a greater
uptake of evidence based child safety interventions. It is my view that the tools presented will be of value to injury prevention practitioners when examining the issue, selecting, and implementing interventions. Nevertheless there is a great deal of work to do to further explore the process of implementation within injury prevention and examine in detail certain elements. Two aspects come to mind:

Implementation science

The first is to widen the use of concepts developed within implementation science to promote active strategies to support political will in injury prevention. The field of implementation science has been developing steadily over the last 10 to 15 years. It has produced theories and concepts that have enabled us to understand the reasons good, evidence-based ideas fail in the real world, due to implementation failure or, lower than expected impact.(7) In this dissertation I employed theories and concepts from implementation science which, to my knowledge, represents one of the first times such concepts had been applied to injury prevention in the scientific literature. By applying the wealth of evidence and thinking from implementation science to injury prevention I believe we stand to make important leaps forward.

The challenge remains, however, to extract and transfer this thinking and conceptual work from the pages of academic journals into the action plans of local, regional and national level policy makers. Policy makers need high quality scientific insights not only concerning the proposed intervention but the implementation process as well.

Collaboration

The second aspect is the focus on multi-sector collaborations. The recent systematic review on the impact of adverse events in childhood on later life draws our attention to the interconnectedness of childhood experiences; their own safety, the safety of their parents, and the environment in which they grow up.(8) Though the focus of this dissertation has been upon children, and predominantly unintentional injury, many synergies exists between unintentional and intentional injury (9); injury prevention and other health issues (10) and wider societal issues such as poverty (11) and climate change.(12)

In this dissertation we identified the multiple sectors relevant to child safety fitting a small piece of the puzzle to help policy makers bridge these sectoral distinctions. A future perspective for this aspect of injury prevention could be to systematically
exploring the inter-connectedness and overlap of each sector’s remit and within that the potential for cross-sectoral co-benefits.

There is also scope to bridge these two aspects. Implementation science has hitherto been mostly focused upon the process within institutions. It is somewhat weaker when concerned with complex multi-partner collaborations. A valuable contribution for injury prevention (and no doubt other fields) would be to bridge this gap and explore elements of implementation science within collaborative working. Exploring the layers of complexity within the process of implementation when working in a multi-sectoral, often multi-layered context could provide valuable insights.