

2007

Europe *Summary for 18 countries*



This document serves as the project summary to the complete report "Child Safety Action Planning in Europe: Report on an 18 country strategic planning process for child and adolescent injury prevention (October 2004-July 2007) led by the European Child Safety Alliance of Eurosafe in partnership with the European Commission, HEAL, UNICEF, the Universities of Keele and the West of England, WHO and 18 country partners. The complete project report is available on the Alliance website at www.childsafetyeurope.org.

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What is a child safety report card?

THE CHILD SAFETY REPORT CARDS are reports that summarise countries' level of safety provided to their youngest and most vulnerable citizens through national policy. They are based on an examination of evidenced good practice policies to support child and adolescent safety in each country (as of July 2006). This included policies in nine injury areas (passenger safety, motor scooter and moped safety, pedestrian safety, cycling safety, water safety/drowning prevention, fall prevention, burn prevention, poisoning prevention, choking/strangulation prevention) and leadership, infrastructure and capacity strategies to support prevention efforts.

The child safety report cards, including this summary, were developed as part of the Child Safety Action Plan Project, a European initiative led by the European Child Safety Alliance of Eurosafe with co-funding and partnership with the European Commission, the Health and Environmental Alliance (HEAL), the UNICEF Innocenti Research Centre, the Universities of Keele and West of England, WHO European office and the participating partners from 18 countries: Austria, Belgium, Czech Republic, Denmark, Estonia, France, Germany, Greece, Hungary, Italy, Netherlands, Northern Ireland, Norway, Poland, Portugal, Scotland, Spain and Sweden.

The report cards provide a starting point for countries to identify priorities and measure progress toward reducing injury-related death and disability among children and adolescents. They also facilitate countries' assessment as part of planning to enhance the level of safety for children in their country by identifying both strengths to be built upon and areas of weakness needing improvement, thereby providing guidance on where to focus action.

The assessment conducted to produce this report card covered both written and practical policy. It focused on those policies where there is good evidence that adoption, implementation and enforcement at the national level has a positive impact on child safety. Country partners contacted the relevant government department to assess whether each of the policies existed, had been partially or wholly implemented and was being partially or wholly enforced.

As such the assessment provides an indication of current levels of policy but should not be considered absolutely definitive as it was subject to the availability of data. Further, the assessment examined what countries have done to address child and adolescent safety, but did not extend to an assessment of how well those policy actions are working.

Data on deaths due to the various injury causes are included as a reference point to assist in interpreting the policy scores. However it is important to note that many other factors including exposure to hazards and socio-demographics need to be considered when attempting to understand the relationship between injury rates and policy scores.

As such this assessment represents an important starting point in attempts to benchmark differences in safety between countries in Europe. The uncertainties merely stress that the information can still be improved with better data and increased understanding of the determinants of injury at the population level.

A detailed description of the methods used in the development of the report cards is provided in the appendix on page 36.

Why a child safety report card?

When looking to improve performance it is essential to reflect on how well we are currently doing. To enhance the level of safety for children and adolescents nationally and in Europe it is necessary to assess several different areas to get a clear indication of current performance.

- Assessment of the burden of injury, the leading cause of death to children and adolescents in Europe, is needed as injury still kills more children and adolescents than all other causes combined.
- Assessment of the adoption, implementation and enforcement of national level policy measures is needed when there is evidence that the policies will reduce child and adolescent injury.

The measurement of this action provides an indication of Governments' commitment and leadership to improve children's right to safety.

- Monitoring and reporting on countries' commitment to provide the needed leadership, infrastructure and capacity to successfully address the injury issue is needed to measure progress toward commitment that is commensurate with the magnitude of the issue and adequate to ensure effective adoption, implementation, enforcement and evaluation of evidenced good practices.
- Regular monitoring and communication of progress is a straightforward way of encouraging countries to take steps to address child safety. Comparisons can be inspirational and motivating when they provide examples of what can be achieved and encourage forward motion.

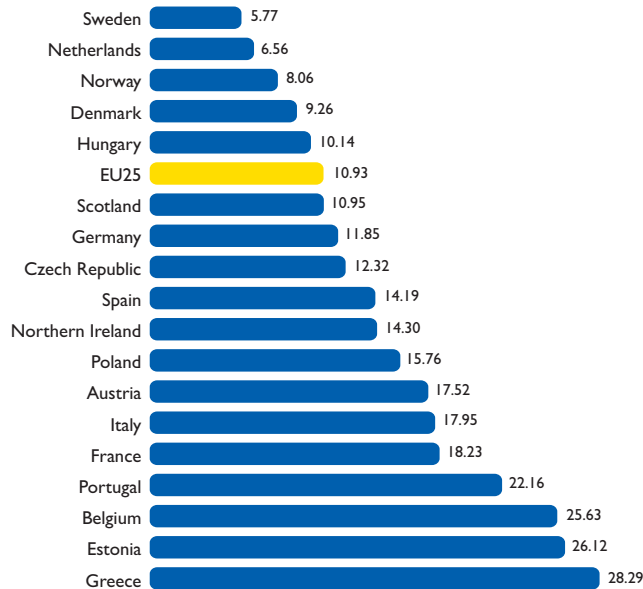
How do the countries measure up?

Despite the injury reductions and safety improvements over the last 20 to 30 years injury remains the leading cause of death for children and adolescents in every Member State in Europe, and more children and adolescents die of injuries than all other causes combined.

Of the 55,000 children under 20 years who die each year in the European Union, approximately 21% or a total of 13000 deaths, are due to unintentional injuries. There is great variability between the best performing countries compared to the injury rates that are 5 times higher in the countries with the poorer performance.

Of the 18 countries that participated in these report card assessments, the highest injury rates are seen in Greece, Estonia and Belgium.

Unintentional injury deaths in children and adolescents
(rate per 100 000 population 0-19 years in 18 CSAP countries and EU25)



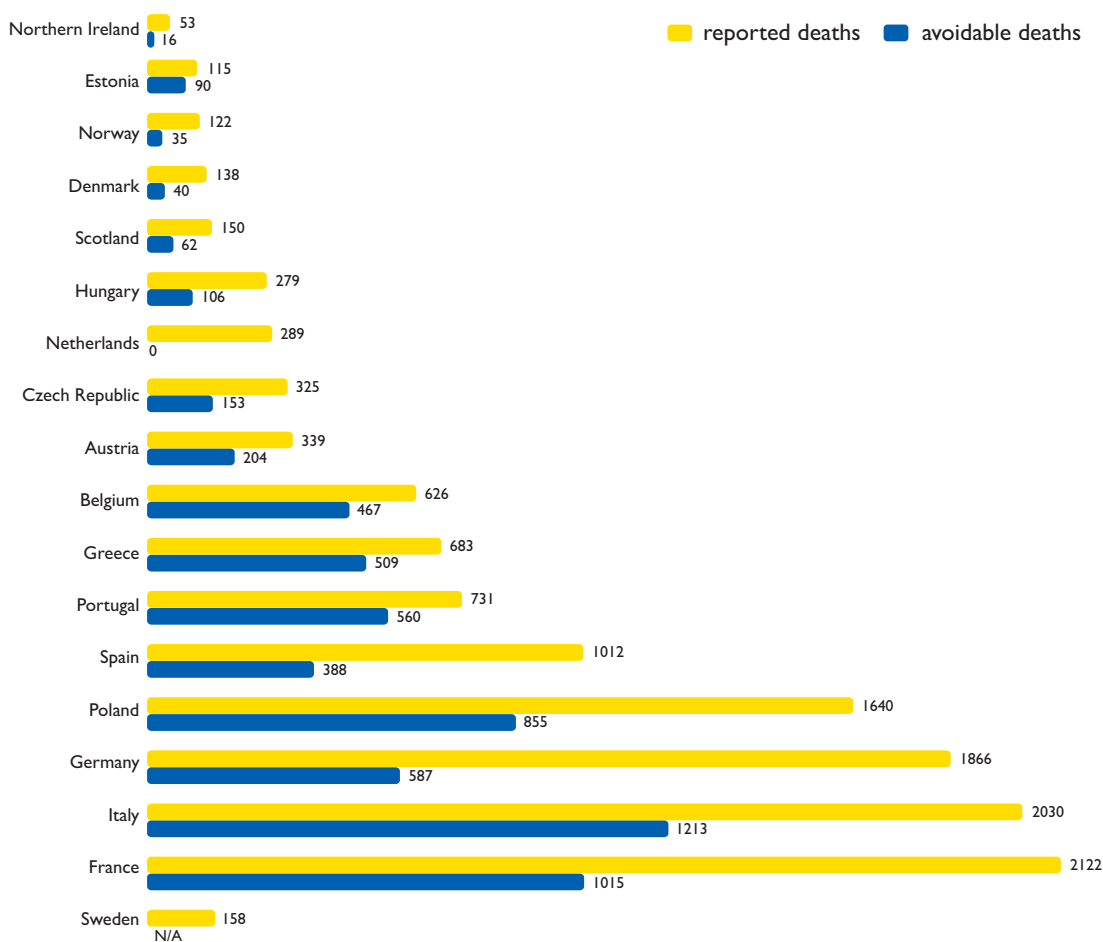
Source: WHO Mortality database (as averages for 5 years for 1998-2003 or most recent five years of data)

It has been estimated by researchers that **if strategies currently known to be effective were uniformly implemented that 90% of injuries could be prevented.**

One way to quantify the potential gains for injury prevention in Europe is to examine the deaths that would have been avoided if all countries had the same unintentional injury death rate for children and adolescents as Sweden, the Member State with the lowest rates and one of the longest and most successful track records with injury prevention worldwide.

In 2001 alone, there would have been over 6700 fewer deaths to children and adolescents in the EU25 if the rates in all countries had matched Sweden's injury rate. And beyond that, there are still gains to be had in Sweden, which means the potential life savings across Europe are even greater.

Avoidable injury deaths in children and adolescents, 2001 (number of deaths using Sweden's death rate as reference)



Source: WHO Mortality database (*in 2001, Netherlands had a similar rate to Sweden)

Overall child safety grades

All countries in the European Union have adopted, implemented and enforced some policy actions that support child and adolescent safety, but much more can be done to make life safer for children and adolescents in Europe. Countries overall level of safety provided to children and adolescents was assessed by examining and grading the level of adoption, implementation and enforcement of evidenced based national policies in:

1) **nine areas of safety relevant to children and adolescents**

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

2) **three areas looking at strategies to support child safety efforts**

- leadership
- infrastructure
- capacity.

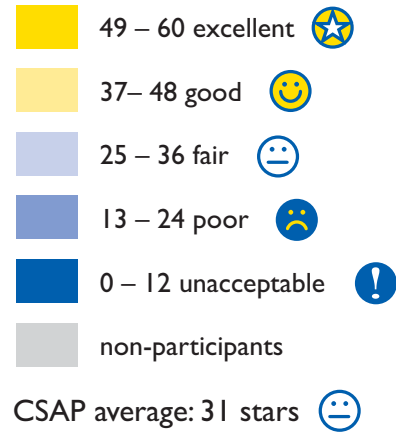
Countries were given a score out of 5 stars, where 5 stars was the best possible score, for each of these 12 areas based on their adoption, implementation and enforcement of national policy specific to each area. An overall grade was calculated by adding together the number of stars over the 12 areas out of a total of 60. The detailed results for individual policies for each injury area are not in this summary report card, but available in the country specific report cards and in the technical report (Child Safety Action Planning in Europe: Report on an 18 country strategic planning process for child and adolescent injury prevention, October 2004-July 2007) all available on the European Child Safety Alliance website at www.childsafetyeurope.org



Overall child safety grades in Europe

(18 countries)

Performance grade out of 60 stars



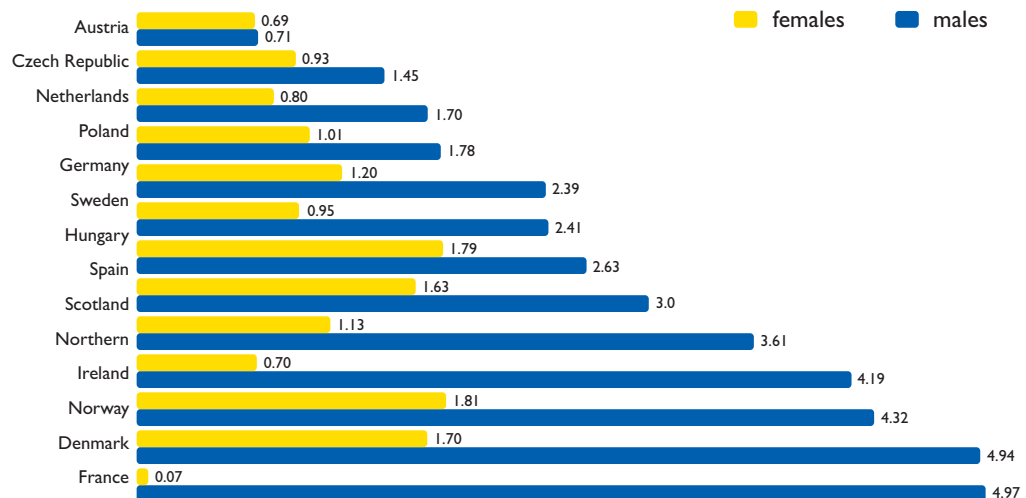
Key findings

- Countries that participated in the report card assessments received middle grades indicating room for improvement in all countries.
- No country received a grade of excellent, but encouragingly no country received a grade of unacceptable either. Five countries (Denmark, France, the Netherlands, Northern Ireland, Sweden) received an overall grade of good performance and three countries (Greece, Portugal, Spain) received an overall grade of poor performance. The remainder received an overall grade of fair performance.
- Generally speaking child safety grades based on adoption, implementation and enforcement of evidenced good practice policy, correspond reasonably well to the overall rate of injury deaths.
- There is room for improvement in all countries as none have adopted and implemented all the recommended evidence-based policies.
- Countries with lower grades can look to the experiences and successes of countries with stronger grades to assist in making their countries safer for children and adolescents.

CHILDREN and adolescents spend an increasing amount of time in motor vehicles as family car ownership in Europe has increased. In some countries children are more likely to be driven to school than to walk, cycle or take public transport. A breakdown of motor vehicle passenger and driver deaths was not available for all countries due to the current coding schemes used. As a result the graph below includes only those countries for which data were available.

Inequity in motor vehicle passenger or driver deaths for children and adolescents shows over a 8 times greater risk in the lowest performing country compared to that of the best performing country participating in the report card assessment for whom data were available. The highest rates for countries where passenger safety data were available were seen in France, Denmark and Norway for males and Norway, Denmark and Hungary for females.

Motor vehicle passenger or driver deaths for children and adolescents (rate per 100 000 population 0-19 years in 13 CSAP countries by sex)



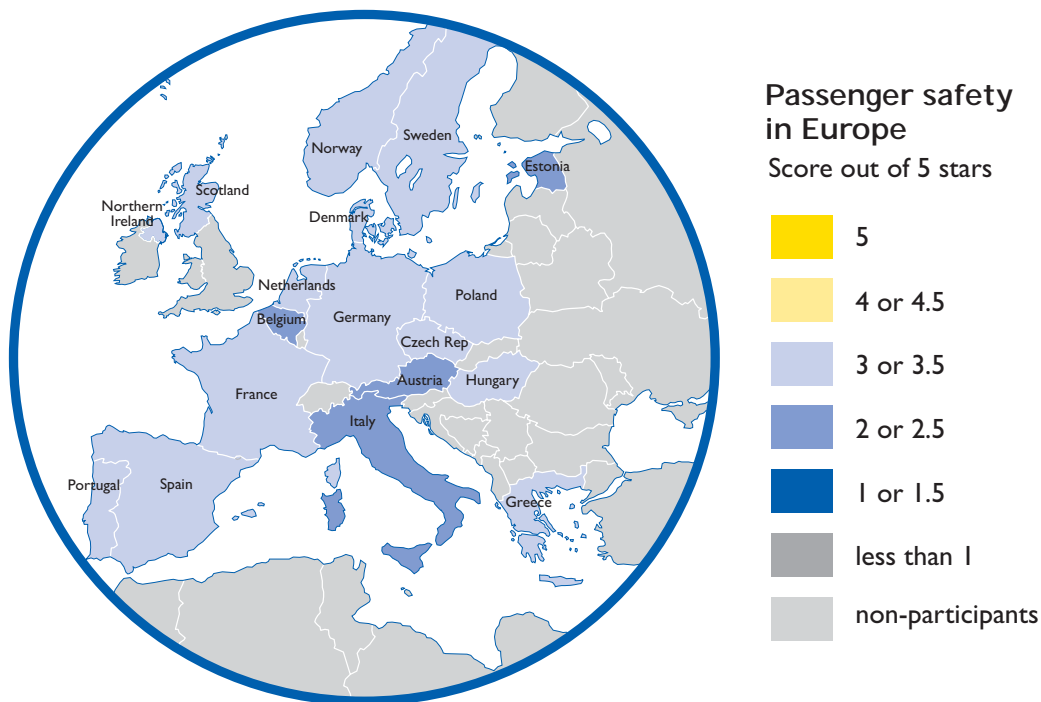
Source: WHO Mortality database (as age standardised averages for 2 or 3 years for 2001-2003 or most recent three years of data). Data unavailable for Belgium, Estonia, Greece, Italy and Portugal.

Comparison of passenger safety scores

The level of passenger safety for children and adolescents was assessed in all 18 countries based on their adoption, implementation and enforcement of evidence-based national level policies relating to passenger safety, which included national laws or policies:

- Requiring the use of child passenger restraints and seat belts including specific requirements regarding positioning of child restraints and children within the vehicle.
- Mandating a national ministry/ government department with responsibility for child passenger safety issues.
- Establishing a government approved road safety strategy with specific targets and timelines related to child passengers.
- Establishing a national media campaign addressing child passenger safety in the past five years.

Countries were assessed based on the above good practice measures and given a score out of a possible 5 stars.



Key findings

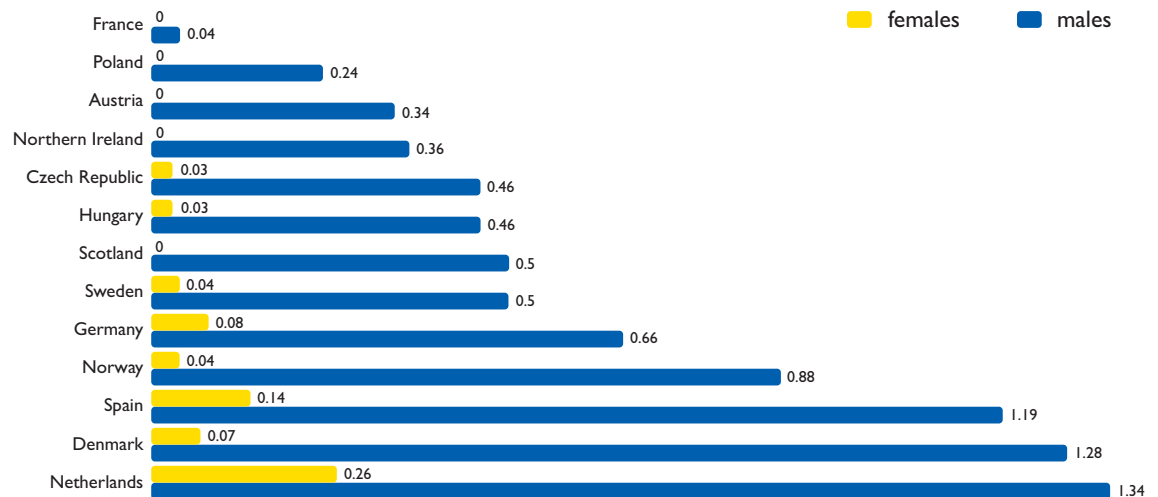
- Currently many of the recommended evidence-based national level policies in passenger safety are adopted, implemented or enforced in the majority of countries assessed and the average score across the participating countries of 3 out of 5 stars reflects this. This most likely reflects the fact that road safety measures have been around for a long time and countries have been more likely to investment in the area of road safety compared to other areas, such as home safety. However, while most countries have adopted legislation requiring use of child passenger restraints and seat belts, some of the more recent evidenced practices of keeping children rear facing in the vehicle longer and requiring them to be seated in the rear seat of the vehicle until age 13 have not been adopted.
- Interestingly, passenger safety policy scores do not correspond to motor vehicle related deaths. Denmark and Norway, two countries with highest policy scores for passenger safety, rank at the bottom in terms of injury deaths. This may reflect different levels of exposure and implementation and enforcement between the countries.
- All countries reported legislation requiring use of appropriate child passenger restraints although several indicated increased enforcement was needed.
- Only Greece reported a law requiring children to remain seated rear facing until age 4 years and that law is only partially implemented or enforced.
- Five countries (Czech Republic, Greece, Poland, Portugal and Spain) reported a law requiring children to remain seated in the back seat of the motor vehicle until age 13 years, although Portugal's law is only partially implemented or enforced.



MOPEDS and motor scooter use by adolescents is very common in southern Europe and is increasing across the European Union as the density of road traffic increases and mopeds are seen as a good alternative to a car. In several countries mopeds are the major means of transportation to school, work and social events for adolescents. A breakdown of deaths due to motorised two-wheelers (including mopeds and motor scooters) was not available for all countries due to the current coding schemes used. As a result the graph below includes only those countries for which data were available.

Inequity in deaths due to motorized two-wheelers for children and adolescents shows over a 3 times greater risk for moped or motor scooter injury in the lowest performing country compared to that of the best performing country participating in the report card assessment for whom data are available. While the highest rates were seen in the Netherlands, Denmark and Spain for males and the Netherlands, Spain and Germany for females, males are killed in accidents on motorized two-wheelers in much greater numbers than females. It is particularly unfortunate that data are not available for Greece, Italy and Portugal as country partners have indicated moped/motor scooter use is an important issue, however as these countries move to use the same coding for mortality data as the rest of European Union this situation will improve.

Deaths due to motorised two-wheelers for children and adolescents (rate per 100 000 population 0-19 years in 13 CSAP countries by sex)



Source: WHO Mortality database (as age standardised averages for 2 or 3 years for 2001-2003 or most recent three years of data). Data unavailable for Belgium, Estonia, Greece, Italy and Portugal)

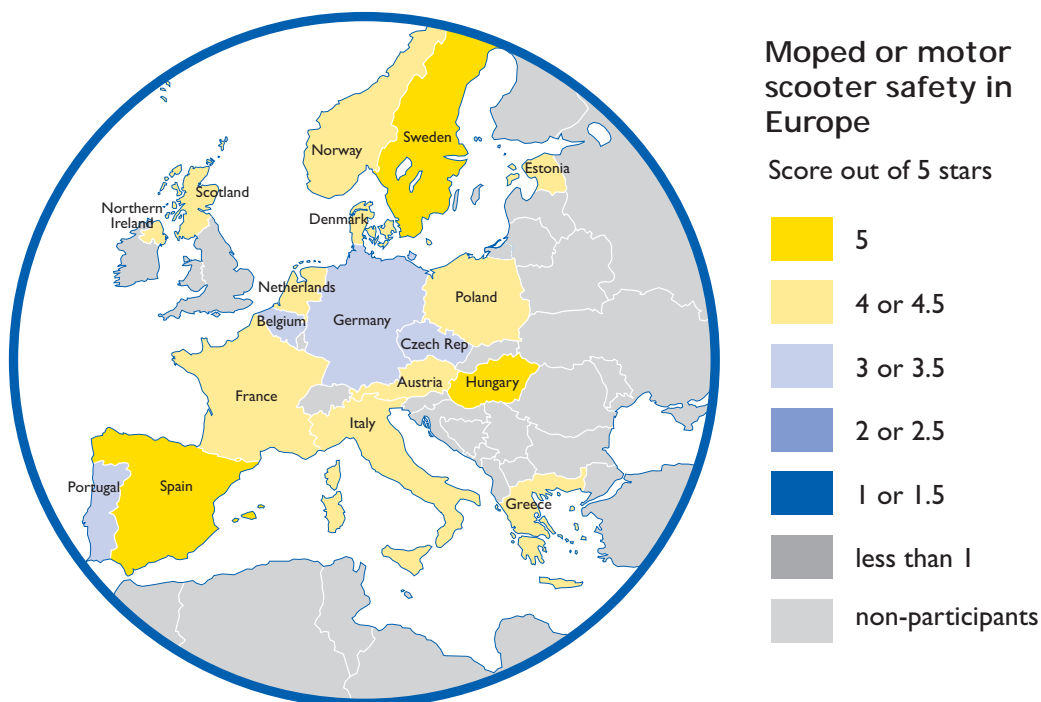
Comparison of moped/motor scooter scores

Countries level of moped/motor scooter safety for children and adolescents were assessed based on the countries' adoption, implementation and enforcement of evidence-based national level policies relating to moped/motor scooter safety which included national laws or policies:

- Limiting the legal age to drive a moped / motor scooter.
- Requiring a minimum qualifications for licensing.
- Limiting speed for mopeds/motor scooters.
- Limiting age or number of child passengers.
- Requiring compulsory use of a helmet.
- Mandating a national ministry/ government department with responsibility for child and adolescent moped or motor scooter safety.
- Establishing a government approved national injury prevention strategy with specific targets and timelines related to child and adolescent moped or motor scooter safety.

- Establishing a national media campaign at least once in past five years targeting child and adolescent moped or motor scooter safety.

Countries were assessed based on the above good practice measures and given a score out of a possible 5 stars.



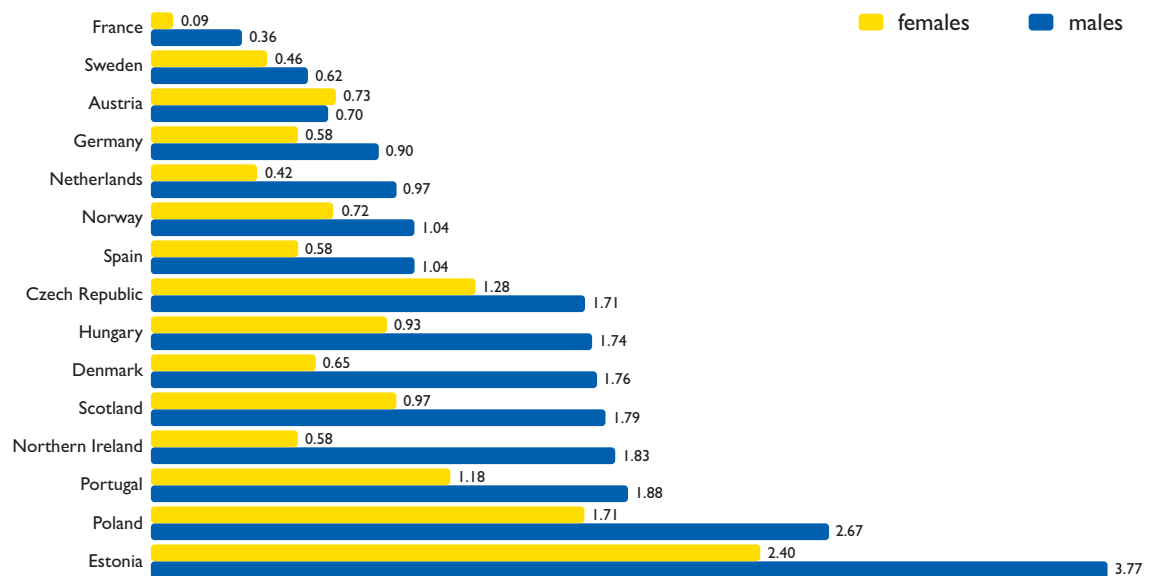
Key findings

- Road safety related policies related to moped/motor scooters were the most likely to have been adopted and implemented with an average score across the 18 countries participating of 4 out of 5 stars.
- Of note, moped/motor scooter safety scores do not correspond to moped/motor scooter related deaths for all countries. While France has one of the highest safety scores and lowest death rates, the Netherlands and Denmark, two countries with similar scores to France rank at the bottom in terms of injury deaths. This may reflect different levels of exposure and implementation and enforcement of policy measures between the countries.
- All countries had a law limiting the legal age to drive a moped/motor scooter and all required use of a helmet, although helmet laws were reported as not well enforced in Italy and Portugal.
- All but two of the countries (Belgium and Germany) required minimum qualifications and all had specific speed limits, although again Italy reported that these laws are not well enforced.
- Current coding of death data in some countries does not allow for a breakdown to examine moped/motor scooter related injuries separately, which makes European level comparisons difficult.

WALKING is being encouraged to battle the obesity epidemic and children are being challenged to walk more often. At the same time, as countries continue to become more motorised, the environment is becoming less friendly for pedestrians. A breakdown of pedestrian deaths was not available for all countries due to the current coding schemes used. As a result the graph below includes only those countries for which data were available.

Inequity in pedestrian deaths for children and adolescents shows over a 9.5 times greater risk in the lowest performing country compared to that of the best performing country participating in the report card assessment for whom data were available. The highest rates were seen in Estonia, Poland and Portugal for both males and females.

Pedestrian related deaths for children and adolescents (rate per 100 000 population 0-19 years in 15 CSAP countries by sex)



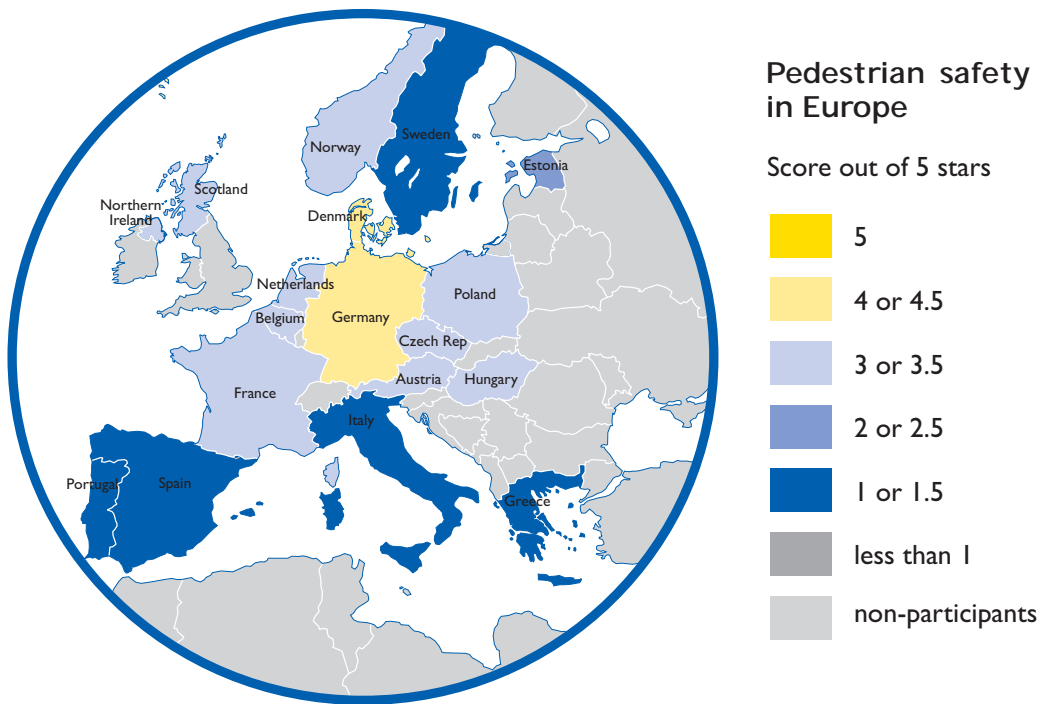
Source: WHO Mortality database (as age standardised averages for 2 or 3 years for 2001-2003 or most recent three years of data). Data unavailable for Belgium, Greece and Italy.

Comparison of pedestrian safety scores

Countries level of pedestrian safety for children and adolescents were assessed based on the countries' adoption, implementation and enforcement of evidence-based national level policies relating to pedestrian safety which included national laws or policies:

- Requiring reduced speed in residential areas (e.g. schools and playgrounds).
- Assuming driver responsibility in a crash involving a child pedestrian.
- Providing incentives to support vehicle redesign to reduce risk of pedestrian injury (e.g. pedestrian friendly bumper heights).
- Mandating a national ministry/ government department with responsibility for child and adolescent pedestrian safety.
- Establishing a government approved national injury prevention strategy with specific targets and timelines related to child and adolescent pedestrian safety.
- Establishing a national media campaign at least once in past five years targeting child and adolescent pedestrian safety.

Countries were assessed based on the above good practice measures and given a score out of a possible 5 stars.



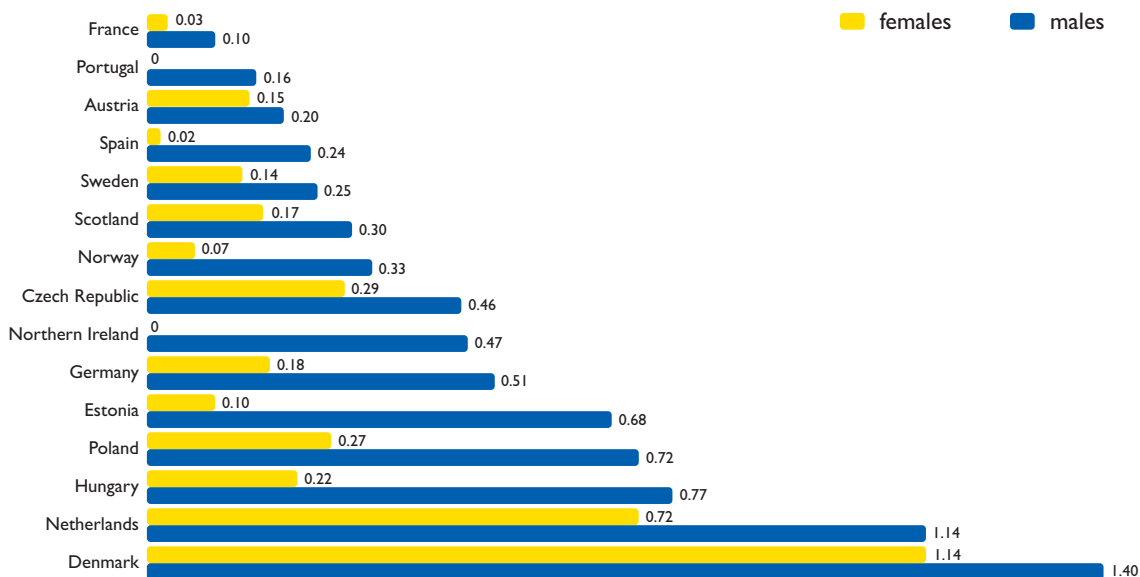
Key findings

- Currently many of the recommended evidence-based national level policies in pedestrian safety are adopted, implemented or enforced in the majority of countries assessed and the average score across the participating countries of 3 out of 5 stars reflects this.
- Pedestrian safety scores did not correspond to pedestrian deaths for all countries. For example, Poland who had one of the higher pedestrian safety scores also had one of the highest death rates. This finding may reflect different levels of exposure and implementation and enforcement of policy measures between the countries.
- All countries but two, the Netherlands and Portugal, have a national law requiring reduced speed in residential areas, although in the Netherlands municipal level laws do exist. In addition, the Czech Republic and Italy reported their national laws are only partly implemented or enforced.

CYCLING like walking is also being encouraged to battle the obesity epidemic and children are being encouraged to use non-motorised transportation more often. Unfortunately, few countries have invested in infrastructure to make the environment friendlier for cyclists. A breakdown of deaths due to cycling was not available for all countries due to the current coding schemes used. As a result the graph below includes only those countries for which data were available.

Inequity in cycling deaths for children and adolescents shows over a 14 times greater risk in the lowest performing country compared to that of the best performing country participating in the report card assessment for whom data were available. The highest rates were seen in Denmark, Netherlands and Hungary for males and Denmark, Netherlands and Czech Republic for females.

Deaths due to cycling for children and adolescents (rates per 100 000 population 0-19 years in 15 CSAP countries by sex)



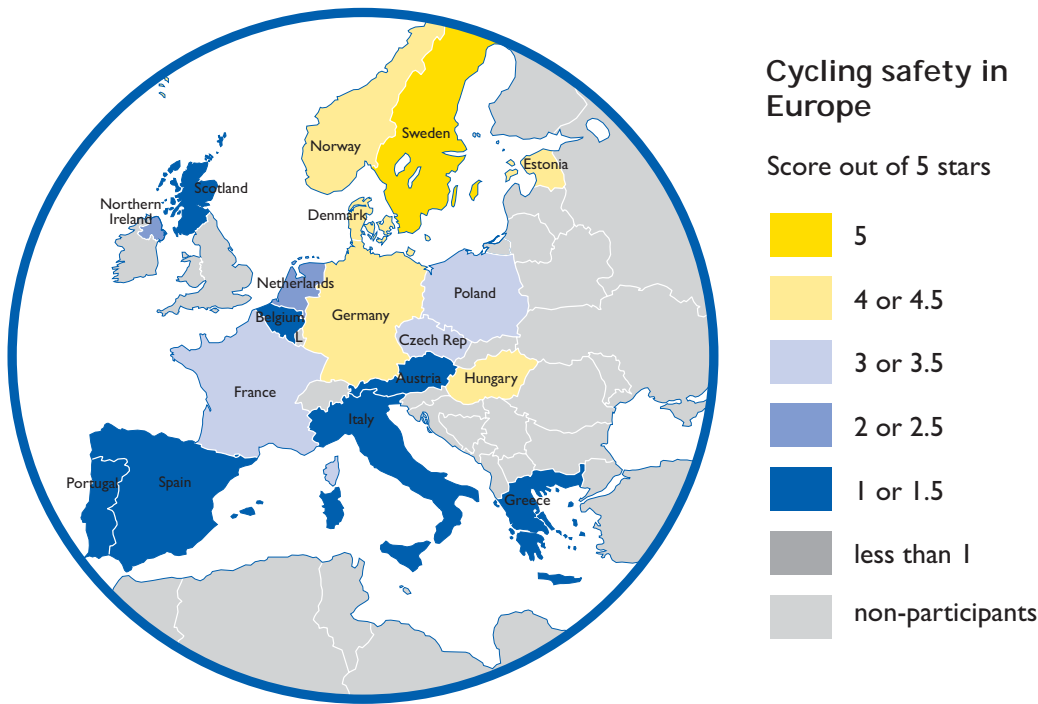
Source: WHO Mortality database (as age standardised averages for 2 or 3 years for 2001-2003 or most recent three years of data). Data unavailable for Belgium, Greece and Italy.

Comparison of cycling safety scores

Countries level of pedestrian safety for children and adolescents were assessed based on the countries' adoption, implementation and enforcement of evidence-based national level policies relating to cycling safety which included national laws or policies:

- Requiring use of bicycle helmet while cycling.
- Mandating a national ministry/ government department with responsibility for child and adolescent cycling safety.
- Establishing a government approved national strategy with specific targets and timelines related to child and adolescent cycling safety.
- Establishing a national media campaign at least once in past five years targeting child and adolescent cycling safety.

Countries were assessed based on the above good practice measures and given a score out of a possible 5 stars.



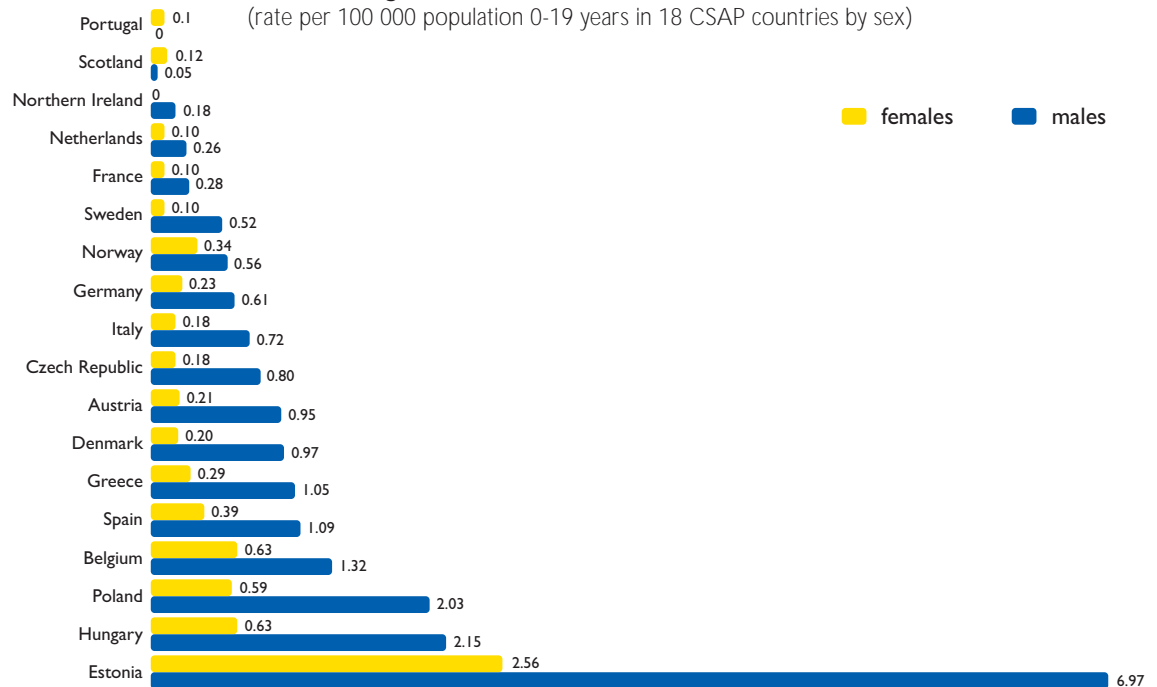
Key findings

- Many of the countries have road safety plans that include specific targets for cyclists and have done extensive educational and media campaigns to prevent cycling related accidents and the average score across the participating countries of 3 out of 5 stars reflects this.
- Cycling safety scores did not correspond to cycling deaths for all countries. For example, the Netherlands and Denmark who both had higher cycling safety scores had the highest death rates. This finding likely reflects different levels of exposure, as cycling is more widely undertaken in both countries, and implementation and enforcement of policy measures between the countries.
- Only Sweden and Czech Republic reported a national law requiring use of a bicycle helmet by all cyclists while cycling, although in Czech Republic the law is only partly implemented or enforced. Given the evidence supporting legislation on helmet use it is surprising that so few countries have adopted this good practice. Improving on the current situation will require work to increase cultural acceptance of helmet wearing so that children and adolescents attain the life saving benefit of these safety devices.
- Of note the policy assessment did not examine environmental modifications such as cycling lanes as these are most often adopted, implemented and enforced at the municipal level, which was outside the scope of the national policy assessment.

DROWNING is the second leading cause of unintentional death for children and adolescents in the European Union. Drowning often happens silently within seconds in as little as 2 cm of water. Inequity in drowning deaths for children and adolescents shows a 7 times greater risk in the lowest performing country compared to that of the best performing country participating in the report card assessment. The highest rates were seen in new member states, Estonia, Hungary and Poland for both males and females. However, it is also important to note that many drownings occur to children as tourists in another country and the drowning deaths reported here by country do not include tourist deaths. As a result drowning deaths occurring in some countries may underestimate the true magnitude of the issue.

Drowning deaths for children and adolescents

(rate per 100 000 population 0-19 years in 18 CSAP countries by sex)



Source: WHO Mortality database (as age standardised averages for 2 or 3 years for 2001-2003 or most recent three years of data).

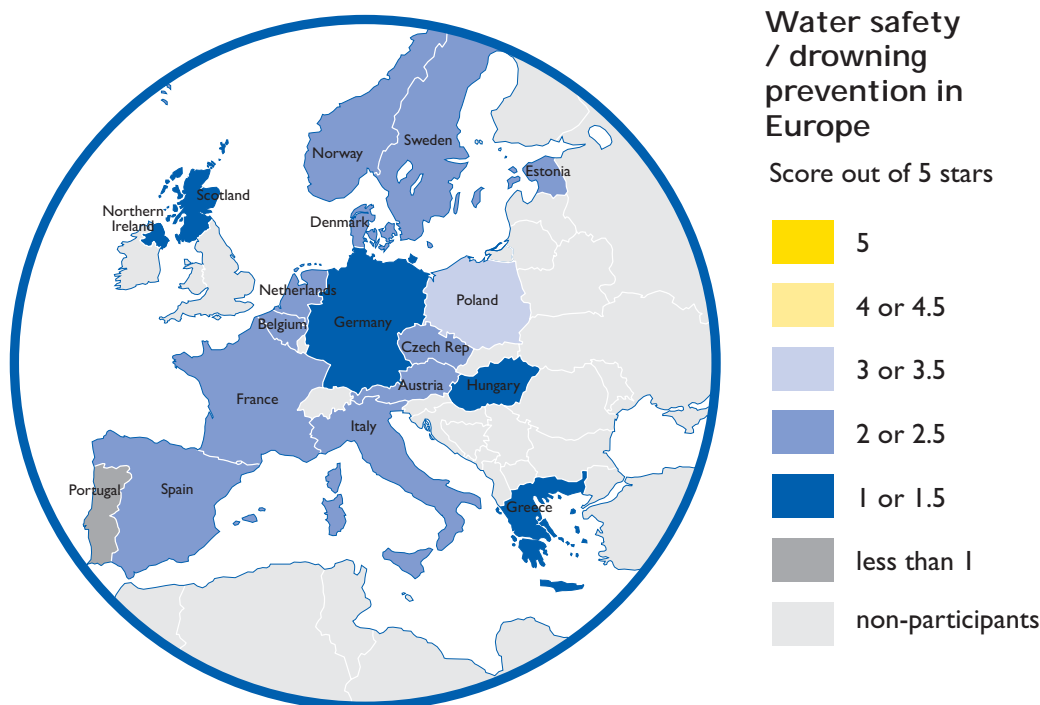
Comparison of water safety/drowning prevention scores

Countries' level of water safety/drowning prevention for children and adolescents were assessed based on the countries' adoption, implementation and enforcement of evidence-based national level policies relating to water safety / drowning prevention which included national laws or policies:

- Requiring barrier fencing for public and private pools.
- Requiring recertification for lifeguards on a regular basis.
- Requiring a minimum number of lifeguards at public pools or on beaches or other area specifically specified for water leisure activities.
- Requiring use of personal floatation device/lifejacket while on the water.
- Requiring water safety education, including swimming lessons, as part of compulsory school curriculum.
- Requiring attainment of a standard for public swimming pools that mandates pool design, operation and maintenance for safety.
- Requiring attainment of a standard for water safety signs and symbols.
- Requiring attainment of minimum safety standard for leisure/ recreational programming at community level (e.g., minimum levels of supervision, training or safety equipment, etc.).
- Mandating a national ministry / government department with responsibility for water safety.
- Establishing a government approved national injury prevention strategy with specific targets and timelines related to child and adolescent water safety.
- Establishing a national program of child home visits that includes education on child water safety.

- Establishing a national media campaign at least once in past five years targeting child and adolescent water safety.

Countries were assessed based on the above good practice measures and given a score out of a possible 5 stars.

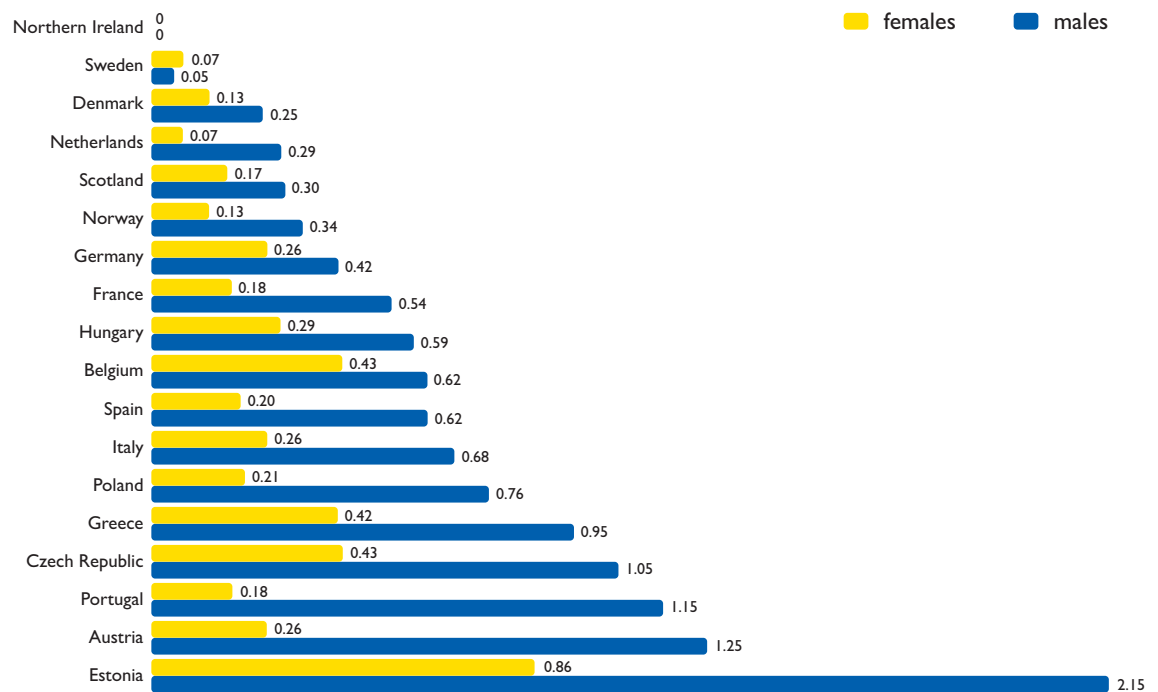


Key findings

- Currently the recommended evidence-based national level policies in water safety are not adopted, implemented or enforced in the majority of countries assessed. The average score across the participating countries was 2 out of 5 stars.
- Water safety/drowning prevention scores did not correspond to drowning deaths for all countries. For example, Estonia, with the highest drowning rate had a water safety score in the mid-range. It may be that Estonia's drowning rate would be even worse if it wasn't doing what it is already doing, however it is also likely that the lack of correspondence reflects different levels of exposure and implementation and enforcement of policy measures between the countries.
- In addition for several countries many of the water safety/drowning prevention policies are addressed at the regional level. Germany is one example of regional policy for water safety/drowning prevention and this may explain why their score was low.
- Also of note is Portugal's low drowning rate which country partners indicate is an under reporting of drowning deaths in their country.
- Only France and Sweden have a law that requires barrier fencing for private pools and the law in Sweden is not well enforced. Norway has a law that requires open water on private property to be secured to prevent childhood drowning, but swimming pools are not specified within the law. Five countries reported laws requiring barrier fencing around public pools (Austria, Czech Republic, Italy, Norway and Sweden).
- No country requires and enforces use of personal floatation devices (PFD) while on the water; Estonia and Portugal have legislation but Portugal indicates it is not fully implemented and enforced and in Estonia it is limited to open water craft smaller than 24 metres. In most other countries existing legislation requires only that the PFD be present on the boat and does not specify that it should be worn, which does not provide adequate protection for children.

FALLS are the third leading cause of unintentional death for children and adolescents in the European Union. Yet in countries where data are available for hospitalisations and emergency department visits we see that falls are the leading cause of admissions and emergency department visits for children and adolescents. Inequity in deaths due to falls for children and adolescents shows over a 2 times greater risk in the lowest performing country compared to that of the best performing country participating in the report card assessment. The highest rates were seen in Estonia, Austria and Portugal for males and Estonia, Belgium and Czech Republic for females.

Deaths due to falls for children and adolescents (rate per 100 000 population 0-19 years in 18 CSAP countries by sex)



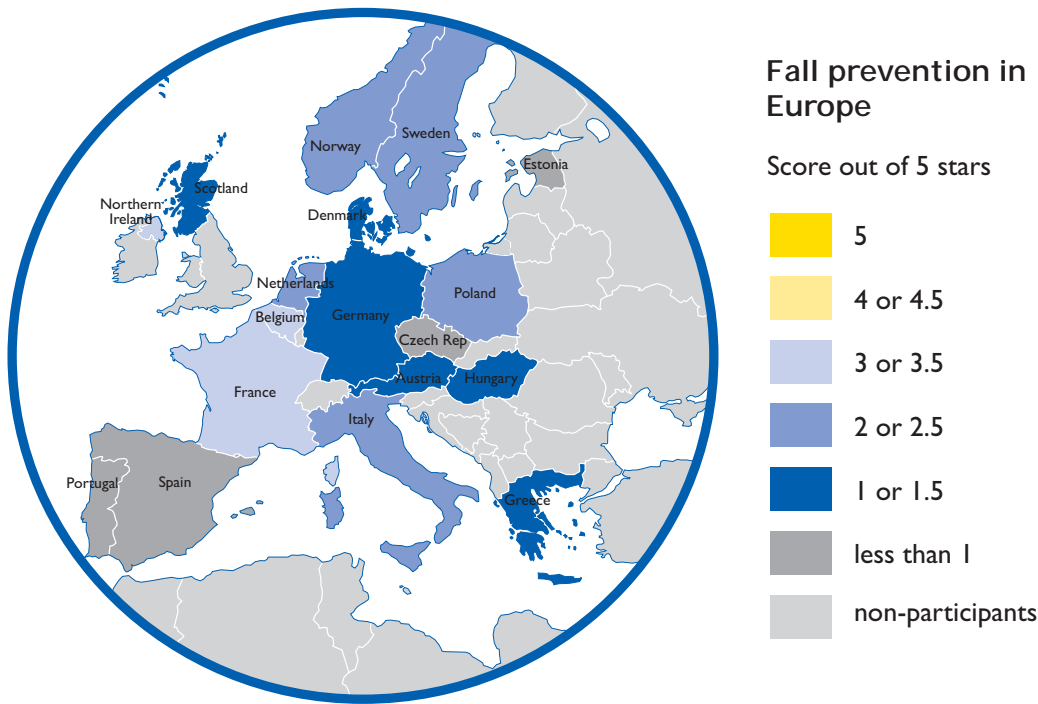
Source: WHO Mortality database (as age standardised averages for 2 or 3 years for 2001-2003 or most recent three years of data).

Comparison of fall prevention scores

Countries level of fall prevention for children were assessed based on the countries' adoption, implementation and enforcement of evidence-based national level policies relating to fall prevention which included national laws or policies:

- Requiring attainment of a safety standard for playground equipment.
- Requiring environmental changes to prevent children from falling out of windows in buildings with more than one storey/level (e.g., window guards or locks).
- Banning the marketing and sale of baby walkers.
- Mandating a national ministry/ government department with responsibility for child and adolescent fall prevention.
- Establishing a government approved national injury prevention strategy with specific targets and timelines related to child and adolescent fall prevention.
- Establishing a national program of child home visits that includes education on child fall prevention.
- Establishing a national media campaign at least once in past five years targeting child and adolescent fall prevention.

Countries were assessed based on the above good practice measures and given a score out of a possible 5 stars.

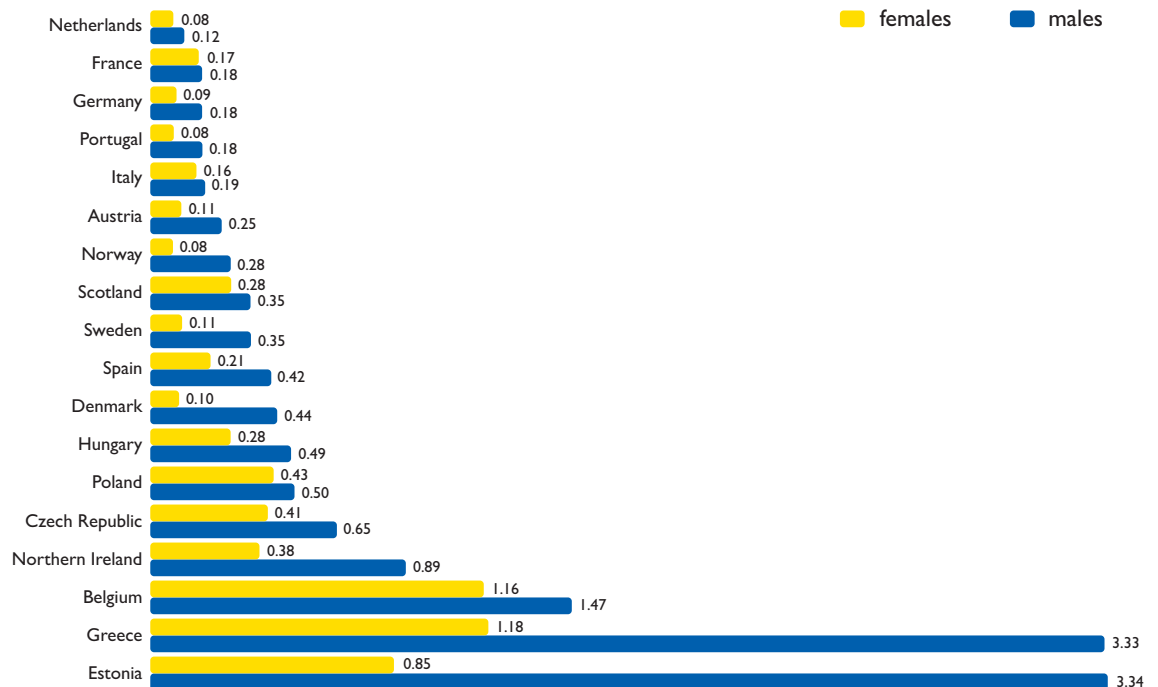


Key findings

- Currently the recommended evidence-based national level policies in fall prevention are not adopted, implemented or enforced in the majority of countries assessed. The average score for countries participating was 1.5 stars out of 5.
- Fall prevention scores more closely correspond to rates of deaths due to falls than other injury issues. However, there are still differences likely reflecting different levels of exposure and implementation and enforcement of policy measures between the countries.
- Every country except Spain and Estonia reported national safety standards for playground equipment, but five others indicated that the standard was only partially implemented or enforced (Italy, N. Ireland, Norway, Portugal and Scotland).
- Only five countries (Greece, Norway, Poland, Scotland and Sweden) have a national law requiring environmental changes to prevent children from falling out of windows in buildings with more than one storey or level; and only three of those report it is also enforced (Greece, Scotland and Sweden).

POISONING is the fifth leading cause of unintentional death for children and adolescents in the European Union. The youngest children are at greatest risk where curiosity and a natural tendency to put things in their mouths puts them at increased risk of poisoning over older children and adults. Inequity in poisoning deaths for children and adolescents shows over a 33 times greater risk for poisoning in the lowest performing country compared to that of the best performing country participating in the report card assessment. The highest rates were seen in Estonia, Greece and Belgium for both males and females.

Poisoning deaths for children and adolescents (rate per 100 000 population 0-19 years in 18 CSAP countries by sex)



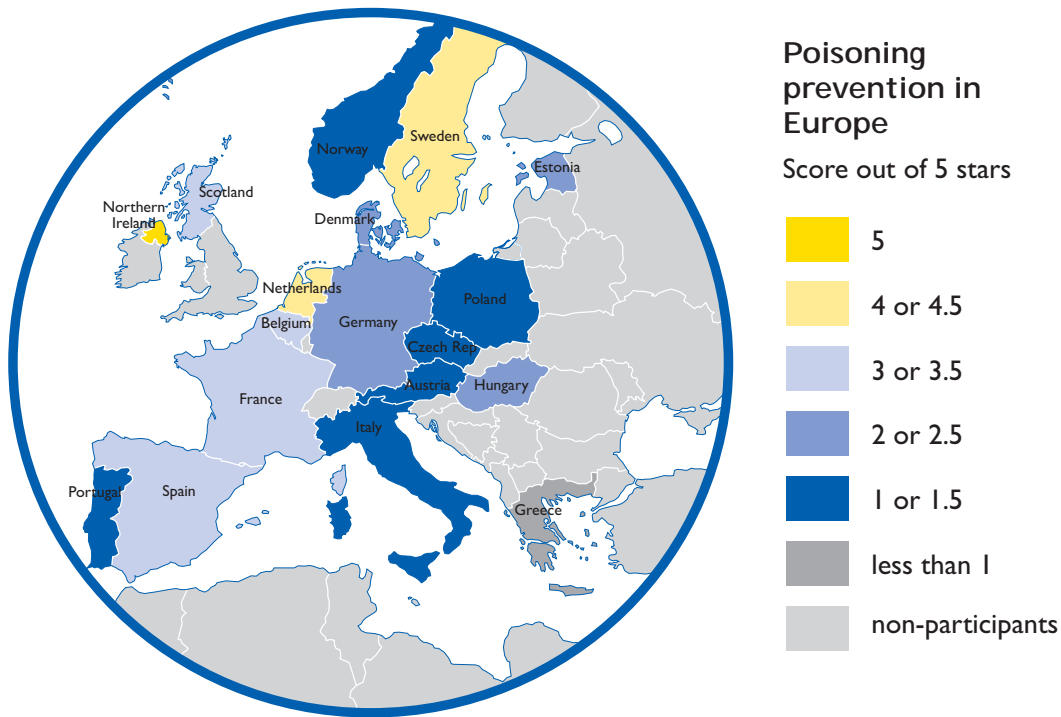
Source: WHO Mortality database (as age standardised averages for 2 or 3 years for 2001-2003 or most recent three years of data).

Comparison of poisoning prevention scores

Countries level of poisoning prevention for children were assessed based on the countries' adoption, implementation and enforcement of evidence-based national level policies relating to poisoning prevention, which included national laws or policies:

- Requiring child resistant packaging of medications and of household cleaners.
- Mandating a national ministry/ government department with responsibility for child and adolescent poisoning prevention.
- Establishing a government approved national injury prevention strategy with specific targets and timelines related to child and adolescent poisoning prevention.
- Establishing a national program of child home visits that includes education on child poisoning prevention.
- Establishing a national media campaign at least once in past five years targeting child and adolescent poisoning safety.

Countries were assessed based on the above good practice measures and given a score out of a possible 5 stars.



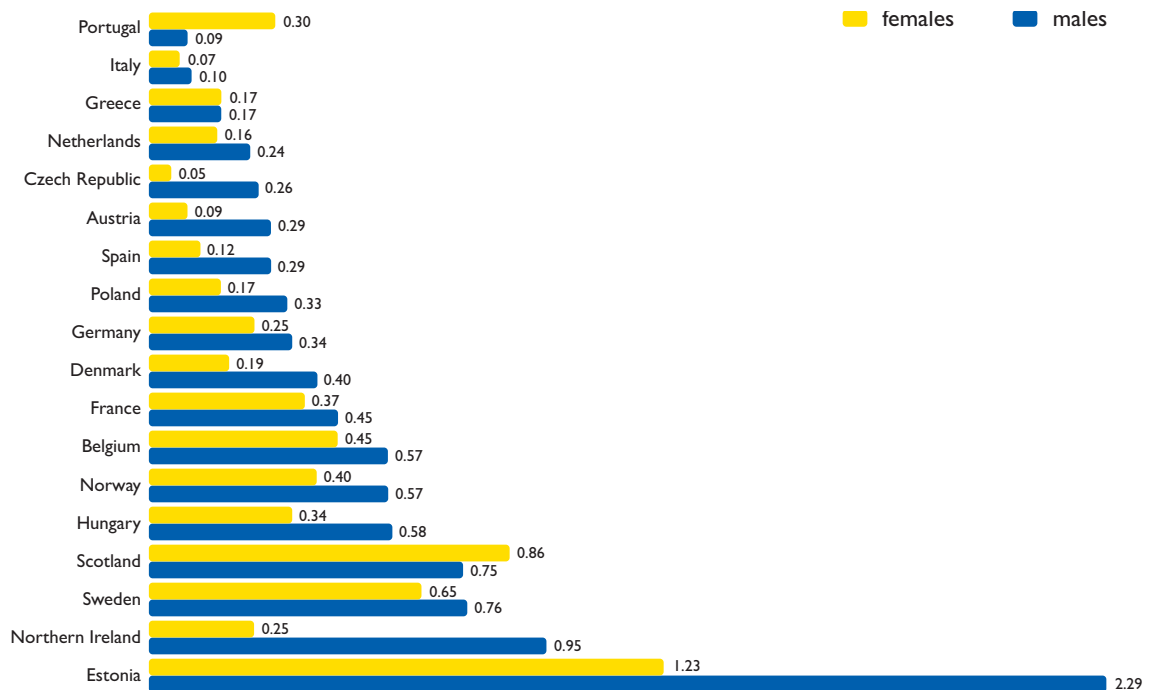
Key findings

- Although slightly better than the other areas of non-traffic injury, the recommended evidence-based national level policies in poisoning prevention are still not adopted, implemented or enforced in the majority of countries assessed. The average score for countries participating was 2.5 stars out of 5.
- Poisoning prevention scores correspond reasonably well to poisoning deaths. However, there are still examples where they do not correspond and this likely reflects different levels of exposure and implementation and enforcement of policy measures between the countries. Of note is Estonia with an extremely high rate of deaths due to poisoning, and Germany with a low rate; both countries have a mid-range safety scores.
- While a large proportion of the countries have educational strategies in place, only five countries have well-enforced laws requiring child resistant packaging of both medications and household cleaners (Germany, Northern Ireland, Scotland, Spain and Sweden). Four countries (Austria, Greece, Italy and Norway) have no national law for either.

BURNS, scalds and fire make up the fourth leading cause of unintentional injury death for children and adolescents in the European Union. In addition to deaths, non-fatal burn injuries are life-altering events, requiring extended hospital stays and multiple surgeries and often resulting in permanent disability and disfigurement. Inequity in poisoning deaths for children and adolescents shows over a 23 times greater risk for poisoning in the lowest performing country compared to that of the best performing country participating in the report card assessment. The highest rates were seen in Estonia, Northern Ireland, Sweden and Scotland for males and Estonia, Sweden and Scotland for females.

Deaths due to burns, scalds and fire for children and adolescents

(rate per 100 000 population 0-19 years in 18 CSAP countries by sex)



Source: WHO Mortality database (as age standardised averages for 2 or 3 years for 2001-2003 or most recent three years of data).

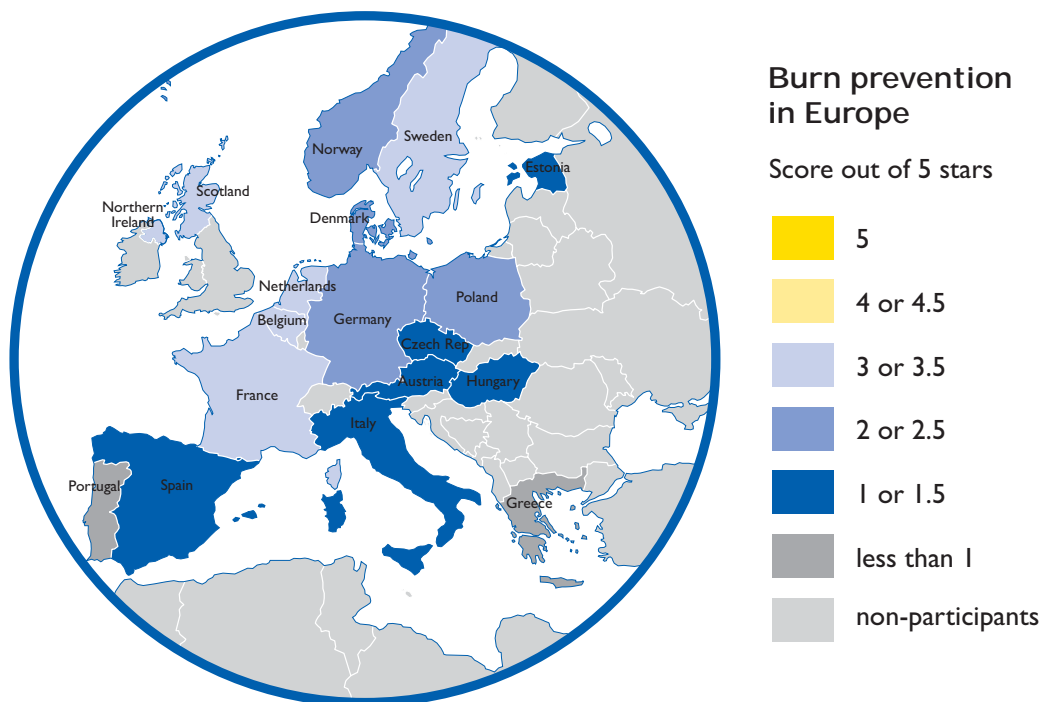
Comparison of burn prevention scores

Countries level of burn prevention for children were assessed based on the countries' adoption, implementation and enforcement of evidence-based national level policies relating to poisoning prevention which included national laws or policies:

- Requiring a safe pre-set temperature (50°C) for all water heaters or a building standard setting a maximum temperature of 50°C for tap water in domestic settings.
- Requiring working smoke detectors in all private and public dwellings.
- Requiring child resistant design for cigarette lighters.
- Requiring flame retardant fabrics in children's nightwear.
- Controlling the sale of fireworks to children.
- Mandating a national ministry/ government department with responsibility for child and adolescent burn prevention.
- Establishing a government approved national injury prevention strategy with specific targets and timelines related to child and adolescent burn prevention.
- Establishing a national program of child home visits that includes education on child burn prevention.

- Establishing a national media campaign at least once in past five years targeting child and adolescent burn prevention.

Countries were assessed based on the above good practice measures and given a score out of a possible 5 stars.



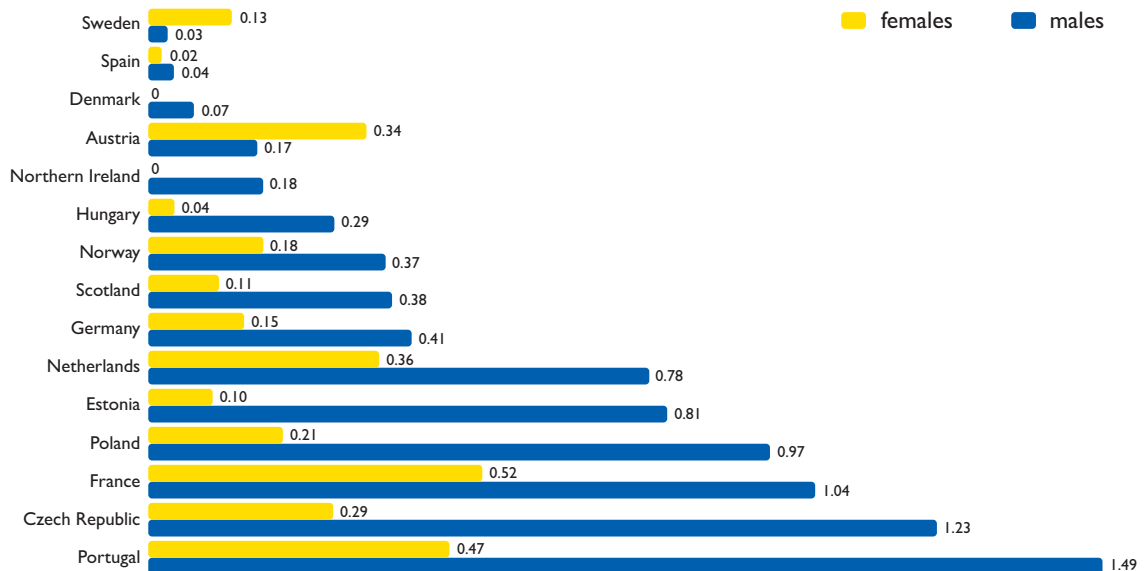
Key findings

- Currently the recommended evidence-based national level policies in burn prevention are still not adopted, implemented or enforced in the majority of countries assessed. The average score for countries participating was 2 stars out of 5.
- Burn prevention scores currently do not correspond well to the rates of deaths from burns, scalds and fire. For example, Portugal and Greece, two countries with low death rates also have low burn prevention scores. Again, this may reflect different levels of exposure and implementation and enforcement of policy measures between the countries.
- Of the five countries that report a national law requiring a safe pre-set temperature for all water heaters or a building standard setting a maximum temperature for tap water in domestic settings, only France's law is at the recommended 50°C.
- Only Norway and Estonia requires smoke detectors in all public and private dwellings but the legislation is only partly implemented and enforced in Norway and while the law exists for Estonia implementation for public dwellings only began in 2007 after the timeframe of this data collection and won't start for private dwellings until 2009. Most other countries have legislation that requires smoke detectors for only new buildings a situation that does not adequately protect children.
- All countries do have a law controlling the sale of fireworks to children, but the laws vary widely and are reported as not well enforced in Austria, Portugal and Spain.

ALTHOUGH they occur less often than other causes of injury death, airway and breathing related injuries are often fatal injuries. Inequity in choking/strangulation deaths for children and adolescents shows over a 50 times greater risk for choking/strangulation in the lowest performing country compared to that of the best performing country participating in the report card assessment. The highest rates were seen in Portugal, Czech Republic and France for males and France, Portugal and the Netherlands for females.

Deaths due to choking/strangulation for children and adolescents

(rate per 100 000 population 0-19 years in 15 CSAP countries by sex)



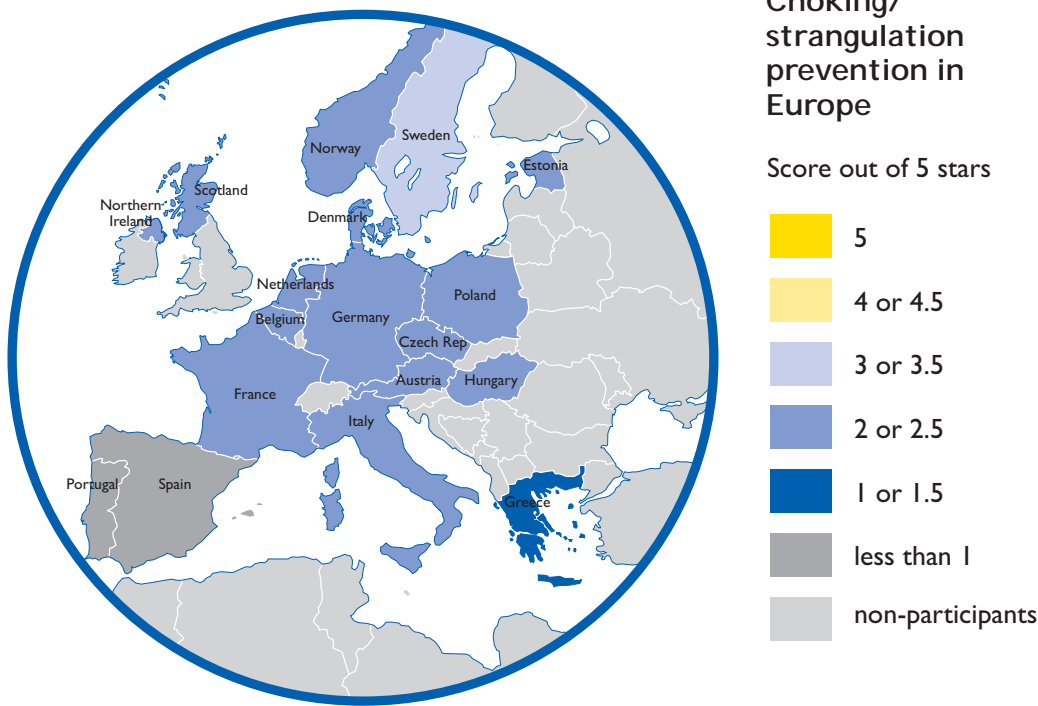
Source: WHO Mortality database (as age standardised averages for 2 or 3 years for 2001-2003 or most recent three years of data). Data unavailable for Belgium, Greece and Italy.

Comparison of choking/strangulation prevention scores

Countries level of choking/strangulation prevention for children were assessed based on the countries' adoption, implementation and enforcement of evidence-based national level policies relating to choking/strangulation prevention which included national laws or policies:

- Enabling restriction or banning of unsafe products.
- Requiring informative warning labels on products (e.g., toys) to prevent choking, suffocation or strangulation.
- Banning production and sale of latex balloons.
- Prohibiting use of inedible materials in food products.
- Prohibiting drawstrings in children's clothing.
- Regulating design and sale of blind cords and crib design.
- Mandating a national ministry/ government department with responsibility for child and adolescent choking/strangulation prevention.
- Establishing a government approved national injury prevention strategy with specific targets and timelines related to child and adolescent choking/strangulation prevention.
- Establishing a national program of child home visits that includes education on choking/strangulation prevention.
- Establishing a national media campaign at least once in past five years targeting child and adolescent choking/strangulation prevention.

Countries were assessed based on the above good practice measures and given a score out of a possible 5 stars.



Key findings

- Currently the recommended evidence-based national level policies in choking/strangulation prevention are still not adopted, implemented or enforced in the majority of countries assessed. The average score for countries participating was 2 stars out of 5.
- Choking/strangulation prevention scores do not currently correspond well to the rates of choking deaths from burns. For example, France and Sweden both had a score of 3, the highest choking prevention scores achieved and yet one had the highest rate of death from this cause and the other had the lowest. This likely reflects different levels of children's risks to choking and strangulation and implementation and enforcement of policy measures between the countries.
- All countries except Portugal and Spain have a law that enables restriction or banning of unsafe products, but no country bans latex balloons, only five have a law that prohibits the use of inedible materials in food products (Belgium, Estonia, France, Portugal and Scotland) and only Czech Republic has a law regulating design and sale of blind cords.
- All countries except Estonia, Portugal and Spain have a national standard regulating safe crib design.

ACTIONS TO SUPPORT CHILD SAFETY EFFORTS

LEADERSHIP, INFRASTRUCTURE AND CAPACITY are essential to supporting child and adolescent safety prevention and promotion efforts at a national level. Commitment of top political leaders is critical to ensuring establishment of injury as a priority issue and the allocation of requisite resources that are commensurate with the size of the injury problem. National leadership is important to sustaining initial efforts and achieving successful partnerships and service delivery at regional and local levels. Basic infrastructure tools like adequate data to describe the issue, monitor progress and identify new threats or trends are essential. As well organisations with a clear mandate to support prevention efforts are necessary to ensure effective use of scarce resources. A knowledgeable and connected group of stakeholders are necessary to provide the needed capacity in a country to carry out effective planning, implementation and evaluation of prevention strategies, to ensure exchange of knowledge on what works and coordinated efforts between national, regional and local levels.

Leadership to support child safety

Countries level of child safety leadership for children were assessed based on the countries' adoption, implementation and enforcement of evidence-based national level policies relating to leadership and included policies:

- Establishing responsibility for lead on national coordination of child and adolescent safety activities within a government department / ministry.
- Establishing a specific contact or focal point identified for child and adolescent safety for each of the departments / ministries involved in the issue.
- Identifying injury prevention as a national priority by government (e.g., is it listed as a priority issue within a government document or health plan).
- Establishing a government led national injury prevention strategy with specific targets relating to child and adolescent safety.
- Committing dedicated funds within government budget for the development/ support of national prevention programmes, research, capacity building, a national steering group or a network or organisation to coordinate activities related to child and adolescent safety.
- Identifying and supporting an organisation responsible for national coordination of child and adolescent safety activities.

Countries were assessed based on the above good practice measures and given a score out of a possible 5 stars.





Key findings

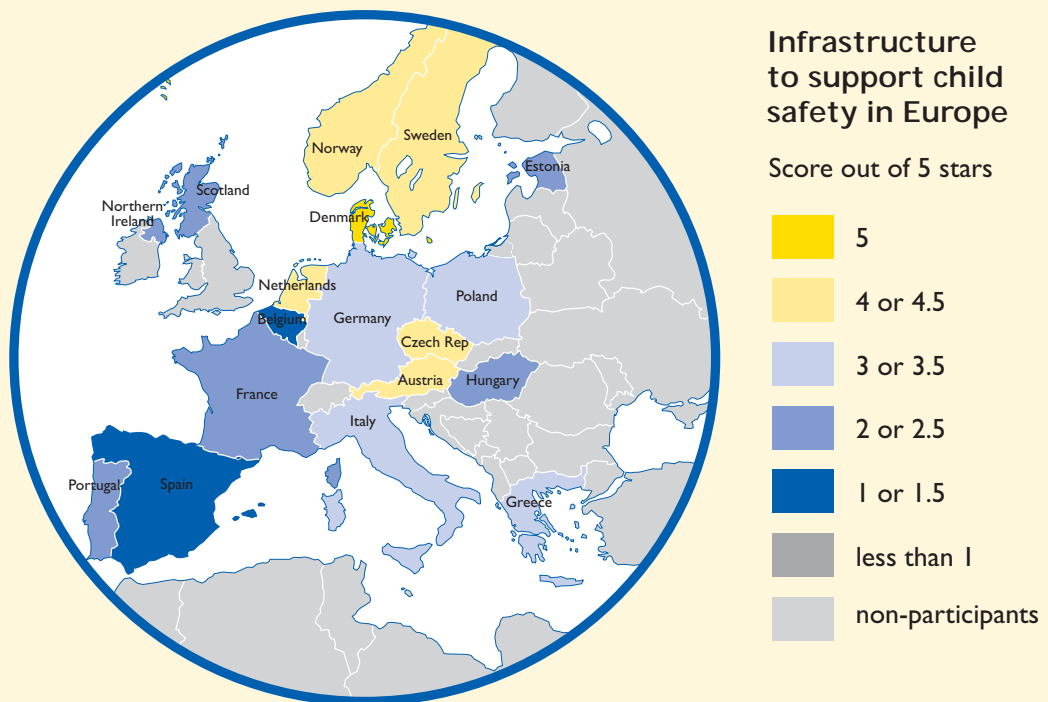
- The weakest area amongst child safety leadership, infrastructure and capacity was child safety leadership with 2 stars out of 5.
- Encouragingly 15 countries indicated that injury prevention has been identified as a national priority by the government, however at the time of the assessment only 7 countries indicated that a government led national injury prevention strategy existed and only 3 of those had child and adolescent specific targets; 10 others indicated they were in progress of developing a national strategy, but for the most part these related to participation in the Child Safety Action Plan initiative of the European Child Safety Alliance of which this report card is part.
- Seven countries reported having a government department/ministry that is **responsible for national coordination** of child and adolescent safety activities, although all 18 countries indicated that they had government departments/ministries with some responsibility for child and adolescent safety activities. Only 8 indicated that a specific focal point had been identified for child safety within each of the departments/ministries involved in the issue.
- Nine countries indicated that government departments have a dedicated budget for the development/support of national prevention programmes related to child and adolescent safety; 6 countries have dedicated funding for a coordinating network/organisation; 5 report dedicated funding for capacity building related to child and adolescent safety and only 4 reported dedicated funding for either a national steering group/task force to address national child and adolescent safety or research into child safety.

Infrastructure to support child safety

Countries' level of child safety infrastructure were assessed based on the countries' adoption, implementation and enforcement of evidence-based national level policies relating to infrastructure to support child safety activities and included policies:

- Mandating an organisation (e.g., government department, NGO or other agency) with specific responsibility to coordinate injury data and produce reports to support action.
- Establishing an annual or biannual report that includes minimum information on all child and adolescent injury deaths is regularly produced.
- Conducting studies to explore the link between child and adolescent injury death and social and economic circumstances of the family, rural/urban residence or other determinants.
- Publishing a burden of injury report that includes data on children and adolescents.
- Ensuring the necessary data to perform an analysis of the burden of child and adolescent injury (e.g., mortality data, estimates of duration of disability, etc.).
- Ensuring data for child and adolescent (0-17 years) accidents and injuries are reasonably available at the national level (e.g., mortality and morbidity data).

Countries were assessed based on the above good practice measures and given a score out of a possible 5 stars.



Key findings

While many of the recommended policies relating to child safety infrastructure have been implemented in the participating countries as reflected by the average score of 3 out of 5 stars much more can be done to support child safety actions.

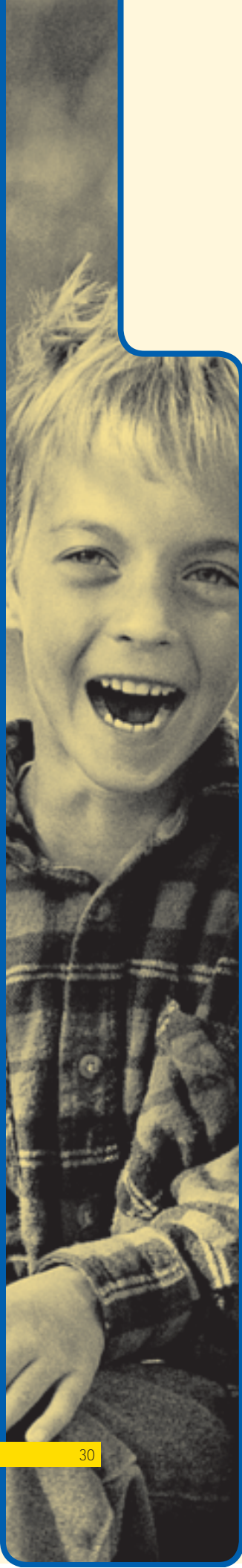
- 11 countries indicated the existence of an organisation whose mandate specifically includes coordinating injury data and producing reports to support action and 7 of those reported producing a regular report that includes injury deaths in children and adolescents.
- All countries have population-based mortality data, but access, availability, coding and coverage of hospitalisation and emergency department data varies greatly by country.
- 15 countries have had a national report on child and adolescent injury, but these vary greatly in content and scope.
- Six countries indicated they had published a burden of injury report that included children and adolescents, however these reports most often express injury burden in strict terms of mortality and do not include burden of injury-related disability, therefore the true burden of childhood injury is not calculated to show the large impact injury has. Others that included additional measures of burden did not present data separately for children and adolescents.
- Only 3 of the 18 countries (Czech Republic, Denmark and Germany) were assessed as having the data necessary to conduct a full burden of child and adolescent injury study (i.e. have country specific data on duration of disability).

Capacity to support child safety

Countries level of child safety capacity were assessed based on the countries' adoption, implementation and enforcement of evidence-based national level policies relating to capacity to support child safety activities and included policies:

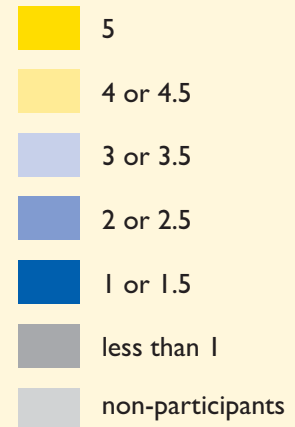
- Mandating one or more organisations (e.g., government department, NGO or other agency) with responsibility to distribute information on evidenced good practice and/or facilitate or encourage uptake of evidenced good practice in the area of injury prevention or safety promotion.
- Establishing a network/structure or healthcare system that can facilitate accident prevention education for expectant parents and / or parents of children 0-4 years old and is currently using it for that purpose.
- Establishing national capacity building initiatives for those working in the area of injury prevention that are either specific to injury prevention or include injury prevention content.
- Establishing a network for child and adolescent injury prevention practitioners and researchers.
- Establishing a national conference or regional meeting on child and adolescent injury prevention or a national conference where child and adolescent injury is part of a larger agenda.

Countries were assessed based on the above good practice measures and given a score out of a possible 5 stars.



Capacity to support child safety in Europe

Score out of 5 stars



Key findings

- Child safety capacity was the strongest area of the supporting actions for child safety compared to leadership and with an average score of 3.5 out of 5 stars.
- 16 countries indicated the existence of national capacity building initiatives for those working in the area of injury prevention that are either specific to child and adolescent injury prevention, or include child and adolescent injury prevention content. However these vary greatly in target group and content and only one of two countries reported attempts to comprehensively address basic levels of knowledge in key groups of child and adolescent injury stakeholders.
- 15 countries report one or more organisations whose mandate includes distributing information on evidenced good practice and/or facilitating or encouraging uptake of evidenced good practice in the area of injury prevention or safety promotion.
- Five countries reported the existence of a national network to facilitate exchange of information on injury prevention for children and adolescents and 3 reported having either a directory of practitioners and/or researchers focussing on child and adolescent injury prevention that would allow practitioners from public health and other sectors relevant to injury prevention to locate one another to exchange experience and knowledge.
- 15 countries reported hosting a regional meeting or conference in the past three years that contained some content on child and adolescent injury. Some of these were specific to child and adolescent injury, but most were broader events where child and adolescent injury was included as one of many issue areas covered.

SUMMING UP

Action to address child and adolescent injury is happening, but more can be done now and in the future. If Member States adopted the proven good practice policies noted in this report card, researchers estimate that 90% of injury deaths could be reduced. Thousands of children's lives would be saved each year. Currently the investment in the child and adolescent injury issue is not commensurate with the size of the problem and it is clear that the price of doing nothing is the loss of European citizens each year and untold heartache for the families left behind. What price are countries willing to pay to ensure their youngest and most vulnerable citizens are adequately protected from injury? We know what works to prevent child and adolescent injuries, now we need to act.

Overall countries vary in their strengths and areas for improvement both in terms of their injury rates and in their policy scores. For the most part there is no country consistently at the top or at the bottom for mortality rates or safety scores. However the high injury rates in Estonia are noteworthy and reflect the higher rates generally seen in countries in Central and Eastern Europe and the specific need to ensure transfer of good practices occurs from western to eastern and central Europe. The variation within countries and the lack of direct correspondence between death rates and safety scores for the different injury areas underlines the importance for countries of assessing their own situation and developing action plans that build on their strengths and address their specific gaps. Further interpretation of the individual safety scores is best done at the level of individual policy where issues such as specificity of a policy, levels of strictness, penalty and investment in enforcement and investment in education to support implementation and enforcement should also be examined.

While there are limitations to the assessment approach used in the development of the child safety report cards and this comparison, the report cards are invaluable as a starting point to monitor and benchmark progress and the results have clearly pointed out the gaps in information. A particular gap is the lack of evaluations of national policy effectiveness that assess how well child safety policies have worked over time in the countries where they have been implemented. While the policies assessed are based on the current state of evidence, much of that evidence comes from studies at a local level and it is the potential impact of extrapolation of those results to the national level that leads to recommendations for national level policy. Issues related to measuring levels of implementation and enforcement are critical to better understanding the impact of policies and how well they are working, and are needed to maximize effective transfer and successful adoption, implementation and enforcement of evidence-based good practice.

Recommendations for action on child safety

Overall the country report card grades for leadership, infrastructure and capacity indicate that the commitment and resources for the child and adolescent injury issue do not correspond with the magnitude of the issue.

There is a need for action today and in the future in the areas of:

Leadership

- Member States need to provide leadership on issues affecting the safety of their children and youth by bringing together the sectors necessary to address the child and adolescent safety issue and determine who will take lead and ownership of specific injury issues and coordinate the actions and resources needed.
- Member States need to put in place plans and adequate resources to build infrastructure and capacity to support prevention activities commensurate with the size of the problem.
- The European Commission and international organisations such as WHO and UNICEF can encourage and support Member State efforts in building leadership, infrastructure and capacity to support child and adolescent safety. Examples of this include the recent WHO resolution and European Commission recommendation calling for national plans and improved data systems and capacity to support injury prevention.
- Member States need to provide leadership by acting to adopt, implement, enforce and evaluate policy measures that have been shown to work at the national level and encourage and support uptake and enforcement of good practice strategies that have been shown to be effective at the regional or local level. There is also a need to share the results of evaluation so that other Member States can benefit from their experience.
- Where appropriate the European Commission needs to continue to work with appropriate parties to develop European Union level policies based on evidenced good practice that will reduce child and adolescent injuries. The development of these policies should be followed by timely publication and follow-through with countries to assess adoption, implementation and enforcement within national policy frameworks and evaluate their impact.
- International organisations such as WHO and UNICEF and the European Commission can encourage and support Member State efforts in adopting, implementing and enforcing evidence-based policies to support child and adolescent safety.

Infrastructure

- Member States should ensure that mortality data are annually submitted to the WHO so timely data are available and international organisations (e.g., WHO and UNICEF) and the European Commission should encourage and support this practice.
- Data should be made available in age classifications that match the UN definition of children (0 to 17 years) by all countries in Europe and European databases managed

by WHO (e.g., Health For All database) and Eurostat should provide data for this age group. Currently due to standard age groupings 15-19 year olds are grouped together and individual years are not available, which means data to examine injury deaths for children and adolescents using the UN definition of the child are not available.

- Member States and the European Commission should make the necessary investments to ensure that comparable injury morbidity data (e.g., hospital discharge data) are collected and that consistent estimation methods are developed and used for the existing Injury Data Base.
- The European Commission should work with Member States to investigate, select and use standard measures for socio-economic status across the European Union and broader European region to allow comparative data.
- Member States and the European Commission should support research into injury hazards and invest in the collection of exposure data, to allow a better understanding of the variation in injury risk within and across countries.
- More research should be conducted to better understand the influence of socio-demographic and economic status as a determinant of child injury, particularly with respect to allowing international comparisons.

Capacity building

- It would facilitate communication and action requests greatly if Member States would assign a focal point from each department/ministry involved in child safety or establish and support an inter-sectoral committee to deal with the crosscutting issue of injury.
- Member States should support the development of child safety expertise in their countries and the establishment and/or enrichment of national child safety networks to enhance prevention efforts, dissemination of good practice and exchange of experience.

Our commitment from the European Child Safety Alliance

To continue supporting action for child safety in Europe the European Child Safety Alliance commits to:

- Repeating the assessment of the child safety policies including those examining leadership, infrastructure and capacity periodically to allow for measurement of progress both within country and across the European Union. This will include sharing the policy action indicators with countries in the broader European region to provide a standard way of assessing progress in child safety policies across all of Europe to enable comparisons to the current 2007 report card assessments.
- Continuing to work cooperatively with UNICEF, WHO and the European Commission to advance the recommended actions to move child safety forward in Member States and Europe overall.
- Continuing to support Member States and their child safety networks as they work to develop and implement Child Safety Action Plans.
- Continuing to promote evidenced good practices and advocate their adoption, implementation and enforcement.

Appendix One

Methods to prepare country and summary report cards

Policy measures for individual country report cards and this 18 country summary addressed both written and practical policy at the national level. Policy measures for nine injury areas (passenger safety, motor scooter and moped safety, pedestrian safety, cycling safety, water safety, fall prevention, burn prevention, poisoning prevention, choking/strangulation prevention) were developed where there is evidence that adoption, implementation and enforcement at the national level are effective in reducing child and adolescent injuries.*

Policy strategies known to be effective, but more likely to be established at regional or local levels were not included, e.g., traffic calming measures to reduce risk of pedestrian or cycling injuries. Measures addressing child safety leadership, infrastructure and capacity were taken from work conducted by other indicator initiatives.

Data on deaths were obtained from the WHO Mortality Database and death rates and avoidable injury rates were calculated at the Institute for Hygiene and Epidemiology at the University of Udine, Italy. Data presented are for the most recent year(s) of data available at the time of data acquisition. Data for the policy indicators were obtained during 2005-2006 from CSAP country partners using English language computer-based survey tools developed in conjunction with an expert advisory group made up of members from the Health and Environment Alliance (HEAL), the UNICEF Innocenti Research Centre, WHO – European Office and experts in child and adolescent indicators and evidence-based prevention of child and adolescent injuries.

The primary data collection required the country partners to contact the appropriate government department to ascertain correct information regarding adoption, implementation and enforcement of current policies; policy information is accurate to July 2006.

Each policy was assessed on a three point scale of 2 = policy existing, clearly stated, fully implemented and enforced; 1 = policy existing, clearly stated but only partly implemented or enforced; or 0 = policy does not exist or is not clearly stated. Ratings out of five stars were calculated for each of the 12 sub-areas by multiplying the composite score for each area (sum of allotted points for all questions in the sub-area with no weighting of items, divided by total possible points) by five and rounded off to the nearest half star. The overall safety grade was based on a summation of the sub-area scores (🌟 = 49-60 stars, 😊 = 37-48 stars, 😐 = 25-36 stars, 😞 = 13-24 stars, 🚫 = 0-12 stars). Weighting of individual items and sub-area scores was not done as this would require data on exposure to specific injury hazards and/or studies comparing the effectiveness of the various policies within a given area, neither of which are available consistently across injury areas or countries involved in the CSAP initiative.

* MacKay M, Vincenten J, Brussoni M, Towner L. Child Safety Good Practice Guide: Good investments in unintentional child injury prevention and safety promotion. Amsterdam: European Child Safety Alliance, Eurosafe; 2006.

Acknowledgements

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Most importantly we would like to acknowledge the hard work of our dedicated country partners who completed the assessments that formed the basis for the Child Safety Report Cards and have worked tirelessly to make the Child Safety Action Plan development process come alive in each of their countries. We wish them continued success and look forward to working with them to see their plans implemented.

Finally we would like to acknowledge the funding that made the Child Safety Action Plan initiative possible. Thanks goes to the European Commission Public Health Programme, Eurosafe, HEAL, UNICEF, the Universities of Keele and the West of England, WHO and our Alliance partners in each of the participating countries.

Photographs

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This Child Safety Report Card Summary for 18 countries was developed as part of the Child Safety Action Plan project; a large-scale initiative whose purpose is to use standardised tools and processes to facilitate development of national action plans to enhance child and adolescent safety in Europe. The initiative is led by the European Child Safety Alliance of Eurosafe, with co-funding and partnership from the European Commission, the Health and Environment Alliance (HEAL), the UNICEF Innocenti Research Centre, the Universities of Keele and the West of England, WHO-Europe and partners in 18 countries.

One of the objectives of the Child Safety Action Plan initiative was to establish a set of indicators and standardised data collection tools focussing on child and adolescent injury to identify a baseline level of child and adolescent injury burden and action in the participating countries. This was seen as important to supporting planning and providing a means of benchmarking and evaluating progress in reducing child and adolescent injury as the countries move from planning to implementation. The Child Safety Report Card Summary for 18 countries and the country specific child safety report cards and profiles are the result of this activity.

For more information on the Child Safety Action Plan initiative, the child safety report cards and profiles for the 18 countries go to the European Child Safety Alliance website at: www.chilfsafetyeurope.org



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