ACTION PLANNING for CHILD SAFETY

2010 update on the strategic and coordinated approach to reducing the number one cause of death and disability for children in Europe - injury

EUROPEAN child SAFETY ALLIANCE

EuroSafe

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The Child Safety Action Plan Project and this Update

The Child Safety Action Plan (CSAP) project is a large-scale initiative that has run from 2004-2010 whose aim is to develop child safety action plans in participating countries in Europe. It aims to raise awareness and commitment to address a leading cause of death for children in Members States through three broad areas of activity: 1) child safety report cards and profiles, 2) encouraging adoption, implementation and monitoring of evidence-based good practices and 3) child safety action plan development and mentoring processes.

This update provides an overview and progress report on the three broad areas of activity undertaken to support participating countries in reaching the desired outcomes of a government endorsed national child safety action plan and increased capacity at the national level to undertake action to address child injuries, and highlights lessons learned and the value and impact of the initiative. We also propose goals and actions for a European Child Safety Action Plan at the end of the report as an important next step in supporting child safety in Europe.

The development and implementation of such plans will go a long way to meeting country commitments made through various international declarations, resolutions and recommendations including:

- UN Convention of the Rights of the Child
- UN Millennium Development Goals
- WHO Child Environment and Health Action Plan for Europe Declarations from Budapest (2004) and Parma (2010)
- WHO Region for Europe Resolution R55 / R9 on injury prevention
- European Commission Recommendation on injury prevention
- World Report Child Injury Prevention
- European Report on Child Injury Prevention

Twenty-six countries are currently participating in the second phase which has run from 2007-2010: Austria, Belgium, Cyprus*, Czech Republic, Estonia, Finland*, France, Germany, Greece, Hungary, Iceland*, Ireland*, Israel*, Italy, Latvia*, Lithuania*, Luxembourg*, Malta*, Netherlands, Northern Ireland, Portugal, Scotland, Slovenia*, Spain, Sweden and Wales*. In addition seven countries have chosen to follow the process as observers: Croatia, Denmark†, England, Former Yugoslav Republic of Macedonia, Norway†, Poland† and Switzerland.

Nine-step CSAP development process

Information on the project background and progress in the first phase of CSAP, which involved 18 countries, is available in the report Action Planning for Child Safety: A strategic and coordinated approach to reducing the number one cause of death for children in Europe available on the European Child Safety Alliance website at: www.childsafetyeurope.org

* Joined second phase of CSAP 2007-2010

† Active participants in first phase of CSAP 2004-2007

Child Safety Report Cards & Profiles based on a standardised set of indicators

Child Safety Report Cards and Profiles serve as part of the assessment phase in the development of child safety action plans. They summarise a country's performance with respect to the level of safety provided to children and adolescents through national level policy. They go beyond traditional indicators like injury mortality rates, by including evidence-based 'action indicators' designed to not only assess and benchmark progress, but also drive actions towards evidence-based good practices. Action indicators provide a way to measures of the components of the system that affect the prevalence of risk factors for injury. For example, measuring whether a national law requiring use of child passenger restraints has been introduced in a country has been adopted and is implemented and enforced provides an indication of the prevalence of unrestrained children in motor vehicles. For the Child Safety Report Cards, action indicators, based on current best evidence were examined for nine areas of safety relevant to children and adolescents:

- passenger/driver safety
- motor scooter and moped safety
- pedestrian safety
- cycling safety
- water safety/drowning prevention
- fall prevention
- burn prevention
- poisoning prevention
- choking/strangulation prevention

and three areas looking at actions that support prevention efforts:

- leadership
- infrastructure
- capacity

Country level Child Safety Report Cards and Profiles informed planning by facilitating identification of countries' strengths and weaknesses in relation to child safety and also assisted countries in the identification of critical gaps upon which subsequent strategic planning and action planning could focus. They also provide a baseline for future benchmarking, monitoring and evaluation.

Country level Child Safety Report Cards and Profiles were based on two assessments conducted by project partners: one assessing leadership, infrastructure and capacity and the other national policy actions in the nine injury areas relevant to children and adolescents. In the second phase of CSAP several additional indicators were added to the CSAP assessments to address additional policies seen as missing in 2007 (e.g., existence of a national alcohol policy, existence of a national mechanism to identify emerging child injury issues, existence of a national law banning children from riding / driving farm tractors.

A second set of country level Child Safety Report Cards and Profiles and a European summary were released in May 2009. Like the first set released in November 2007, the 2009 report cards and profiles were well received nationally and at the European level and have been instrumental in increasing awareness of the child injury issue and facilitated engagement of government and discussions with national stakeholders regarding the need for national action plans based on evidence-based good practices. Even in cases where there has been disagreement between stakeholders in terms of performance scores, the very existence of these tools has fueled dialogue regarding current gaps and prompted action. Countries in the second phase of CSAP benefited from receiving their report card results earlier in the CSAP development process than those in the first phase and many commented that this was very beneficial in assisting with plan development.

As 2009 represented a second point of measure for countries that participated in both 2007 and 2009 assessments, an analysis of comparable items was conducted to assess progress. **All of the 14 countries that had a report card in 2007 and 2009 showed progress, with scores in 2009 from 3 to 46% higher than in 2007.**

The greatest improvements were reported in Austria and the Czech Republic. In 2007 these 14 countries represented a ratio of good: fair: poor performance of 3:8:3 and in 2009 this had changed to 7:7:0, demonstrating a marked improvement.

The greatest increases were in the areas of leadership, infrastructure and capacity to support child safety actions, which was not unexpected given that the CSAP development process itself stimulates action in the areas measured. Table 1 summarises the findings in 2009, including comparison to 2007 results where applicable. More details, including breakdowns of country scores for each of the nine injury areas and leadership, infrastructure and capacity are available in the individual report cards and profiles (including translation into national languages where available) and the Child Safety Report Card 2009: Europe Summary for 24 Countries, which are all available on the Alliance website at: www.childsafetyeurope.org

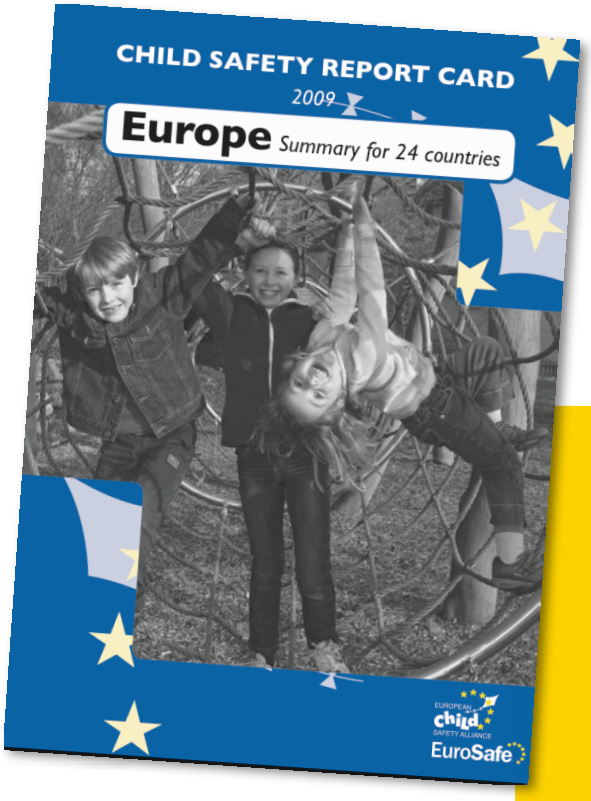

Table 1. Child Safety Report Card Performance Scores

	2009 Performance Scores		2007 Performance Scores		% change in scores from 2007-2009 using comparable items
	Score	Grade	Score	Grade	
Austria	40.5		27.0		+11.5
Belgium	30		29.5		+1
Cyprus	31.5				
Czech Republic	42		31.0		+11
England	39.5				
Estonia	35		27.0		+9
Finland	38.5				
France	40		37.0		+3
Germany	39		35.5		+2
Greece	27		21.5		+7
Hungary	36.5		32.0		+5.5
Iceland	48.5				
Ireland	31				
Israel	31.5				
Italy	30		27.0		+4.5
Latvia	34				
Lithuania	32.5				
Netherlands	45.5		40.0		+4.5
Portugal	27.5		20.0		+7
Scotland	35.5		31.5		+4
Slovenia	40.5				
Spain	29		22.5		+7
Sweden	42.5				+2.5
Wales	29.5				
CSAP average	**35.5**		**31**		**+4.5**

= 49-60 stars - excellent performance, = 37-48.5 stars - good performance, = 25-36.5 stars - fair performance, = 13-24.5 stars - poor performance, = 0-12.5 stars - unacceptable performance

Encouraging adoption, implementation and monitoring of evidence-based good practice

In 2006 the existing evidence on *what works* in child and adolescent injury prevention was synthesised and the *Child Safety Good Practice Guide: Good investments in unintentional child injury prevention and safety promotion* was developed to encourage countries to build their Child Safety Action Plans (CSAP) around evidence-based good practices. Broadly distributed since its launch, the Guide highlights over 50 proven prevention measures where immediate action should be taken to reduce childhood injury in Member States.

From 2008 to 2009, the European Child Safety Alliance, EuroSafe's Effective Measures in Injury Prevention (EMIP) initiative and the WHO Regional Office for Europe collaborated on an expert review of evidence in child injury prevention involving experts in the field of injury prevention and the analysis of scientific evidence. The review, led by the WHO Regional Office for Europe, was part of the preparations for the Fifth European Ministerial Conference on Environment and Health, which was held in Parma, Italy in March 2010. The review process involved reviewing injury prevention related actions in the initial table of evidence for Regional Priority II produced as part of the Child Health and Environment Action Plan for Europe (CEHAPE) in 2004 and updating it. CEHAPE Regional Priority Goal II states "*we aim to prevent and substantially reduce health consequences from accidents and injuries and pursue a decrease in morbidity from lack of adequate physical activity, by promoting safe, secure and supportive human settlements for all children.*"

The core structure of the review process involved a) formulation of the interventions to be examined, b) the identification and collection of evidence and c) the analysis of collected evidence (quality appraisal and synthesis). The final synthesis of the evidence for prevention interventions was carried out through expert consensus meetings and email consultations.

Three additional prevention measures not previously included in the Child Safety Good Practice Guide were deemed to meet the definition of evidence-based good practice used in 2006 and are included as additional evidence statements in an addendum to the Guide released in 2010. In addition, the addendum includes five additional case studies of evidence-based good practice in action in Europe. Two describing action based on evidence statements related to child passenger safety, one on action to address child pedestrian safety and the remaining two on actions related to general home safety. PDFs of the Guide, 2010 addendum and individual case studies are available at www.childsafetyeurope.org.

CSAP Development Mentoring Process

The action plan mentoring process for the country partners involved both specific capacity building activities and the availability of day-to-day ongoing support to facilitate Child Safety Action Plan development in participating countries and allow monitoring of progress and challenges. Activities have included:

- Seven Ministry / Government hosted country partner business meetings / capacity building workshops on the nine-step planning process and associated planning tools in Spain (April 2005 and June 2010), Belgium (2006), Hungary (June 2007), Cyprus (April 2008), Malta (December 2008) and Ireland (December 2009).

- Day-to-day support involving both generic assistance and guidance provided to all countries and more targeted activities specific to a country as strategic opportunities and / or needs were identified (e.g., consultation related to planning, strategy, advocacy, communications, capacity building). Support has been provided via face-to-face meetings, attendance of the Secretariat at strategic events, by email and over the phone.
- Communications activities including a project newsletter, dedicated web-pages on the European Child Safety Alliance website and simultaneous launch of products and project results in over 20 countries and at the European level (e.g., Child Safety Report Cards, World Report on Child Injury Prevention, CSAP Update for Parma 2010). This included a joint launch of the Child Safety Report Cards by European Commissioners Vassiliou and Kuneva and MEP Arlene McCarthy at the European Parliament in Luxembourg in May 2009.
- Advocacy activities have included encouraging linkages between CSAP country partners and WHO focal points for the Health and Environment Action Plan for Europe (CEHAPE) and Violence and Injury Prevention (VIP); ongoing update of opportunities for CSAP development to feed into existing commitments (e.g., progress updates for CEHAPE, the WHO Resolution R55 / R9 on Injury Prevention and the European Commission Recommendation on Injury Prevention) and joint advocacy activities with over 20 countries before, during and post key events such as the European Ministers of Health and Environment Conference on Children's Health and Environment in Parma, Italy in 2010.

CSAP progress update

Information to evaluate country progress, the value and impact of the process to date and lessons learned was collected using various methods including: country progress updates, specific reflection sessions with country partners, country summary reporting forms, review of English versions of national CSAPs as available, interviews with expert advisors and independent interviews with country participants and a sample of WHO violence & injury prevention focal points (conducted by an organisation outside of the initiative). Information was analysed to identify challenges, critical issues, lessons learned and impacts/ outcomes achieved and validated through triangulation.

Partners have found that the process of developing a child safety action plan is in many ways as important as the final plan itself. By engaging government and non-government stakeholders from multiple sectors in the planning process they are increasing awareness of the child safety issue and building capacity by creating a common understanding of the injury issue across the diverse sectors that need to collaborate in order to reduce injuries.

People and relationship building have been the drivers of the process and going through the process together is ensuring common goals and alignment of priorities so that all stakeholders are working together toward a shared vision.

Challenges identified across the 29 Member States that have participated in CSAP Phase I & II have been fairly consistent and include:

- engaging government (particularly the related sectors beyond health)
- change in elected government
- getting the right people involved in the planning process and attaining government commitment
- obtaining infrastructure and resources to support planning and eventual implementation
- obtaining data to support planning and eventual implementation and monitoring
- moving beyond plan development (even if government involved) to point of government endorsement

Critical issues identified across the 29 countries have also been fairly consistent and include the need to:

- increase awareness of the child injury issue
- increase leadership and commitment to levels commensurate with the burden of child injury
- strengthen multi-sectoral / multi-jurisdictional involvement, cooperation and collaboration at national, regional and local levels to ensure evidence-based good practice approach
- strengthen data systems to allow more specific targeting of actions and monitoring of progress
- integrate child injury prevention into all sectors and policies
- promote evidence-based good practice
- promote targeted research to fill existing knowledge gaps

As of May 2010, six countries have government endorsed plans they are either implementing or preparing to implement (Cyprus, Czech Republic, Estonia, Finland, Hungary and Sweden), six countries have completed plans and are working on government endorsement and / or implementation (Austria, Belgium, France, Germany, Netherlands and Northern Ireland) and four have completed a strategic plan and are now working on actions countries have developed a strategic document and are now working toward action plans (Scotland and Wales). The other participating countries are at various stages in the planning process (see Table 2).

A government endorsed national Child Safety Action Plan (CSAP) was defined as a policy document endorsed at the highest level of government that describes the broad framework, long-term direction and priorities for prevention and safety promotion for children in a country and the specific short-term activities, organisational responsibilities and resources required to begin to implement those priorities. However, the CSAP development process was designed to be flexible to allow countries to judge the best fit between their national policy frameworks and identified child safety gaps that require action. As a result, countries might choose to pursue a 'stand alone' child injury policy document or to integrate identified goals, objectives and actions into broader initiatives such as a national Child Environment & Health Plan (CEHAP) or National Environment & Health Plan (NEHAP), a national Injury Prevention Strategy addressing all ages / all injuries, a national Strategy for Child and Adolescent Health and Development or a combination.

Although guidance was provided as part of capacity building, countries also independently determined the most appropriate timeframe, whether or not to include specific targets and criteria for selecting priorities for action. Table 3 provides an overview of selected parameters of CSAP development by countries in CSAP phase II based on where they are at in their planning process.

Lessons learned in process of developing national child safety action plans with 29 countries over five years have included the importance of:

- leadership and commitment
- the role of non-governmental organisations in applying external pressure to government to ensure progress
- having well constructed, standardised and evidence-based tools and resources to work with
- public benchmarking of current performance and progress and current performance of evidenced measures to motivate action
- linking into existing political commitments to advance the child injury prevention agenda
- the European project platform in facilitating national action and value of being part of a peer-to-peer cohort to share experiences, challenges and solutions during the process.

Table 2. Progress in CSAP development and implementation

Step completed (date completed in brackets mm-yyyy)

Step in progress

Country	Progress in CSAP development and implementation										
	Government engagement	National partner engagement	Conducting situational analysis	Developing vision statement	Identification of critical issues/priorities for action	Developing goals and S,M,A,R,T, objectives	Exploring and selecting good practice	Developing action steps	Obtaining government endorsement of plan	Communication of plan	Implementation of plan
Austria											
Belgium		2007	2007	2007	2007	2007	2007	2007		2008	
Cyprus											
Czech Republic	09-2004	02-2005	06-2005	2005	09-2005	09-2005	2006	2006	08-2007	09-2007	
Denmark[1]											
Estonia	07-2008	07-2008	07-2008	07-2008	07-2008				07-2008	07-2008	
Finland	12-2008[2]	05-2009[2]	04-2009	05-2009	04-2009	05-2009	05-2009		05-2009[3]		
France											
Germany			02-2007	12-2006	12-2006	02-2007			06-2007[4]		
Greece		2005	2004	2008	2008		2008				
Hungary	09-2008	01-2009	02-2009	02-2009	02-2009	04-2009	05-2009	06-2009	11-2009		
Iceland	2010		01-2010		01-2010						
Ireland											
Israel			09-2008								
Italy	04-2010	04-2010									
Latvia	07-2008	07-2008	07-2008	02-2009	02-2009	09-2010	02-2010				
Lithuania			01-2009	04-2010	04-2010	04-2010	03-2010				
Luxembourg											
Malta[5]	2008	2008			2008			2008	2008	2008	
Netherlands	09-2007	09-2007	05-2007	09-2007	05-2008	05-2008		05-2008		09-2008	
N. Ireland[6]											
Norway[1]											
Poland[1]											
Portugal	2008			03-2007	03-2007						
Scotland			03-2004	12-2007	12-2007						
Slovenia	03-2009	12-2009	09-2009	12-2009	12-2009	03-2010	03-2010				
Spain[7]											
Sweden	01-2005	10-2006	10-2006	10-2007	05-2008				10-2009		
Wales					10-2009						

(1) Participated in CSAP I; observer in CSAP II so table only reflects progress to December 2007

(2) Initial government engagement achieved, but activities to maintain and enhance government involvement is ongoing

(3) Plan approved by multiple Ministries in 05-2009 but not endorsed at highest level (Council of State); this step is unlikely for whole plan, but pieces of it will be integrated into other National programmes which are covered by Council of State resolutions

(4) Actions taken to gain endorsement by government completed but unsuccessful (government indicated that while they supported the plan they would not officially endorse it), partners have moved on to implementation

(5) Malta's CSAP is part of the National Environmental Health Action Plan (NEHAP), which was endorsed in 2008, however not all CSAP steps were completed in preparation of the NEHAP

(6) Northern Ireland is working from pre-existing plans on home and road safety; no comprehensive plan anticipated at this time

(7) In Spain all 17 autonomous communities must be consulted and included in the development process for national plans and this has meant the process has taken been very slow

Given differences in starting points, challenges with government elections, etc. this table is not intended as a means of comparing progress, but rather to illustrate where countries are currently at in their national action planning process.

Table 3. Selected parameters of CSAP development in CSAP phase II countries

	Fit of CSAP within national policy	Timeframe	Specific targets included	Age group targeted	Vulnerable groups specifically targeted
Austria	- Part of CEHAP / NEHAP - Part of all ages / all injuries strategy	2007-2014	No	0-17 years	Yes
Belgium	- Stand alone child injury strategy	2007-2017	No	0-17 years	Yes
Cyprus	- Stand alone child injury strategy	2005-2015	Yes	0-18 years	
Czech Republic	- Stand alone child injury strategy	2007-2017	Yes	Not specified	Yes
Estonia	- Part of national health strategy with specific actions for children and adolescents	2009-2012 (strategy) 2009-2012 (action plan)	Yes	Not specified	TBD
Finland	- Stand alone child injury strategy	TBD	No	0-24 years	Yes
France	- Part of all ages / all injuries strategy	2005-?	Yes	all ages	No
Germany	- Part of child and adolescent health strategy	2007-2012	Yes	0-14 years	Yes
Greece	- Part of child and adolescent health strategy	2010-2020	Yes	TBD	Yes
Hungary	- Part of child and adolescent health strategy - Part of public health strategy	2010-2019	Yes	0-24 years	Yes
Iceland	- Stand alone child injury strategy	TBD	Yes	Not specified	Yes
Ireland	- Part of child and adolescent health strategy	TBD	TBD	TBD	TBD
Israel	- Stand alone child injury strategy	Not yet defined	Yes	0-17 years	Yes
Italy	- Part of all ages / all injuries strategy	2010-2012	Yes	0-4 years	No
Latvia	- Part of public health strategy	2011-2017	Yes	0-4 years	Yes
Lithuania	- Part of all ages / all injuries strategy	2011-2017	Yes	0-24 years	No
Luxembourg	- TBD	TBD	TBD	TBD	TBD
Malta	- Part of CEHAP / NEHAP	2006-2011	No	all ages	No
Netherlands	- Stand alone child injury strategy	2008-2015	Yes	0-18 years	Yes
Northern Ireland	- Part of all ages / all injuries strategy	2004-2009	Yes	all ages	Yes
Portugal	- Part of all ages / all injuries strategy	2004-2015?	TBD	all ages	TBD
Scotland	- Part of several other health related policies	TBD	No	0-14 years	Yes
Slovenia	- Part of child and adolescent health strategy	2010-2016	No	all ages	No
Spain	- Stand alone child injury strategy	TBD	TBD	all ages	TBD
Sweden	- Stand alone child injury strategy	2010-2011	No		No
Wales	- Stand alone child injury strategy - Part of child and adolescent health strategy	2007-2014	No	0-17 years	Yes

TBD-to be determined

Value and Impact of the CSAP initiative

The value of the Child Safety Action Plan Project over its two phases has been greater than anticipated. In particular, it appears that New Member States have really benefited from the European platform the project offered, with several being able to move quite quickly based on lessons learned from other countries. Having access to the Report Cards earlier in the planning process to support planning efforts also seems to have benefitted new country partners joining the initiative in Phase II.

The evidence-based action indicator approach has provided a credible project framework, useful tools for planning and monitoring and there is early evidence that it is driving adoption and implementation of evidence-based good practices. This approach to planning provides a model for other areas of injury to consider for enabling a coordinated, comprehensive and evidence-based approach to injury reduction efforts.

Selected outcomes achieved

- National child safety action plans completed or at some stage of development where none existed previously in the 29 participating countries
- Published Child Safety Good Practice Guide as reference for more effective planning being used by over 30 countries to support child safety planning
- Standardised indicator based *baseline* child safety report cards and profiles for 29 countries and Europe and model used being explored by regions beyond Europe
- Strengthening of the European Child Safety Alliance network and provision of an umbrella activity under which all other activities are now being placed.
- Value of indicator based report cards and profiles in benchmarking progress demonstrated by ability of indicator measures to capture progress made for the 14 countries with repeat report cards
- Value of indicator based report cards and profiles as advocacy tools for engaging injury stakeholders, particularly government, demonstrated through progress made (e.g., injury data will be added to a national data strategy in Ireland as a result of report card and profile)
- Value of evidence-based good practice approach, including the indicator-based report cards, in enhancing action planning demonstrated by uptake of actions or measures (e.g., Finland's plan includes actions taken directly from report card indicators and Hungary's plan includes report card indicators as measures for monitoring progress nationally)
- Value of standardised yet flexible plan development process as demonstrated by:
  - New and/or stronger links with government and between national stakeholders reported at national and European levels

- Increased awareness of child injury issue reported for both national stakeholders and government in participating countries and increased capacity to take action at both national and European levelIncreased multi-sectoral cooperation and collaboration within countries and acknowledgement by national stakeholders and government that this approach is necessary to achieve real progress
- Enhanced political commitment to the injury issue by governments at both national and European levels (e.g., government mandate to develop a CSAP given to the Child Health Institute in Hungary, and a government endorsement of the CSAP in Czech Republic)
- New collaborative and guidance structures at the national level (e.g., Child Safety Councils in Sweden and Norway, multi-sectoral government committee in Czech Republic and a peer nominated multi-sectoral committee in Finland)
- Different positioning of child safety goals and objectives within existing policy frameworks (e.g., stand alone CSAP, part of all ages-all injuries plan, part of national child health plan)
- The majority of project partners in the 29 countries expressed that the European level initiative had great added value in fostering increased progress over stand alone attempts

Discussion document: A Child Safety Action Plan for Europe

One of the longer term goals for the CSAP initiative has been to develop a Child Safety Action Plan for Europe that builds on national plans to identify critical gaps in leadership, infrastructure, capacity and national policies where coordination, collaboration and a united voice at the European level would facilitate countries in achieving their national goals and objectives as set out in their national CSAPs.

To achieve this multiple information sources from the CSAP initiative and strategic documents from the broader injury prevention field were reviewed, discussed and synthesised including:

- country progress updates
- specific reflection sessions with country partners
- country summary reporting forms
- English summary versions of national CSAP documents available
- interviews with the CSAP expert advisors
- the results of independent interviews with country participants and a sample of WHO violence & injury prevention focal points (conducted by an organisation outside of the initiative)
- WHO CEHAPE Declarations from Budapest (2004) and Parma (2010)
- WHO Regional Committee for Europe Resolution EUR/RC55/R9 - Prevention of injuries in the WHO European Region (2005)
- European Commission Recommendation on injury prevention
- Recommendations in the World and European Reports on Child Injury Prevention
- European Child Safety Alliance Business Plan for 2010-2015

The resulting actions are presented below, under the applicable goals of the European Child Safety Alliance in order to facilitate future development of measurable objectives in partnership with country partners, international organisations and the European Commission.

Goal 1

To influence key decision makers and leaders at the European and national level to commit to address the magnitude of child injury and its prevention in an integrated and comprehensive approach with all relevant sectors.

- Coordinate communications regarding the cross cutting nature of child injury prevention and the importance of multi-sectoral collaboration and maximise advocacy opportunities within the European Union Presidency rotation, working programmes of relevant European Commission Directorates, Council of Europe agendas, Cabinet portfolios, Intergroup sessions, CEHAPE Ministerial meetings, World Health Assembly resolution, etc.
- Advocate that the EU consider making the requirements of Member States as outlined in the EC Recommendation on Injury Prevention more stringent to support Member States efforts to prioritise injury prevention and ensure investment commensurate with the size of the problem.
- Prepare a background paper and advocacy campaign targeting key decision makers that emphasises the cross cutting nature of child injury to health, environment, education, justice, transport, rescue services, consumer protection, and housing that links to issues such as obesity, quality of life, inequities, alcohol, violence, climate change, consumer protection, mental health, well-being and children's rights in order to encourage greater investment in child injury prevention

and inclusion and integration of prevention policy across multiple sectors.

- Advocate for and investigate partnerships to research and demonstrate the totality of the burden of injury and disease for children in Europe to quantify the impact on child development ,wellbeing and quality of life (including for example disruption of schooling and play, socialisation and family cohesion including financial impact).The intent would be to provide burden-based impact statements that can be used to advocate for burden-based investments in child injury prevention.
- Seek partners and resources to begin to build on work done to date as part of other initiatives by applying the CSAP indicator based approach to the issue of violence against children, including neglect, to ensure a holistic and inclusive approach to the issue of child injury.

Goal 2

To support the development and monitoring of child injury action plans at the European and national level.

- Assess and communicate the successes and challenges including political impacts of the child safety action planning process with country partners and decision makers at the European and national level, with a particular focus on the lessons learned, to assist those countries who have been less successful in making progress or have yet to undertake development of a child safety action plan.
- Conduct a more in depth review of national CSAPs to identify common actions where collaboration, exchange of information, tools and / or resources in the European context would facilitate successful adoption, implementation and monitoring of evidence-based good practices. This will need to be revisited as additional Member States complete plans and existing plans are revised.
- Seek resources to allow periodic report card assessments to assist countries in monitoring and benchmarking progress towards stronger leadership, infrastructure and capacity to support child injury prevention and adoption, implementation and monitoring of evidence-based good practices.
- Continue to mentor, monitor and report on progress of the current CSAP processes at the national and European level (with additional emphasis in Central and Eastern European countries).
- Investigate the report card assessment concept for other child injury indicators including cross sectional approaches and within country (e.g., sub-national) assessments to increase understanding of how national level policy filters down to regional and local levels where a large proportion of injury prevention action takes place.

Goal 3

To advocate for the adoption, implementation and enforcement of child injury evidence-based good practices at the European and national level.

- Collaborate and / or partner with other initiatives to maintain and update the existing inventory of child safety evidence measures and periodically update the current ECSA Good Practice Guide and encourage its use.
- Investigate funding sources to support more comparative studies of existing child safety policies, such as the study on water safety education as a compulsory part of school curricula conducted in partnership with WHO Global Office, in order to identify knowledge gaps, good practices and opportunities for standardisation across Europe that support reduction of inequity within and between Member States.

- Explore, advocate and support mechanisms to facilitate exchange of real life examples illustrating successful and unsuccessful implementation of evidence-based good practices in European settings.
- Investigate and obtain more information on how to transfer good practices into municipalities, communities and various settings with a particular focus on Central and Eastern European Member States, including adoption, implementation and enforcement lessons.
- Monitor EU level policy having an impact on child injury and prevention in order to identify opportunities to influence uptake, implementation and monitoring of evidence-based good practices by Member States that relate to common areas of focus within national CSAPs.

Goal 4

To increase and strengthen the capacity of professionals in health and all relevant sectors to child injury prevention by enhancing awareness, knowledge and skills to address childhood injury.

- Work with country partners and related organisations to campaign / promote evidence-based measures at the European and national level on issues identified as priority within national CSAPs, including enhancing professionals stakeholder ability to increase public awareness and knowledge of childhood injury prevention measures that work., and as appropriate develop / update common resources.
- Promote professional training for injury prevention as part of academic curricula in health, education, urban planning, architecture, enforcement, rescue services, youth and social workers, engineering, landscaping and law to increase awareness of evidence based good practices and their appropriate usein the various professional settings. Specifically look for mechanisms to identify and promote standardisation of content, good practices in delivery and as appropriate European-wide recommendations / solutions.

Goal 5

To influence the quality and quantity of data, research and evaluation undertaken related to child injury and its prevention.

- Prepare a position paper regarding the importance of EU data, existing data systems assessment and needed improvements to support both intentional and unintentional child injury prevention including: the need to address the cross cutting nature of child injury; enhancing national data systems; obligatory data submission; standard minimum data sets; standard data age groupings for children; timeliness of data; standard measures for exposure, socioeconomic status and other measures to allow examination of inequalities; and enhancing IDB as a data source for child injury prevention.
- Support Member State efforts to establish improved national level data and data that are comparable at the European level to support monitoring and benchmarking activities.
- Develop a standard set of survey questions that could be adjusted to different survey settings throughout Europe (e.g. as part of HSBC survey, Eurobarometer, national household surveys) with a specific focus on obtaining better data on child safety related exposures (e.g., hazards and preventive measures) to strengthen our understanding of the relationship between injury outcomes and prevention activities.
- Advocate for and as appropriate lead a process to identify evidence gaps and applied research needs for child injury in Europe, including vulnerable populations and issues related to inequities, cross-cutting risk factors (e.g., alcohol) and cost of implementing evidence-based good practices.
- Advocate for research to fill identified gaps and as appropriate investigate partnerships to undertake such research.

The Way Forward

Europe is the only WHO region world-wide where countries are taking cooperative joint action to address child injury prevention. The lessons learned through the CSAP initiative are based on the experience of multiple culturally diverse countries and the fact that there is such similarity in the issues and challenges identified suggests that the process and lessons are likely transferable for other countries looking to develop a national action plan for child safety. They also suggest that continued sharing of experience as countries move on from development to implementation will be extremely valuable. Additionally, the development of national child safety action plans is providing clearer direction for action by international organisations and the European government to support national efforts at both the national and European levels.

The next steps for the Alliance and its partners will be to:

- expand consultation efforts on the goals and actions on the Child Safety Action Plan for Europe and develop objectives to facilitate monitoring progress
- work to establish an integrated and comprehensive approach to child injury with all relevant sectors at the EU, national and sub-national levels by initiating activities to examine the cross cutting nature of child injury, including mapping sectoral responsibility for child injury at national and sub-national levels
- support Member State efforts to establish improved national level data that are comparable at the European level to support monitoring and benchmarking activities
- begin to examine adoption, implementation, enforcement and monitoring of evidence-based good practices in Member States in a standardised structured way at both national and sub-national levels to facilitate identification of key facilitators and barriers to successful transfer in the European setting
- continue to build Member States capacity through the development, implementation and monitoring of child safety action plans
- build on the previous work to explore the application of evidence-based action indicators and benchmarking at sub-national levels to facilitate adoption, implementation and enforcement of evidence-based good practice at all levels of intervention within Member States.

References used in the preparation of this document

Council of the European Union. Recommendation on injury prevention and the promotion of safety, European Commission, May 2007. Available at: http://eurlex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:C:2007:164:0001:0002:EN:PDF

MacKay JM, Macpherson AK, Pike I, Vincenten J, McClure R. Action indicators for injury prevention. Injury Prevention 2010;16:204-207.

MacKay M, Vincenten J, Brussoni M, Towner E. Child Safety Good Practice Guide: Good investments in unintentional child injury prevention and safety promotion. Amsterdam: European Child Safety Alliance, EuroSafe; 2006. Available at: http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/wwwVwContent/l3childsafetygoodpracticeguide.htm

MacKay M, Vincenten J, Brussoni M. Towner L. Child Safety Good Practice Guide: Good investments in unintentional child injury prevention and safety promotion: Addendum 2010. Amsterdam: European Child Safety Alliance, EuroSafe 2010. Available at: http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/wwwVwContent/l3childsafetygoodpracticeguide.htm

MacKay M, Vincenten J. Why isn't more injury prevention evidence-based? International Journal of Injury Control and Safety Promotion 2009;16 (2):89-96.

MacKay M, Vincenten J. Action Planning for Child Safety: a strategic and coordinated approach to reducing the number one cause of death for children in Europe. Amsterdam: European Child Safety Alliance, Eurosafe; 2007. Available at: http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/wwwVwContent/A2DC22E3C4A579ECC1257473003930EA?opendocument&context=09554A48D64D3B78C12571850038B929

MacKay M., Vincenten J. Child Safety Summary Report Card for 18 countries – 2007. Amsterdam: European Child Safety Alliance, Eurosafe; 2007. Available at: http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/wwwVwContent/A2DC22E3C4A579ECC1257473003930EA?opendocument&context=09554A48D64D3B78C12571850038B929

MacKay M., Vincenten J. Child Safety Summary Report Card for 24 countries – 2009. Amsterdam: European Child Safety Alliance, Eurosafe; 2009. Available at:http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/wwwVwContent/l3childsafetyreportcards2009.htm

Sethi D, Towner E, Vincenten J, Segi-Gomez M, Racioppi F. European Report on Child Injury Prevention. Copenhagen, WHO Regional Office for Europe, 2008. Available at: http://www.who.int/entity/violence_injury_prevention/child/injury/world_report/European_report.pdf

Vincenten J. European Child Safety Alliance 2010-2015 Strategic Business Plan. Amsterdam, European Child Safety Alliance, EuroSafe 2009. Available at: http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/wwwVwContent/l4businessplan-01.htm

Vincenten J. Priorities for Child Safety in the European Union: Agenda for Action. 2nd edition. Amsterdam: European Child Safety Alliance; 2004. Available at: http://www.eurosafe.eu.com/csi/catalogus.nsf/wwwEurosafe/150F23CA817A0762C12571EA002BE634/$file/ECSA_priorities.pdf

WHO Regional Committee for Europe. Resolution EUR/RC55/R9 - Prevention of injuries in the WHO European Region. 2005. http://www.euro.who.int/__data/assets/pdf_file/0017/88100/RC55_eres09.pdf

World Health Organization Regional Office for Europe. Budapest Declaration and Child Environment and Health Action Plan for Europe, 2004. Available at:. http://www.euro.who.int/document/e83338.pdf

World Health Organization. M Peden, K Oyegbite, J Ozanne-Smith, AA Hyder, C Branche, AKM Fazlur Rahman, F Rivara and K Bartolomeos (Eds.) World Report on Child Injury Prevention. Geneva, World Health Organization, 2008. Available at: http://whqlibdoc.who.int/publications/2008/9789241563574_eng.pdf

World Health Organizaton Regional Office for Europe. Parma Declaration on Environment and Health, 2010. Available at: http://www.euro.who.int/__data/assets/pdf_file/0011/78608/E93618.pdf

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ACTION PLANNING for CHILD SAFETY

2010 update on the strategic and coordinated approach to reducing the number one cause of death for children in Europe - injury

The Child Safety Action Plan (CSAP) project is a large-scale initiative that has run from 2004-2010 whose aim is to develop child safety action plans in participating countries in Europe. It aims to raise awareness and commitment to address a leading cause of death for children in Members States through three broad areas of activity: 1) child safety report cards and profiles, 2) encouraging adoption, implementation and monitoring of evidence-based good practices and 3) child safety action plan development and mentoring processes.

This update provides an overview and progress report on the three broad areas of activity undertaken to support participating countries in reaching the desired outcomes of a government endorsed national child safety action plan and increased capacity at the national level to undertake action to address child injuries, and highlights lessons learned and the value and impact of the initiative. We also propose goals and actions for a European Child Safety Action Plan at the end of the report as an important next step in supporting child safety in Europe.

The value of the Child Safety Action Plan Project over its two phases has been greater than anticipated. The evidence-based action indicator approach has provided a credible project framework, useful tools for planning and monitoring and there is early evidence that it is driving adoption and implementation of evidence-based good practices. This approach to planning provides a model for other areas of injury to consider for enabling a coordinated, comprehensive and evidence-based approach to injury reduction efforts.

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